** PUBLIC DISCLOSURE COPY **

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.

Open to Public

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2021 calendar year, or tax year beginning OCT 1, 2021 and ending SEP 30 2022 Check if applicable C Name of organization D Employer identification number Address KQED INC. Name change 94-1241309 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 2601 MARIPOSA STREET (415) 864-2000 termii ated 139 211 274. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SAN FRANCISCO CA 94110-1400 H(a) Is this a group return Applica-tion F Name and address of principal officer: MICHAEL ISIP for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or 527) (insert no.) If "No," attach a list. See instructions J Website: WWW.KQED.ORG H(c) Group exemption number K Form of organization: X Corporation Year of formation: 1954 M State of legal domicile; CA Trust Association Other > Part I Summary 1 Briefly describe the organization's mission or most significant activities: INFORM, INSPIRE INVOLVE Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 29 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 29 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 568 5 Activities 6 Total number of volunteers (estimate if necessary) 6 1 900 870. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 98,705. Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 98,580,410. 88,943,889. 9 Program service revenue (Part VIII, line 2g) 12,092,979. 13,608,421. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,113,235 6,497,283. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,092,196 605,319. 115,878,820, 109,654,912, 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 50,150,128. 53,302,901. 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,917,438, 531,063. b Total fundraising expenses (Part IX, column (D), line 25) 39 023 134 47,164,461. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 91,090,700. 100,998,425. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 24,788,120, 19 Revenue less expenses. Subtract line 18 from line 12 8,656,487. Ы Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 338,114,400. 310,267,088. 21 Total liabilities (Part X, line 26) 27,726,071. 23,865,536. Net assets or fund balances. Subtract line 21 from line 20 310,388,329. 286,401,552. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign DAVID BOUTRY, CFO Here Type or print name and title Date Print/Type preparer's name Preparer's signature DANIEL ROMANO Paid 00504182 Firm's name GRANT THORNTON LLP Preparer 36-6055558 Firm's EIN Firm's address 101 CALIFORNIA STREET, SUITE 2700 Use Only

SAN FRANCISCO, CA 94111 May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Form **8868**

(Rev. January 2022)

COPY 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

Department of the Treasury

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

Contracts	ed below with the exception of Form 8870, Information F s, for which an extension request must be sent to the IRS ils form, visit www.irs.gov/e-file-providers/e-file-for-chari	S in paper	format (see instructions). For more of								
	atic 6-Month Extension of Time. Only subm		<u> </u>								
	ations required to file an income tax return other than Fo			s, REMICs,	and trusts						
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.		Taxpayer	identification num	nber (TIN)					
print	KOED INC.				94-1241309						
File by the due date for filing your return, See	Number, street, and room or suite no. If a P.O. box, s 2601 MARIPOSA STREET	ee instruct	ions.								
nstructions.	City, town or post office, state, and ZIP code. For a for san Francisco, ca 94110-1400	oreign addı	ress, see instructions.								
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1					
Applicati	on	8 8	Application			Return					
s For		Code	Is For			Code					
	or Form 990-EZ	01	Form 1041-A			08					
	(Individual)	03	Form 4720 (other than individual)			10					
Form 990	MACCALLI DIGWEST NO. 2011	04	Form 5227	Form 6069							
	0-T (sec. 401(a) or 408(a) trust)	05 06	Form 8870			11 12					
	0-T (trust other than above) 0-T (corporation)	07	Form 8870			16					
If the control of the	proper No. 415-864-2000 progranization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box quest an automatic 6-month extension of time until erganization named above. The extension is for the org calendar year	Group Exe and atta AUGUST anization's	emption Number (GEN)	If this is for	the whole group	is for.					
	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	check reaso	on: Initial return	Final retur	n						
	his application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter the	e tentative tax, less			0					
-	y nonrefundable credits. See instructions.	2		3a	\$	0.					
	his application is for Forms 990-PF, 990-T, 4720, or 6069			26	e	0.					
	imated tax payments made. Include any prior year overp Iance due. Subtract line 3b from line 3a. Include your pa			3b	\$						
	ng EFTPS (Electronic Federal Tax Payment System). Se	-		3c	s	0.					
	If you are going to make an electronic funds withdrawal										
instruction		i (dii cot de	bity with this 1 of the occos, see 1 of the	5400 TE UIT	21011110070121	or paymont					

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

	n 990 (2021) KQED INC.	ioo Aoomalishmenta	94-124	1309 Page 2
10		onse or note to any line in this Part III		Х
1	Briefly describe the organization's mission:			_ A
	SEE SCHEDULE O			
	K-			
	7			
2	Did the organization undertake any signific	ant program porvious during the year which	Ways not listed as the	
_				Yes X No
	If "Yes," describe these new services on So	chedule O.	(*************************************	163 [110
3	Did the organization cease conducting, or If "Yes," describe these changes on Sched		s, any program services?	Yes X No
4	Describe the organization's program service		gest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organization	ns are required to report the amount of gran	its and allocations to others, the total ϵ	expenses, and
_	revenue, if any, for each program service re	eported.		
4a	(Code:) (Expenses \$2	8, 003, 692 including grants of \$	0 •) (Revenue \$	2,186,017.
	MULTIPLATFORM CONTENT - NEWS, AF	RTS AND SCIENCE: SEE SCHEDULE O		
4b	(Code:) (Expenses \$1	9,598,773. including grants of \$	0.) (Revenue \$	1,849,343.)
	TELEVISION: SEE SCHEDULE O		, ,	
	-			
	}			

	×			
4c	(Code:) (Expenses \$	252 808	0 .) (Revenue \$	8 707 840 1
46	FM RADIO: SEE SCHEDULE O	including grants of \$) (Revenue \$	8,707,840.)
				<u></u>
				10
4d	Other program services (Describe on Sched	•	-	
	(Expenses \$ 10,990,770. inc) (Revenue \$ 865,22	1.)
4e	Total program service expenses	67,846,043.		
				Form 990 (2021)
32002	12-09-21	SEE SCHEDULE O FOR CONTINUATIO	DN(S)	

09060815 153424 0196238-00001

Form 990 (2021) KQED INC.

Part IV | Checklist of Required Schedules

r ai	tiv Officerist of Required Scriedules	_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	\Box	res	NO
'	If "Yes." complete Schedule A	l ₁ l	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		ĺ	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	1 1		
	If "Yes," complete Schedule D, Part IV	9		Х
10	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	10	Х	_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,	1		1
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	I I	v	l .
	Part VI	11a	Х	\vdash
þ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_	Ĥ
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		<u> </u>
a		11d		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	\vdash
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		\vdash
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	_	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	+-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		v
	1c and 8a? If "Yes," complete Schedule G, Part II	18	\vdash	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		x
	complete Schedule G, Part III	19	-	X
20a		20a 20b	\vdash	+^-
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	200	\vdash	+
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	x
_	domestic government on Fartix, column (x), life 11 [["Yes, "complete Schedule I, Paris I and II	1 21	-000	

132003 12-09-21

Forn	n 990 (2021) KQED INC. 94-1241:	309	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	l	72	
04-	Schedule J	23	Х	_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			_v
h	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? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	_	<u> </u>
·		,,,		
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	_	\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	_	\vdash
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
-	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	2.00		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,		1.0	W.
	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 line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	\Box	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			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	_	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
0.4	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	I l	-	
ne n	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	Х	X
		35a	-	
U	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	=	
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	=	
0.	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 on Schedule O for Part VI, lines 11b and 19?	3,		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	, 00		-
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 245			
	Enter the number of Forms W-2G included on line 1a, Enter -0· if not applicable 1b (17.7	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		54	
	(gambling) winnings to prize winners?	1c	х	
132004	12-09-21	Form	990 (2021)

Par	Statements Regarding Other IRS Fillings and Tax Compliance (continued)	_	_	1.500
	î î	_	Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	TOX	ei.	- 0
	filed for the calendar year ending with or within the year covered by this return 2a 568		17	
	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.		V 011	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	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	
	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
	If "Yes," enter the name of the foreign country	201		150
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		17	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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			l
	were not tax deductible?	6b		_
7	Organizations that may receive deductible contributions under section 170(c).	Ligaron.	100	100
а	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year 42		ib.	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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.	1500		
а	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:			
	Initiation fees and capital contributions included on Part VIII, line 12	100		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		0.00	100
11	Section 501(c)(12) organizations. Enter:			
··	Gross income from members or shareholders		No.	
h	Gross income from other sources. (Do not net amounts due or paid to other sources against	100		
	amounts due or received from them.)		100	100
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		130
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1.51	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
a	Note: See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans	and the		
_	Enter the amount of reserves on hand			
	anamananananananananananananananananana	14a		Х
		14b		1
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	140	\vdash	1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		+
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1^
	If "Yes," complete Form 4720, Schedule O.			-
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any		1	
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	-	+
	If "Yes," complete Form 6069.			1

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For	m 990 (2021) KQED INC. 94-124		F	age 6
Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	or a "No"	respo	nse
	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
Sec	ction A. Governing Body and Management			himman
	97 R		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	34	15	1365
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	4.15	-	1000
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?	2		Х
3	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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	. 7a	ш	Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	. 7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-		
а	10-11-10-11-11-11-11-11-11-11-11-11-11-1	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Х	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u></u>	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			_
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?		_	_
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	_
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		30-1	
12a	J TWO, GO TO MILE TO ALL TO AL	12a	Х	
b	, , , , , , , , , , , , , , , , , , ,	12b	Х	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
40	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	. 13	Х	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Х	
13	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?	-	37	-
	The organization's CEO, Executive Director, or top management official	15a	X	_
b	Other officers or key employees of the organization	15b	Х	
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1 = =	1	
104			v	
h		16a	Х	
D	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?	401	v	11311
Sec	tion C. Disclosure	16b	Х	—
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE 0			_
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))	3\n on!: 3	nve:1-1	
.0	for public inspection. Indicate how you made these available. Check all that apply.	ajs only) a	avallat	ле
19	Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fin	ial	
10	statements available to the public during the tax year.	nu iinanc	ıaı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
0	DAVID BOUTRY - 415-864-2000			
	2601 MARIPOSA STREET SAN FRANCISCO CA 94110		_	

132006 12-09-21

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 the instructions for definition of "key employees."
- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	unles	ss per	son is	s both	an	compensation	compensation	amount of
	week	-	er an	a a a	recto	r/trus	ee)	from	from related	other
	(list any	necto						the	organizations (W-2/1099-MISC/	compensation from the
	hours for related	or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	I trustee		99/	преп		1099-NEC)	1000 1120)	and related
	below	idividual trustee or director	nstitutional		Key employee	Highest compensated employee	-	10001120,		organizations
	line)	Indivi	Instit	Officer	Key e	Highe emplo	Former			
(1) MICHAEL ISIP	55,00									
PRESIDENT AND CEO	0.00	_		Х				501,382.	0.	35,937.
(2) MARIA MILLER	50.00									
CHIEF OPERATIONS & ADMIN. OFFICER	0.00				Х			281,373.	0.	37,180.
(3) SARAH SAWYER	50.00									
LOCAL MARKETING DIRECTOR	0.00	Ш	ᆫ		\vdash	Х		304,158.	0.	6,602.
(4) HOLLY KERNAN	50.00								_	
CHIEF CONTENT OFFICER	0.00	_	<u> </u>	L	Х	L	_	280,906.	0.	23,946.
(5) MITZIE KELLEY	40.00									40.445
FORMER CHIEF FINANCIAL OFFICER	0,00		_	Х	H	\vdash	H	275,906.	0.	18,447.
(6) DELINDA MROWKA	50.00				l			000 127	0	0.147
CHIEF REVENUE OFFICER	0,00	H	\vdash	\vdash	Х	\vdash	\vdash	282,137.	0.	9,147.
(7) WILLIAM LOWERY	45.00	1		l.,	l			266 050	0.	21 040
GEN CNSL, SR EXEC ADVSR & CRP SC	0.00	Н	\vdash	Х	\vdash	⊢	-	266,050.	0.	21,940.
(8) GEORGANNA KELLY	0.00	1			x	П		259,703.	0.	18,145.
VP DEVELOPMENT (9) MICHAEL BLACK	65.00	Н	Н	⊢	^	\vdash	┝	259,703.		10,145.
EXEC DIRECTOR, CORPORATE SPONSORSHIP	0.00	1			l	x		243,683.	0.	17,445.
(10) DAVID HANSEN	60.00	\vdash	┥	\vdash	\vdash	l^	-	240,000.	· · · · · · · · · · · · · · · · · · ·	37,1101
EXEC DIR. MEDIA OPS & FAC	0.00	1			l	x		232,614.	0.	19,602.
(11) JASON BRENNEMAN	48.00	\vdash	┪	\vdash	\vdash	Ë	-	210,111		,
EXECUTIVE IN CHARGE, CONTENT OPS	0.00	1			x			232,739.	0.	19,163.
(12) TIM OLSON	50.00	\vdash	┪	\vdash	t	\vdash				
SVP STRATEGIC DIGITAL PARTNERSHIPS	0.00	1	l		x	П		224,935.	0.	22,191.
(13) JOHN REILLY	50.00	Т	1	Т	\vdash	Т	Т			
VP OF INFORMATION SECURITY & TECH	0.00	1	1			x		205,788.	0,	16,651.
(14) MARIANNE MURPHY	50.00	Г	T	Г		Г	T			
VP MEMBER GENEROSITY & AUD. INTEL	0.00	1			x			211,908.	0.	7,014.
(15) ETHAN TOVEN-LINDSEY	60.00	Г		П		П	Γ			
VICE PRESIDENT, NEWS	0.00	L				х		197,597.	0.	2,232
(16) DUKE FAN	50.00	Г								
VICE PRESIDENT, PRODUCT	0.00	上		\perp	х	\perp		169,539.	0.	24,931.
(17) ANNE AVIS	0.90	1								
COMMITTEE CHAIR	0.00	Х		\perp		\perp		0.	0.	0,

132007 12-09-21

Form 990 (2021) KQED INC.									94-124130	9 Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Em	oloy	ees,	and	1 Hig	qhes	st C	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director oppo		Pos heck ss pe	ition more rson i	l than s botl	one h an	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) JULIA LOPEZ	1,80									
NOMINATING COMMITTEE & EXEC COMM.	0.00	Х					_	0.	0.	0.
(19) DAWN GARCIA	0.70									
BOARD MEMBER	0.00	Х	Ш					0.	0.	0.
(20) NANCY SERRURIER	0.90									
NOMINATING COMMITTEE	0.00	Х		Х				0.	0.	0.
(21) CAMILLA SMITH	0.90									
COMMITTEE CHAIR	0.00	Х						0.	0.	0 .
(22) JAIME STUDLEY	0,90									
EXECUTIVE COMMITTEE	0.00	Х						0.	0.	0
(23) JOSE QUINONEZ	0.70									
BOARD MEMBER	0.00	X						0,	0.	0.
(24) MALLUN YEN	0.70									
BOARD MEMBER	0.00	Х						0.	0.	0.
(25) TOM CHAVEZ	0.70					П				
BOARD MEMBER	0,00	х						0 .	0.	0.
(26) SHADI KARRA	0.90									
NOMINATING COMMITTEE	0.00	Х						0.	0.	0.
1b Subtotal	**************							4,170,418.	0	300,573.
c Total from continuation sheets to Part VII,								0.	0.	0.0
d Total (add lines 1b and 1c)							•	4,170,418.	0.	300,573.
2 Total number of individuals (including but no compensation from the organization	t limited to the	ose I	isted	d ab	ove)	who	o re	ceived more than \$100,0	000 of reportable	165

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on	- 1	9.8	
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization		112	
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	The L	1.3	
	rendered to the organization? If "Yes." complete Schedule J for such person	5		Х

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	25,698,721.
UNIVERSAL PROTECTION SERVICE, LP		
PO BOX 31001-2374, PASADENA, CA 91110-2374	SECURITY SERVICES	394,151.
TTWN MEDIA NETWORKS LLC, 62301 COLLECTION	TRAFFIC SERVICES/RADIO	
CENTER DRIVE, CHICAGO, IL 60693-0623	AFFILIATES	363,350.
DIVISION OF LABOR, LLC		
2730 BRIDGEWAY, SAUSALITO, CA 94965	CAMPAIGN STRATEGY & TACTICS	233,625.
ATTAIN CONSULTING GROUP, LLC, 1600 TYSONS	PROFESSIONAL CONSULTING	
BOULEVARD, SUITE 1400, MCLEAN, VA 22102	SERVICES	189,204.
 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization 	d above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

yrm 990 KOED INC. 94-1241309

e			(C Posi	C) ition			Compensated Employe (D) Reportable compensation from the organization (W-2/1099-MISC)	Res (continued) (E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
70 000 90 000 80 000	X Individual trustee or director	neck	Posi all t	tion			Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related
70 000 90 000 80 000	X Individual trustee or director	neck	all t	hat			compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
70 00 90 00 90 00 80 00	X Individual trustee or director						from the organization	from related organizations	other compensation from the organization and related
70 00 90 00 90 00 80 00	x	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
70 00 90 00 90 00 80 00	x	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employe	Former	organization		from the organization and related
70 00 90 00 90 00 80 00	x	Institutional trustee	Officer	Кву етрюуее	Highest compensated em	Former		(W-2/1033-WIGG)	organization and related
70 00 90 00 90 00 80 00	x	Institutional trustee	Officer	Key employee	Highest compensate	Former	(W 2) 1000 Miles)		and related
70 00 90 00 90 00 80 00	x	Institutional tru	Officer	Кеу етрюуее	Highest compe	Former			organizations
70 00 90 00 90 00 80 00	x	Institution	Officer	Кеу етрі	Higheston	Former			
70 00 90 00 90 00 80 00	x	then!	Office	Key	High	Form			
90 90 90 90 80 00	х					_	U		
90 90 90 00 80 00	х		_						
90 90 80 00 80				-			0.	0,.	0.
90 00 80 00 80		Н	ı I						
00 80 00 80	х						0.	0.	0,
00 80 00	Х								
00 80 00							0.	0.	0.
00									
00	х		Х				0.	0.	0.
-									
30	Х		х				0	0.	0.
		П		П					
00	х						0.	0.	0.
70	Г	Г							
00	х						0	0.	0.
70	Г	П	П	Г					
00	х						0	0.	0.
90	Г	Г	Г	Г	П				
00	х						0	0.	0,
90	П	Г	П	П					
00	х	l					0.	0.	0,
70	Г	Г		Г					
00	x	l					0,	0.	0.
70	Г	Г	Г	Г					
00	x	l					0.	0.	0,
90	П	Г		П					
00	х						0.	0.	0
00	Т	Г	П	П	П				
00	1	l	Х				0.	0.	0
90	Г	Г	П	П	Г	П			
00	х						0.	0.	0
80	П	Г	П	Ī	Г	П			
00	x						0.	0.	0
70	Г	ı	П	T	П				
0 0	x						0.	0.	0
70	T		П	T	П				
00	x	1		1			0.	0.	0
80		1	П		П	Г			
	x	1	1	l			0.,	0.	0
_	Т		Г	1	Г	T			
_	x	1	x	1			I	1	
	90 90 90 90 70 00 70 00 90 00 00 90 00 70 00 70 00 80 00 00 00 00 00 00 00 0	90 X 90 X 90 X 90 X 90 X 90 1 90	90	90	90	90	90	90	90

	_	_	Check if Schedule O contains a response or n	ote to any lin				Х
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated busīness revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1	а	Federated campaigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts		b	***************************************					5
Am A		С	***************************************					
E 2			Related organizations 1d				THE SERVICE	
Sin.	1			,940,610.		7 17 1 8 8 8 1		
9 P	1	f	All other contributions, gifts, grants, and					X PART L
<u> </u>	1		19.0	003,279.			3 5 6 12 13	
out od o		g		088,716.	00.043.000		A THE PARTY	100
ה כ	⊢	h	Total. Add lines 1a-1f	P	88,943,889.			
	١.		<u> </u>	siness Code	13 204 426		4 227 422	11 107 000
<u> </u>	2	a		16100	13,294,186.	0.40 7.25	1,807,183.	11,487,003
e e		b		16100	240,735.	240,735.		
c = /		С.	PRESENTING STATION FEE 5	16100	73,500.	73,500.		
Rey		d						
Program Service Revenue	ı	e	All other pregram contine revenue					
•		1	All other program service revenue	•	13,608,421.			
	3	у.	Total. Add lines 2a-2f Investment income (including dividends, interest, a		13,000,421.			
	ľ		other similar amounts)		3,338,637.			3,338,637
	4		Income from investment of tax-exempt bond proce		3,030,037.	-		3,330,037
	5		1 1 1	eus	21,959,	-		21,959
	Ĭ		Royalties (i) Real (ii) Personal				bos III
	6	а	136 020	, . s. s	200		1 1 2 1 2 1 1 1	
		b	Less: rental expenses 6b 0.		The state of the s			
- 1			Rental income or (loss) 6c 136,029.					
- 1			Net rental income or (loss)		136,029.			136,029
	7			(ii) Other		7 1		130,023
-1		u	assets other than inventory 7a 32,715,008.	(M) G ti loi				
- 1		h	Less: cost or other basis			T		
اي			and sales expenses 7b 29,556,362.	1		No. of the last	100	
ا <u>ه</u>		c	Gain or (loss) 7c 3,158,646.		WHI THE			
اڅ			Net gain or (loss)	D	3,158,646.			3,158,646
Other Revenue			Gross income from fundraising events (not			N. Ivi		9,100,010
┋┃			including \$ of					
-1			contributions reported on line 1c). See					
-			Part IV, line 18			15.7		
- 1		b	Less: direct expenses8b					
-			Net income or (loss) from fundraising events					
-	9	а	Gross income from gaming activities. See					
-1			Part IV, line 19				2 m 2 i	
-		b	Less: direct expenses 96			A LOW LOW TO		
-		C	Net income or (loss) from gaming activities	▶ .				
-	10	а	Gross sales of inventory, less returns		Ha Wall			
			and allowances 10a			400 1 1 - 10 1		
		b	Less: cost of goods sold 10b		March 18 miles	DECK TO		
4		C	Net income or (loss) from sales of inventory					
1				iness Code				
0	11			0099	114,195.			114,195.
and a				0099	111,088.			111,088.
Revenue		-		0099	93,687.		93,687.	
4		d	All other revenue	0099	128,361.			128,361.
			Total. Add lines 11a-11d		447,331.			

132009 12-09-21

Part IX Statement of Functional Expenses

_	Check if Schedule O contains a response	(A)	(B)	(c) I	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	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			2.100001111	
2	Grants and other assistance to domestic	1			
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			The same was the same	
	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	3 492 165.	887,752.	1,737,381.	867,032.
6	Compensation not included above to disqualified	0,101,114.	007,1021	-3.1.31.1	
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	36,944,284.	25,271,149.	4,857,013.	6,816,122.
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	1,190,339.	775,994.	191,091.	223,254.
9	Other employee benefits	8,346,319.	5,542,033.	1,392,397.	1,411,889,
10	Payroll taxes	3,329,794.	2,170,727.	534,547.	624,520
11	Fees for services (nonemployees):				
а					
b		272,749.	15,561.	233,109.	24,079
С	Accounting	141,945.		141,945.	
d		67,318.	67,318.		
е	Professional fundraising services. See Part IV, line 17	531,063.			531,063,
f	Investment management fees	305,331.		305,331.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	4,657,061.	3,200,268.	787,750	669,043
12	Advertising and promotion	603,260	479,210.	21,268.	102,782
13	Office expenses	6,886,920.	2,044,023.	358,910.	4,483,987
14	Information technology	3,782,295.	2,640,424.	374,235.	767,636.
15	Royalties	138,292.	138,292.	240 072	210 (50
16	Occupancy	4,494,604.	3,835,073.	340,872.	318,659, 46,893
17	Travel	318,883.	231,851.	40,139.	40,093
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	38,518.	23,849.	13,073.	1,596
19	Conferences, conventions, and meetings	2,532.	23,043,	2,532,	1,550
20	Interest	2,332.		2,332.	
21	Payments to affiliates Depreciation, depletion, and amortization	10,069,096.	8,148,848.	1,100,642.	819,606
22		374,604.	260.487.	62,823,	51,294
23	Insurance Other expenses. Itemize expenses not covered				
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 O.)				
а	DROG 100 & DUDG	11,386,152.	11,254,252.	108,378.	23,522
a b	WINDER OWER A DONOR PREM	1,220,249.	3,096.	989.	1,216,164
C	AUDIENCE RSRCH & AUDIO	1,097,431.	631,804.	283,387.	182,240
d		419,959.			419,959
е		887,262.	224,032.	171,852.	491,378
25	Total functional expenses. Add lines 1 through 24e	100,998,425.	67,846,043.	13,059,664.	20,092,718
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note	to any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			900.		900
- 1	2	Savings and temporary cash investments			55,446,478.	2	45,355,170
- 1	3	Pledges and grants receivable, net			11,286,680.	3	14,185,382
- 1	4	Accounts receivable, net			3,951,809.	4	2,599,732
- 1	5	Loans and other receivables from any current or t	ormer offi	cer, director,		-	
		trustee, key employee, creator or founder, substa	ntial cont	ributor, or 35%	The Park Street	H. H	
- 1		controlled entity or family member of any of these	persons	.01121000004001100000		5	
	6	Loans and other receivables from other disqualified	ed person	s (as defined			
		under section 4958(f)(1)), and persons described		1000000		6	
ध	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		73177124124124124174174174174174	218,801.	8	139,580
₹	9	Donas and Lot 1.1		***************************************	3,049,325.	9	2,590,696
1	10a	Land, buildings, and equipment: cost or other					
- 1		basis, Complete Part VI of Schedule D	10a	160,845,228.			
- 1	b	Less: accumulated depreciation		48,720,536.	112,972,195.	10c	112,124,692
1	11	Investments - publicly traded securities			148,007,488.	11	130,499,662
1	12	Investments - other securities. See Part IV, line 11	********	100000000000000000000000000000000000000		12	
1	13	Investments - program-related. See Part IV, line 1		***************		13	
1	14	Intangible assets			1 828 061	14	1,741,988
1	15	Other assets. See Part IV, line 11	************	0.0000000000000000000000000000000000000	1,352,663.	15	1,029,286
1	16	Total assets. Add lines 1 through 15 (must equal	line 33)		338,114,400.	16	310,267,088
1	17	Accounts payable and accrued expenses			16,061,687.	17	12,599,722
1	18	Grants payable		101001100000000000000000000000000000000		18	
1	19	Deferred revenue			2,691,974.	19	854,068
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete Pa	art IV of So	chedule D		21	
ှု 2	22	Loans and other payables to any current or forme	r officer, c	lirector,			
Ĭ		trustee, key employee, creator or founder, substa	ntial contr	ibutor, or 35%		Chap-	
		controlled entity or family member of any of these		31-12-11-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1		22	
- 2		Secured mortgages and notes payable to unrelate				23	
2	24	Unsecured notes and loans payable to unrelated to	hird partie	es		24	
2	25	Other liabilities (including federal income tax, paya	ables to re	lated third			
-		parties, and other liabilities not included on lines 1	7-24). Co	mplete Part X			
		of Schedule D			8,972,410.	25	10,411,746
2					27,726,071.	26	23,865,536
.		Organizations that follow FASB ASC 958, check	chere 🕨	X			
١		and complete lines 27, 28, 32, and 33.			The training of		
2	7	Net assets without donor restrictions	************		251,341,256.	27	239,687,170
2	8	Net assets with donor restrictions		······	59,047,073.	28	46,714,382
		Organizations that do not follow FASB ASC 958	, check h	nere 🕨 🔙	3 2 3		
1		and complete lines 29 through 33.				- 1-	
29		Capital stock or trust principal, or current funds				29	
30		Paid-in or capital surplus, or land, building, or equi				30	
2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		Retained earnings, endowment, accumulated inco				31	
32		Total net assets or fund balances			310,388,329.	32	286,401,552
33	3	Total liabilities and net assets/fund balances			338,114,400.	33	310,267,088

	990 (2021) KQED INC.	94-124130	9	Pag	ge 12
Pai	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		654	
2	Total expenses (must equal Part IX, column (A), line 25)	2	100,998,425		
3	Revenue less expenses, Subtract line 2 from line 1	3	8,656,487		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	310,388,329		
5					264.
6	Donated services and use of facilities	6		-5,	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	286	401	552.
Pai	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		70.4		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο,			H.S.
2 a	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	on a			
	separate basis, consolidated basis, or both:		13.7		9 11
	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,	Aug S		
	consolidated basis, or both:		4000		100
	X Separate basis Consolidated basis Both consolidated and separate basis		ple sale		but
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	_
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.	-	118	W.
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

KOED INC 94-1241309 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in X section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 university: 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). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ev) Is the organization listed (iii) Type of organization (vi) Amount of other organization (described on lines 1-10 support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Schedule A (Form 990) 2021 KQED INC. 94-124130 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) KQED INC.

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	66,991,558.	93,393,756.	82,468,363.	98,580,410.	88,943,889.	430, 377, 976.
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	66,991,558.	93,393,756.	82,468,363.	98,580,410.	88,943,889.	430,377,976.
	The portion of total contributions	VALUE OF STREET				Color March	
Ŭ	by each person (other than a						
	governmental unit or publicly				9	Value of the least	
	supported organization) included		To State Value	A Company	Table Six		
	on line 1 that exceeds 2% of the		The second visited				
	amount shown on line 11,						
	column (f)						11,142,794.
6	Public support. Subtract line 5 from line 4.						419 235 182.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	66,991,558.	93,393,756.	82,468,363.	98,580,410.	88,943,889.	430,377,976.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3 543 814	4,863,855.	5,088,082.	3,708,452.	3,496,625.	20,700,828.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	349,378.	228,530.	366,919.	389 337.	447,331.	1,781,495.
11	Total support. Add lines 7 through 10						452,860,299.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	66,847,187.
	First 5 years. If the Form 990 is for th			ourth. or fifth tax v	ear as a section 5	to the second se	
	organization, check this box and stop						▶□
Se	ction C. Computation of Publi						
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	92.57 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14		101101111111111111111111111111111111111	15	75.94 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	321017/00/04/214047/01/04			X
k	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual			at .	bs.xr.xxxxxx		
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c				
	and if the organization meets the facts						
	meets the facts-and-circumstances te		*	•			
k	10% -facts-and-circumstances test	•			1000		
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization		•				s
							(Form 990) 2021

Schedule A (Form 990) 2021 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.)

(II) International III	Se	ction A. Public Support						
membership fees received. (Do not included any funusual grants?) 2. Gross receipts from admissions, mechanises sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose 3. Gross receipts from admissions performed, or facilities furnished to the organization's tax exempt purpose 3. Gross receipts from activities that are not an unrelated toade or business under section 513. 4. Tax revenues levies for the organization section 513. 5. The value of services or stabilities furnished by a governmental unit to the organization without change 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1 2. 2. and 3 received from disqualified persons 5. 8. Public support. Glean in the 1 through 5. 8. Public support. Glean in the 1 through 5. 8. Public support. Glean is through 6. 9. Add lines 7 and 70. 9. Amounts from line 6. 9. Add lines 7 and 70. 9. Amounts from line 6. 9. Add lines 7 and 70. 9. Public support. Glean is received on securities loans; rents, royalties, and income from similar sources 5. 8. Unrelated business travallar income percentage on 2021 (line 10, cut and	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
include any "unusual grants."] Cross receipts from admissions, merchandles edd to services per formed, or facilities furnished in any activity that is related to the organization to tax-exempt purpose 3. Gross receipts from activities that are not an unvested trade or business under section 513 1. Tax revenues levides for the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 6. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 6. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 6. The value of services of facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 6. The value of the organization without charge 6. The value of the organization of the organization of the organization organization organization 1 through 6. The value of the organization of the organization of the organization org	1	Gifts, grants, contributions, and						
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2. Gross receipts from admissions. merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-evempt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513. 4. Tax revenues leviel for the organization's benefit and either plat to or expended on its behalf. 5. The value of services or facilities surnished by a governmental unit to the organization without change. 6. Total. Add lines 1 through 5. Gross receipts and interest and either plat to or expended on lines 1 through 5. Gross receipts and either plates or the trade of the services or facilities surnished by a governmental unit to the organization without change. 6. Total. Add lines 1 through 5. Gross receipts and a received from disqualified persons but executed by a governmental unit to the organization without change. 6. Add lines 7a and 7b. 7. A Mounts included on lines 1 2, 2, and 3 received from disqualified persons but executed by govern disqualified persons. 8. Public support, (ignerial is flushes is section 5.1 through 5. Gross receipts of the lines when the department of the lines were considered and lines 2 and 5 received on securities loans, rents, royalties, and income from interest, dividends, payments received on income from similar sources. 6. Add lines 10a and 10b. 1. Net income from unrelated business activities not include on line 10b, whether or not the business is regularly carried on (last season) and the lines of the companies of the		include any "unusual grants.")						
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Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2020 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, column (f)) Investment income percentage for 2021 (line 10c, col						****************	16	
In Investment income percentage from 2020 Schedule A, Part III, line 17 In Instruction In Instr							Tax (
19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization					ne 13, column (f))			%
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								%
b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								7 is not
b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		more than 33 1/3%, check this box and	stop here. The	organization qualif	ies as a publicly s	upported organiza	ation	*********
	b :	33 1/3% support tests - 2020. If the o	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo		
	- 1	ine 18 is not more than 33 1/3%, checl	k this box and ste	op here. The organ	nization qualifies a	as a publicly suppo	orted organization	

132023 01-04-22

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.)

_		Yes	No
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	4 10	152	
			18.7
	9a		
	9b		
	9c		
	10a		
	401.	18	
_	10b	_	1

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

KQED INC.

Schedule A (Form 990) 2021

- 5411	largeries temporary reduction loss measurement
	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see
	instructions)

Schedule A (Form 990) 2021

4

7

4

5

Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

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

emergency temporary reduction (see instructions)

-	edule A (Form 990) 2021 KQED INC.			9	4-1241309 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (contin	ued)	
Sec	tion D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
_3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide 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		1 1	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 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) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required · explain in Part VI). See instructions.	THE RESERVE		Ĭ	
3	Excess distributions carryover, if any, to 2021			5.8	
a	From 2016	Manual des Lefts			TWI SERVICE
b	From 2017		Sile (Cartellar		
С	From 2018			Lo 11	
d	From 2019				
е	From 2020		EAN BEEN	SIGN	V 31 - 17 - 1 - 1
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			1	
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)			. 1	
L	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount			H.	
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if	A CONTRACTOR OF THE PARTY OF			
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in			-	
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			NA.	
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020	100 / 100	NR		
	Excess from 2021				

Page 8 Schedule A (Form 990) 2021 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 119 428 2017 AMOUNT: \$ 2018 AMOUNT: \$ 96,874. 2019 AMOUNT: \$ 0. 2020 AMOUNT: \$ 0. 2021 AMOUNT: \$ 0... MISCELLANEOUS REVENUE 2017 AMOUNT: \$ 210,493. 2018 AMOUNT: \$ 123,152. 2019 AMOUNT: \$ 316,386. 2020 AMOUNT: \$ 63,681. 2021 AMOUNT: \$ 122,955. LIST SALES 2017 AMOUNT: \$ 19,457. 8,504. 2018 AMOUNT: \$ 2019 AMOUNT: \$ 50,533. 2020 AMOUNT: \$ 10,001. 2021 AMOUNT: \$ 5,406. LEGAL SETTLEMENTS 2017 AMOUNT: \$ 2018 AMOUNT: \$ 2019 AMOUNT: \$ 0.

132028 01-04-22

2020 AMOUNT: \$

Schedule A (Form 990) 2021

186,236.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization		Employer identification number
KQE	RD INC.	94-1241309
Organization type (check o	ne):	,
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	
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i), line 1. Complete Parts I and II.	d that received from any one
contributor, during literary, or educati	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable, so onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (6) instead of the contributor name and address), II, and III.	cientific,
year, contributions is checked, enter l purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from seculusively for religious, charitable, etc., purposes, but no such contributions totaled make the total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it e, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F 2., of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF g requirements of Schedule B (Form 990).	

Schedule	B (Form 990) (2021)		Page 4
Name of o	rganization	Emp	loyer identification number
KQED INC	2,		94-1241309
Part I	Contributors (see instructions). Use duplicate copies of Part I is	f additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

123452 11-11-21

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

KOED	TNC

94-1241309

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

123454 11-11-21

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

) (See separate instructions), then				
	Section 501(c)(4), (5), or (6) organizat	ons: Complete Part III.			
Nan	ne of organization			Er	nployer identification number
_	KQED INC.				94-1241309
Pa	rt I-A Complete if the org	anization is exempt under	r section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political campaign activity expendite Volunteer hours for political campaign	Jres			\$
Pa	art I-B Complete if the org	anization is exempt under	r section 501(c)(3).	
_	Enter the amount of any excise tax				→ \$
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				
- 1	If "Yes " describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt unde	r section 501(c),	except section 501	(c)(3).
_	Enter the amount directly expended		1000		
	Enter the amount of the filing organ				
	exempt function activities				\$
3	Total exempt function expenditures				
	line 17b				\$
4	Did the filing organization file Form				
5	Enter the names, addresses and en				
	made payments, For each organization				
	contributions received that were pro-	. ,		· · ·	rate segregated fund or a
	political action committee (PAC). If	additional space is needed, provid	de information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid froi filing organization's funds. If none, enter	contributions received and
-		•			
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2021

LHA

132041 11-03-21

	ED INC					1241309 Page 2
Part II-A Complete if the organ	nizatio	n is exe	mpt under sectio	n 501(c)(3) and filed	l Form 5768 (el	ection under
section 501(h)).						
				n Part IV each affiliated g	roup member's nan	ne, address, EIN,
expenses, and share of		, ,	,			
B Check ▶ if the filing organization	n check	ed box A a	nd "limited control" pr	ovisions apply.		
Limits (The term "expenditu")		oying Expe eans amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce publ	ic opinion (grassroots lobbying)			<u> </u>
b Total lobbying expenditures to influen				111111111111111111111111111111111111111		
c Total lobbying expenditures (add lines						
d Other exempt purpose expenditures						
e Total exempt purpose expenditures (a			on one out a some named house the satisfaction of	The result for the factor of t		
f Lobbying nontaxable amount. Enter the				th columns		-
If the amount on line 1e, column (a) or (b Not over \$500,000	118.		bying nontaxable am			
	-		the amount on line 1e			
Over \$500,000 but not over \$1,000,00	$\overline{}$		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000	0,000		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000.	000.			
e Cranarata nontavable amerint (autor	050/ -4	E 40				
g Grassroots nontaxable amount (enter						
h Subtract line 1g from line 1a. If zero or			******************************			!
i Subtract line 1f from line 1c, If zero or						L
j If there is an amount other than zero o		line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this yea						Yes No
(Some organizations that	made a	section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all of	the five columns b	elow.
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year						
(or fiscal year beginning in)	(a) 2	018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount			THE RESERVE THE PARTY OF THE PA		X 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(150% of line 2a, column(e))						
c Total lobbying expenditures						
2.2						"
d Grassroots nontaxable amount						
e Grassroots ceiling amount				V 12 - 17 15		
(150% of line 2d, column (e))						
f Graceroots lobbying expanditures						

94-1241309

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(la	(b)	
of the lobbying activity.		Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or	200 100	Company of			
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:	100				
а	Volunteers?	<u> </u>	Х			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х	,,			
С	Media advertisements?		Х			
	Mailings to members, legislators, or the public?		X			
	Publications, or published or broadcast statements?		X			
	Grants to other organizations for lobbying purposes?	Х			681.	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	-		67,318.	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		х		01,020,	
1	Other activities?	Variety of			67,999.	
ا	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х		1	
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?			are the	-Y-1	
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	5), or sec	tion		
-	501(c)(6).		198			
	****			Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
	t III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	(5), or sec	tion		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part I	III-A, line	3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)					
	expenses for which the section 527(f) tax was paid).		4.30			
а	Current year		2a			
b	Gigard Anticonduction of the Control Medical Property of the C					
С						
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess		l		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical	10.00	l		
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions	0.040/4000	5			
Par	t IV Supplemental Information					
Prov	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	list); Part I	I-A, lines 1 a	nd 2 (See		
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.					
PART	r II-B, LINE 1, LOBBYING ACTIVITIES:					
PAII	STAFF OR MANAGEMENT:					
THE	DIRECTOR OF MARKETING AND COMMUNICATIONS SPOKE WITH LEGISLATORS TO					
DISC	CUSS FEDERAL FUNDING FOR PUBLIC MEDIA.					
_						
DIR	ECT CONTACT;					
			Sched	uie C (Forn	n 990) 2021	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization

KOED INC

Employer identification number 94-1241309

Pa	organizations Maintaining Donor Advised F		s or Accounts. Complete if the
	organization answered tes on Form 990, Faft IV, life 6.	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advi	sed funds
3	are the organization's property, subject to the organization's exc		
6	Did the organization inform all grantees, donors, and donor advise		
Ü	for charitable purposes and not for the benefit of the donor or do		
		onor agreed, or for any enter purpose	
Pa	art II Conservation Easements. Complete if the organ		
1	Purpose(s) of conservation easements held by the organization (
	Preservation of land for public use (for example, recreation	· · · · · · · · · · · · · · · · · · ·	of a historically important land area
	Protection of natural habitat	· <u> </u>	of a certified historic structure
	Preservation of open space	i reservation	of a continuo materio su detare
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.	Conservation Contribution in the form	Held at the End of the Tax Year
			
a			
b			
C			
d			I I
	listed in the National Register Number of conservation easements modified, transferred, releasements modified.		
3	,	ed, extinguished, or terminated by the	ie organization during the tax
4	year ► Number of states where property subject to conservation easem	cont in located	
4	Does the organization have a written policy regarding the period		- f
5			
	violations, and enforcement of the conservation easements it ho		
6	Staff and volunteer hours devoted to monitoring, inspecting, har	idling of violations, and emorcing co	iservation easements during the year
-	Annual of control in a control in the state of the state	a of violations, and enforcing conner	ention accompants during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and emorcing conserv	ation easements during the year
_		-41-6 - 41	0.4-1/41/171/3
8	Does each conservation easement reported on line 2(d) above s	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial states	nents that describes the
De	organization's accounting for conservation easements. art III Organizations Maintaining Collections of A	rt Historical Transuras or (ther Similar Assets
Pe			Miei Similai Assets.
_	Complete if the organization answered "Yes" on Form 99		
1a	a If the organization elected, as permitted under FASB ASC 958, I		
	of art, historical treasures, or other similar assets held for public		·
	service, provide in Part XIII the text of the footnote to its financia		
l			
	art, historical treasures, or other similar assets held for public ex	chibition, education, or research in ful	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasu	ures, or other similar assets for financ	ial gain, provide
	the following amounts required to be reported under FASB ASC	•	
a	a Revenue included on Form 990, Part VIII, line 1		▶ \$
- k	Assets included in Form 990, Part X		\$

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

Sch	edule D (Form 990) 2021 KQED INC.					241309 Page 2
Pa	rt III Organizations Maintaining C	collections of Art	t, Historical Tre	asures, or Oth	ner Similar Asse	ets (continued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the t	following that make	e significant use of it	s
	collection items (check all that apply):					
a		d		hange program		
b		е	Other			
С						
4	Provide a description of the organization's co					ırt XIII.
5	During the year, did the organization solicit of				r r	—
Pa	rt IV Escrow and Custodial Arran	gements	ne organization's co	lection?		Yes No
	reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yes"	on Form 990, Part IV	7, line 9, or
1a	Is the organization an agent, trustee, custodi		ary for contributions	or other assets n	at included	
14	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:			165 140
_	in ves, explain the arrangement in the extra	and complete the loss	owing table.			Amount
С	Beginning balance				1c	
d	Additions during the year		************************	***************************************	1d	
е	Distributions during the year			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Fe				bility?	Yes No
	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been j	provided on Part X	III 20000000000000000000000000000000000	
Pa	rt V Endowment Funds. Complete	f the organization ans	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.	
		(a) Current year	(b) Prior year	(c) Two years back		ck (e) Four years back
1a	Beginning of year balance	130,526,771.	115,645,647.	151,303,737		
b	Contributions	15,077,034.	7,486,339.	5,309,590	4,074,454	4,682,857.
С	Net investment earnings, gains, and losses	-24,833,125.	22,001,822.	4,093,095	6,580,559	6,521,054.
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs	7,361,442.	14,607,037.	45,060,775	7,947,719	3,031,893.
f	Administrative expenses	112 400 020	120 506 554	115 645 648	454 202 808	110 505 110
g	End of year balance	113,409,238.	130,526,771.	115,645,647	. 151,303,737	148,596,443.
2	Provide the estimated percentage of the curr			held as:		
a	Board designated or quasi-endowment	74.6370	_%			
C	Permanent endowment ▶25.3630 Term endowment ▶	% %				
·	The percentages on lines 2a, 2b, and 2c shou					
3a	Are there endowment funds not in the posses	•	ion that are held an	d administered for	the organization	
ou	by:	ssion of the organizat	ion that are neid an	a administered for	tile organization	Yes No
	(i) Unrelated organizations					
	(ii) Related organizations		***************************************	***************************************	***************************************	3a(ii) X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?			3b
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.		manana	
Par						
	Complete if the organization answered	l "Yes" on Form 990,	Part IV, line 11a. Se	ee Form 990, Part I	X, line 10.	
	Description of property	(a) Cost or other basis (investm	1 ' '	1 ' '	Accumulated depreciation	(d) Book value
1a	Land		1,	269,691.		1,269,691.
b	Buildings		91,	579,472.	13,371,325.	78,208,147.
С	Leasehold improvements	4		883,127.	580,001.	303,126.
	Equipment		67,	112,938.	34,769,210.	32,343,728.
е	Other					
Total	Add lines 1a through 1e. (Column (d) must ec	ual Form 990, Part X	column (B), line 10	c.)	>	112,124,692.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financial derivatives		
) Closely held equity interests		
Other		
(A)		
(B)	14	
(C)		
(D)		
(E)		
(F)		
7/20		(8)
(G)		
(H) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.	on Form 990 Part IV line	11c See Form 990 Part V line 13
(H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" of		
(H) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" of the complete in the organization answered "Yes" of the complete in the organization answered "Yes" of the complete in the complete in the organization answered "Yes" of the complete in the co	on Form 990, Part IV, line (b) Book value	
(H) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" of (a) Description of investment (1)		
(H) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" of (a) Description of investment (1) (2)		
(H) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment (1) (2) (3)		
(H) plata. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment (1) (2) (3) (4)		
(H) ptal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" of (a) Description of investment (1) (2) (3) (4)		
(H) ptal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" of (a) Description of investment (1) (2) (3) (4) (5)		
(H) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" of (a) Description of investment (1) (2) (3) (4) (5) (6)		11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
(H) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" of (a) Description of investment (1) (2) (3) (4) (5) (6) (7)		
(H) platal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" of (a) Description of investment (1) (2) (3) (4) (5) (6) (7)		

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LIAB. TO BENEFICIARIES OF CHARITABLE GIFT ANNUITIES	5,353,000.
(3)	ACCRUED BROADCAST RIGHTS	2,624,322
(4)	DEFERRED COMPENSATION OBLIGATIONS	2,100,900
(5)	DEFERRED RENT LIABILITY	333,524
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	10,411,746

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

12005/1 10 28 21

RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITIONS AND

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

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service									
Name of the organization		o to www.iis.gov/Formeeo for instr	uction	is and	the latest informat		identification number		
	KQED INC.					94-1241			
Part Fundrais		Complete if the organization answer	rad "\	/O.D.II O.I	n Form 000 Part IV				
required to	complete this par	t.	reu 1	es o	n Form 990, Part IV,	iine 17. Form 990	EZ illers are not		
		sed funds through any of the followin	o acti	vities.	Check all that apply.				
a X Mail solicitat					overnment grants				
b X Internet and	email solicitations				nment grants				
c X Phone solicit		g Special		_	-				
d X In-person sol		9	ranar.	aloling	0.00110				
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									
		viduals or entities (fundraisers) pursu							
compensated at le			ant to	agree	ments under which t	ric idildraiser is to	De		
	αστ φο,σσο by the	organization,	_						
(i) Name and address	s of individual		(iii)	Did raiser	(iv) Gross receipts	(v) Amount pai	(vi) Amount paid		
or entity (fund		(ii) Activity	have o	ustody atrol of	from activity	tò (or retained b fundraiser	to (or retained by)		
, , , , , , ,			contrib	utions?	I on douvey	listed in col. (i)	organization		
MAL WARWICK & ASSO	CIATES,		Yes	No					
INC 2550 NINTH 8	STREET, #3,	DIGITAL FUNDRAISING		Х	10,779,737.	369,84	7. 10,409,890.		
CRAIG MARTIN - 1848	33 PARKLAND								
DR, SHAKER HEIGHTS	OH 44122	PROFESSIONAL FUNDRAISER		х	980,134.	86,71	7. 893,417.		
GORDON & SCHWENKMEY	ER, INC	TEXT SOLICITORS &							
20300 S. VERMONT AV	E. SUITE	NECESSARY CLERICAL SUPPORT		x	19,404	26,54	07,136.		
VERITUS - PO BOX 18	3294		1						
ASHEVILE, NC 28814	1	PROFESSIONAL FUNDRAISER		х	0	47,95	947,958.		
***************************************			\vdash	\vdash			1		
				\vdash					
Total			*****	•	11,779,275.	531,06	3. 11,248,213.		
3 List all states in which	h the organization	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from	registration		
or licensing.									
AL, AK, AR, CA, CO, CT, D	C,FL,GA,HI,II	KS,KY,MA,MD,ME,MI,MN,MS,N	D,NH,	NJ,N	M,NV,NY				
OH,OK,OR,PA,RI,SC,T	N UT VA WA W	7,WI							

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

132081 10-21-21

	dul	e G (Form 990) 2021 KQED INC. Fundraising Events. Complete if the	e organization answere	d "Ves" on Form 990 Par		1241309 Page 2
	A. The	of fundraising event contributions and gro				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
one						
Revenue	1	Gross receipts				
œ						
1	2	Less: Contributions				
- 1						
\dashv	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
SS	Ü	10.104011 p.1200				
Direct Expenses	6	Rent/facility costs				
Exp						
ect	7	Food and beverages				
ă						
		Entertainment				
	9	Other direct expenses Direct expense summary. Add lines 4 through	Q in column (d)			
		Net income summary. Subtract line 10 from li		(2/4)-/3220		
Pa	rt I			m 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
di			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			- ', '	bingo/progressive bingo	1	col. (a) through col. (c))
Rev		_				
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
ect	1	Rent/facility costs				
ä	7	Total desiry decid				
	5	Other direct expenses				
			Yes%	6 Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)	(41,41,41,41,41,41,41,41,41,41,41,41,41,4		
		0.14	7 f			
_	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a				Yes No
		No," explain:		32872593162223162W()16W		· · · · · · · · · · · · · · · · · · ·
	_					
	-					
		ere any of the organization's gaming licenses re			year?	Yes No
b	If "	Yes," explain:				
	-					

Schedule G (Form 990) 2021

132082 10-21-21

Sch	nedule G (Form 990) 2021 KQED INC.	94-	1241309	Page 3
11	Does the organization conduct gaming activities with	nonmembers?	Yes	□ No
12		a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	***************************************	Yes	No
13	Indicate the percentage of gaming activity conducted	l in:		
			13a	%
				%
14	Enter the name and address of the person who prepa	ares the organization's gaming/special events books and records:		70
	The state and decises of the portion who proper	Too the organization of garming special events books and records.		
	Name			
	· .			
	Address >			
15a	Does the organization have a contract with a third par	rty from whom the organization receives gaming revenue?	Ves	No
	·		100	
b	If "Yes," enter the amount of gaming revenue received	d by the organization \$ and the amount		
	of gaming revenue retained by the third party > \$	and the difficulty		
С	If "Yes," enter name and address of the third party:			
_	the party.			
	Name			
	Address >			
16	Gaming manager information:			
	Name >			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee	Independent contractor		
		maspartant contractor		
17	Mandatory distributions:			
	Is the organization required under state law to make cl	haritable distributions from the gaming proceeds to		
		name of the second of the seco	Yes	No
		law to be distributed to other exempt organizations or spent in the		
		ar > \$		
		ne explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lines 9	9b 10b
	15b. 15c. 16. and 17b. as applicable. Also pro-	vide any additional information. See instructions.	irem, mico o,	JD, 10D,
	The state of the s	vide any additional information. Occ instructions.		
SCHE	EDULE G, PART I, LINE 2B, LIST OF TEN HIG	HEST PAID FUNDRAISERS:		
(I)	NAME OF FUNDRAISER: MAL WARWICK & ASSOCI	ATES INC.		
(I)	ADDRESS OF FUNDRAISER: 2550 NINTH STREET	. #3 BERKELEY CA 94710		
		, so, buttered, on sayin		
_				
(I)	NAME OF FUNDRAISER: CRAIG MARTIN			
,				
(I)	ADDRESS OF FUNDRAISER: 18483 PARKLAND DR	SHAKER HETCHTG OF 44122		
, ,	TOTO FARRIAND DR	PARTIE HELDHID OH 44122		
(T) 1	NAME OF FUNDRAISER: GORDON & SCHWENKMEYE	P INC		
(±) 1	THE OF LONDANIBER: GORDON & SCHWENKMEYE.	N _{f:} INC.		

Schedule G (Form 990) KQED INC.	94-1241309	Page 4
Part IV Supplemental Information (continued)		
Application and a second and a		
(I) ADDRESS OF FUNDRAISER:		
(1) INDIVIDUO OI 1 ONDIGITUATI		
CORROR OF THE CHART OLD HODDINGS OF COLUMN		
20300 S. VERMONT AVE. SUITE 210, TORRANCE, CA 90502		
(I) NAME OF FUNDRAISER: VERITUS		
(1) MARIN OF LONDINGER PROPERTY (PARTY PARTY PAR		
(I) ADDRESS OF FUNDRAISER: PO BOX 18294, ASHEVILE, NC 28814		
<u> </u>		

Schedule G (Form 990)

SCHEDULE J (Form 990)

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

Department of the Treasury

Internal Revenue Service

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.	311		
	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)	3.1		
		100	-110	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			450
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		PUTU	W1, 3
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	and the tributed of ministering the dealers broater, regarding the terms directed of time fat			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	100	189	
-	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	1.61	100	
	establish compensation of the CEO/Executive Director, but explain in Part III.	0.15		
	Compensation committee Written employment contract	19	48	
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee	1		
	Approval by the board of compensation committee	- 5	183	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	100		
7	organization or a related organization:	T COLOR	75	2 3
	Pageing a suppress of suppress		-	X
a	Receive a severance payment or change-of-control payment?	4a	\dashv	X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	\dashv	X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III,		5.7	
	Only coation F01/a)(2) F01/a)(4) and F01/a)(00) average state of the line of the	100		
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	214		
3	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:	- 34		
_		_		х
d	The organization?	5a	\dashv	X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		_
			5.5	
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:	123		77
a	The organization?	6a	\dashv	X
D	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.	11 7	- 0	
1	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		- 61	
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 KQED INC. 94-1241309 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(ili) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL ISIP	(i)	417,106,	84,000.	276.	6,268.	29,669.	537,319.	0.
	(ii)	0.	0.	0.	0.	0,	0.	0.
(2) MARIA MILLER	(i)	247 922	33,175.	276.	6,358.	30,822.	318,553.	0.
CHIEF OPERATIONS & ADMIN. OFFICER	(ii)	0	0.	0.	0.	0.	0.	0.
(3) SARAH SAWYER	(i)	54 129	0.	250,029.	6 358	244.	310,760.	0.
LOCAL MARKETING DIRECTOR	(11)	0.	0.	0.	0.	0.	0.,	0.
(4) HOLLY KERNAN	(i)	250,108.	30,282,	516.	6,358,	17,588.	304,852.	0.
	(ii)	0 .	0.	0.	0.	0.	0.	0.
(5) MITZIE KELLEY	(i)	245,570,	29,544,	792.	5,568.	12,879.	294,353.	0.
FORMER CHIEF FINANCIAL OFFICER	(ii)	0,	0.	0-	0.	0.	0.	0.
(6) DELINDA MROWKA	(i)	252,739.	29,122.	276.	6,358.	2,789.	291,284,	0.
	(ii)	0.	0.	0.	0.	0,	0.	0.
(7) WILLIAM LOWERY	(i)	237,316.	28,010.	724.	6,123.	15,817,	287,990.	0,
GEN CNSL SR EXEC ADVSR & CRP SC	(ii)	0	0,	0.	0.	0,	0.	0.
(8) GEORGANNA KELLY	(i)	231,854.	27,573.	276.	3,022.	15,123.	277,848.	0.
VP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHAEL BLACK	(i)	96,373.	0,	147,310.	0.	17,445.	261,128,	0,
EXEC DIRECTOR, CORPORATE SPONSORSHIP	(ii)	0.	0.	0.,	0.	0.	0.	0.
(10) DAVID HANSEN	(i)	220,698.	11,640.	276.	5,245.	14,357.	252,216.	0.
EXEC DIR., MEDIA OPS & FAC	(ii)	0.	0.	0,	0	0.	0.	0.
(11) JASON BRENNEMAN	(i)	207,839.	24,720,	180.	5,273.	13,890.	251,902,	0.
EXECUTIVE IN CHARGE, CONTENT OPS	(11)	0.	0.	0.	0.	0.	0,	0.
(12) TIM OLSON	(i)	200,326.	24,333,	276.	4 604	17,587.	247 126	0,
SVP STRATEGIC DIGITAL PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0,	0.
(13) JOHN REILLY	(i)	205,292.	0.	496	4,301.	12,350.	222,439.	0.
VP OF INFORMATION SECURITY & TECH	(ii)	0 .	0.	0.	0.	0.	0.	0.
(14) MARIANNE MURPHY	(i)	190,032.	21,600.	276,	4,927.	2,087.	218,922.	0.
VP MEMBER GENEROSITY & AUD. INTEL	(ii)	0,	0.	0.	0.	0.	0.	0,
(15) ETHAN TOVEN-LINDSEY	(i)	197,477	0.	120.	1,653.	579.	199,829	0.
VICE PRESIDENT, NEWS	(ii)	0.	0,	0.	0 ,	0.	0.	0.
(16) DUKE FAN	(i)	164,332.	5,000.	207.	1,702.	23,229,	194,470,	0.
VICE PRESIDENT PRODUCT	(ii)	0	0.	0.	0.	0,	0.	0.

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 KQED INC.	94-1241309	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II, Also comp	lete this part for any additional informat	tion,
PART I, LINE 7:		
NONFIXED PAYMENTS		
EXECUTIVES HAVE THE OPPORTUNITY TO EARN INCENTIVE COMPENSATION BASED ON		
THEIR INDIVIDUAL PERFORMANCE AGAINST TARGET GOALS AS WELL AS THE OVERALL		
PERFORMANCE OF THE ORGANIZATION EACH FISCAL YEAR. THE CEO'S TARGET GOALS		
AND PERFORMANCE AGAINST THOSE GOALS ARE SET AND EVALUATED BY THE BOARD EACH		
YEAR; THE OTHER EXECUTIVES' ANNUAL TARGET GOALS AND PERFORMANCE AGAINST		
THOSE GOALS ARE SET AND EVALUATED BY THE CEO. EACH MEMBER OF SENIOR		
MANAGEMENT RECEIVES A BONUS BASED ON A PERCENTAGE AND DEPENDING UPON THEIR		
PERFORMANCE REGARDING THEIR GOALS.		
SCHEDULE J, PART II, COLUMN B(III)		
BY THE NATURE OF THEIR DUTIES, SARAH SAWYER AND MICHAEL BLACK, RECEIVE		
COMPENSATION IN THE FORM OF BASE SALARY PLUS COMMISSION. COMMISSION		
COMPENSATION IS SHOWN AS "OTHER" IN COLUMN B(III).		

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

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

Attach to Form 990.

KQED INC.

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

2021

Inspection
Employer identification number
94-1241309

Par	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determi noncash contribution a	_	s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles	Х	2,852	3,560,877.	FMV		
7	Boats and planes						
8	Intellectual property						_
9	Securities - Publicly traded	Х	120	447,933.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
"							
10	Securities - Miscellaneous						
12	Qualified conservation contribution -		1				
13							
4.4	Historic structures Qualified conservation contribution - Other		†				
14			 				
15	Real estate - Residential		 				
16	Real estate - Commercial		1				
17	Real estate - Other		 				_
18	Collectibles					_	_
19	Food inventory		-				_
20	Drugs and medical supplies		 			_	_
21	Taxidermy		ļ				_
22	Historical artifacts		ļ — — —				
23	Scientific specimens		_			_	
24	Archeological artifacts				5702		
25	Other (PLEDGED TICKE)	X	16	79,906.	FMV		
26	Other ()		ļ				
27	Other ()						
28	Other (
29	Number of Forms 8283 received by the organia	zation durin	g the tax year for c	ontributions			
	for which the organization completed Form 82	83, Part V, I	Donee Acknowledg	ement 29		42	_
						Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	oorted in Part I, lines 1 throug	gh 28, that it		
	must hold for at least three years from the date	e of the initia	al contribution, and	I which isn't required to be u	sed for		
	exempt purposes for the entire holding period	?	Y 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ATTAGONATA DE COCCAS ENCHAPELOS (ATTAGONAS DE CASA DE	302	0	Х
b	If "Yes," describe the arrangement in Part II.				30, 30, 30, 30, 30, 30, 30, 30, 30, 30,		
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	tions? 31	Х	
	Does the organization hire or use third parties	-	•		223/11/23/1/1/1/		
	contributions?				322	Х	
h	If "Yes," describe in Part II.			aremane and an international a	NAMES OF THE PROPERTY OF THE P		
33	If the organization didn't report an amount in o	column (c) fo	or a type of propert	v for which column (a) is che	cked		
	describe in Part II.	(0) 10	> >	,		1	
LHA		the Instruc	tions for Form 99	0.	Schedule M (Fo	rm 990)) 2021
	apartiant readonal rectification, and			-			

132142 11-17-21

Schedule M (Form 990) 2021

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

KQED INC.	94-1241309
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
KQED SERVES THE PEOPLE OF NORTHERN CALIFORNIA WITH A	
COMMUNITY-SUPPORTED ALTERNATIVE TO COMMERCIAL MEDIA, PROVIDING THE	
KNOWLEDGE NEEDED 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.	
KQED ENVISIONS A PUBLIC MEDIA ORGANIZATION WITH A CULTURE THAT CENTERS	
ON HUMAN DIGNITY, EQUITY AND BELONGING.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
PROGRAM SERVICE ACCOMPLISHMENTS	
KQED'S MULTIDISCIPLINARY CONTENT TEAMS - FOCUSING ON NEWS; ARTS &	
CULTURE; EDUCATION AND SCIENCE - WORK TO EXPAND REGIONAL COVERAGE-AND	
ENSURE THAT OUR CONTENT IS AVAILABLE VIA MOBILE, SOCIAL AND DIGITAL	
MEDIA AS WELL AS ON RADIO AND TELEVISION.	
IN FY22, NEW MULTIMEDIA PRODUCTS INCLUDED COOKING WITH BRONTEZ, HELLA	
HUNGRY AND SMACKIN KITCHEN.	

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

Schedule O (Form 990) 2021

Name of the organization KQED INC.	Employer identification number 94-1241309
EACH YEAR, KQED CELEBRATES THE DIVERSITY OF OUR COMMUNITY WITH A	
SPECIAL LINEUP OF PROGRAMS, INCLUDING EVENTS AND FILM SCREENINGS DURING	
BLACK HISTORY MONTH; WOMEN'S HISTORY MONTH; ASIAN AMERICAN PACIFIC	
ISLANDER HERITAGE MONTH; LESBIAN, GAY, BISEXUAL TRANSGENDER QUEER	
(LGBTQ) + PRIDE MONTH; LATINX HERITAGE MONTH; AND NATIVE AMERICAN	
HERITAGE MONTH, KQED HAS LONG RECOGNIZED THE IMPORTANT CONNECTION	
BETWEEN CULTURAL HERITAGE AND THE ARTS AND HAS MADE EVENTS AN INTEGRAL	
PART OF OUR HERITAGE MONTH CELEBRATIONS.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
PROGRAM SERVICE ACCOMPLISHMENTS	
KQED 9 AND KQED PLUS ARE AMONG THE NATION'S MOST-WATCHED PUBLIC	
TELEVISION STATIONS WITH AN AVERAGE OF 678,500 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.	
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 FY22, KQED CONTINUED TO BROADCAST LOCALLY PRODUCED SERIES	
132212 11-11-21	Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization KQED INC.	Employer identification number 94-1241309
SHOWCASING DIFFERENT ASPECTS OF LIFE IN THE BAY AREA. PROGRAMS INCLUDED	
THE 17TH 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 NINTH SEASON OF KQED NEWSROOM, A WEEKLY	
MULTIPLATFORM NEWS PROGRAM ON TELEVISION, RADIO AND ONLINE.	
KQED WAS ALSO A LEADER IN PRESENTING INDEPENDENT PRODUCTIONS TO	
NATIONWIDE AUDIENCES, INCLUDING JOSEPH ROSENDO'S TRAVELSCOPE AND	
ROADTRIP NATION, KQED SUPPORTED THESE PROGRAMS IN FINDING DISTRIBUTION	
AND NATIONAL AUDIENCES IN FY22.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
PROGRAM SERVICE ACCOMPLISHMENTS	
KQED PUBLIC RADIO IS AMONG THE MOST-LISTENED-TO PUBLIC RADIO STATIONS	
IN THE NATION, WITH AN AVERAGE OF 674,240 WEEKLY RADIO LISTENERS IN THE	
SAN FRANCISCO METRO SURVEY AREA, AND AN ADDITIONAL 23,850 IN THE	9
SACRAMENTO AREA.	
KQED OWNS AND OPERATES KQED PUBLIC RADIO 88.5 FM SAN FRANCISCO AND 89.3	
FM SACRAMENTO. ITS AWARD-WINNING NEWS AND PUBLIC AFFAIRS PROGRAM	-
SERVICE CAN BE HEARD ON 88.5 FM OR COMCAST CHANNEL 960 IN SAN	
FRANCISCO, KQEI 89.3 FM IN SACRAMENTO AND 88.3 FM IN SANTA ROSA AND	- 3
88.1 FM IN MARTINEZ.KQED PUBLIC RADIO BROADCASTS MANY OF NPR'S STELLAR	
PROGRAMS, KQED PUBLIC RADIO ALSO PRODUCES A SIGNIFICANT NUMBER OF LOCAL	
PROGRAMS AND SERIES, INCLUDING THE AWARD-WINNING FORUM; POLITICAL	
BREAKDOWN; THE CALIFORNIA REPORT, A WEEKDAY NEWS REPORT CARRIED ACROSS	
THE STATE, AND ITS COUNTERPART THE CALIFORNIA REPORT MAGAZINE, A WEEKLY	
30-MINUTE NEWS MAGAZINE. IN ADDITION, THERE ARE WEEKLY KOED SCIENCE	

132212 11-11-21

Schedule O (Form 990) 2021	Page 2
Name of the organization KQED INC.	Employer identification number 94-1241309
RADIO REPORTS AND 18 WEEKDAY AND WEEKEND KQED NEWS REPORTS.	
KQED PUBLIC RADIO PRESENTED CONTENT FROM THE COMMONWEALTH CLUB OF	
CALIFORNIA, THE WORLD AFFAIRS COUNCIL AND CITY ARTS AND LECTURES. IT	
ALSO BROADCASTS A RADIO VERSION OF KQED NEWSROOM, KQED PUBLIC RADIO	
CONTINUED TO EMBRACE 21ST-CENTURY MEDIA TECHNIQUES IN 2022, SERVING THE	
SAN FRANCISCO BAY AREA WITH CONTENT THROUGH A WIDE ARRAY OF ON-DEMAND	
ONLINE SERVICES. SOME KQED PUBLIC RADIO BROADCASTS ARE ALSO PART OF THE	
SIRIUS SATELLITE NETWORK.	
KQED PUBLIC RADIO STAFF RECEIVED SOCIETY OF PROFESSIONAL JOURNALISTS,	
NORTHERN CALIFORNIA CHAPTER AWARDS FOR FEATURE JOURNALISM, RADIO/AUDIO	
FOR MEET THREE OF THE WOMEN BEHIND AN INDIGENOUS LAND BACK EFFORT TO	
RECLAIM A SF PENINSULA FARM. ALSO, LONGFORM STORYTELLING, RADIO/AUDIO	
FOR REMEMBERING RUSSELL CITY: A THRIVING EAST BAY TOWN RAZED BY A	
RACIST GOVERNMENT AND ONGOING COVERAGE, RADIO AND AUDIO, ABOUT ASYLUM	
SEEKERS IN CALIFORNIA; SCIENCE REPORTING, RADIO/AUDIO FOR SEA-LEVEL	
RISE IN THE BAY AREA AND POSSIBLE SIDE EFFECTS; HOW THE TAHOE AREA	
PROTECTED ITSELF FROM THE CALDOR FIRE; SCHIZOPHRENIA AND THE RISK OF	
DYING FROM COVID-19 AND THE USE OF REPETITIVE TRANSCRANIAL MAGNETIC	
STIMULATION FOR DEPRESSION; AND SCIENCE REPORTING, TV/VIDEO, FOR DEEP	
LOOK EPISODES.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
KQED DIGITAL, WHICH INCLUDES KQED.ORG, DEVELOPS CONTENT AND	
APPLICATIONS FOR DIGITAL PLATFORMS, SMART SPEAKERS AND MOBILE DEVICES;	-
HOSTS ONLINE SERVICES FOR KQED PUBLIC TELEVISION, KQED PUBLIC RADIO AND	
QED EDUCATIONAL SERVICES; AND SERVES AS A COMMUNITY CONVENER,	

132212 11-11-21

09060815 153424 0196238-00001

Name of the organization KQED INC.	Employer identification number 94-1241309
PROVIDING EVENT LISTINGS, RESOURCES, ONLINE POLLS, PODCASTS, BLOGS AND	•
OTHER ITEMS OF TIMELY INTEREST, KOED, ORG FUNCTIONS AS KOED'S THIRD	
MEDIA PLATFORM, DELIVERING CONTENT SPECIFICALLY ACQUIRED AND PRODUCED	
FOR THE WEB.	
KQED SERIES AND BLOGS INCLUDE REPARATIONS, A SERIES ABOUT THE	
FIRST-IN-THE-NATION TASK FORCE TO STUDY REPARATIONS FOR BLACK PEOPLE	
AND WHAT REPARATIONS COULD MEAN FOR THE STATE; SAN JOSE: THE BAY AREA S	
GREAT IMMIGRANT FOOD CITY; 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, SMART SPEAKER	
SERIES CALLED HUMAN OR MACHINE AND KOED NOW, WHICH UPDATES THE LATEST	
NEWSCAST EVERY HOUR.	
IN FY22, 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 FY22, KQED REACHED A WEEKLY AVERAGE OF	

09060815 153424 0196238-00001

Schedule O (Form 990) 2021	Page 2
Name of the organization KQED INC.	Employer identification number 94-1241309
APPROXIMATELY 300,000 UNIQUE WEBSITE USERS.	
KQED RECEIVED PROMINENT AWARDS FOR MULTIMEDIA/WEB CONTENT IN FY22,	
INCLUDING:	=
- REGIONAL EDWARD R. MURROW AWARD FOR EXCELLENCE IN SOUND FOR "THE	
ENDURING POWER OF AMAZING GRACE AND WHAT IT SAYS ABOUT AMERICAN UNITY."	
-NORTHERN CALIFORNIA EMMY AWARDS/ENVIRONMENT, NEWS OR SHORT-FORM	
CONTENT FOR DEEP LOOK: "WHY DID THE MEXICAN JUMPING BEAN JUMP?";	
-ARTS/ENTERTAINMENT, NEWS OR SHORT-FORM CONTENT: "RECLAIMING THE LEGACY	
OF OAKLAND'S BOOGALOO DANCE CULTURE." SOCIETY OF PROFESSIONAL	
JOURNALISTS, NORTHERN CALIFORNIA CHAPTER: LUKE TSAI FOR HIS FOOD	
COVERAGE;	
-SOCIETY OF PROFESSIONAL JOURNALISTS, NORTHERN CALIFORNIA CHAPTER,	
FEATURES JOURNALISM, PRINT/ONLINE LARGE DIVISION: "WHAT'S A BLACK	
SCHOOL WORTH IN OAKLAND?" AND " CAL FIRE FUMBLES KEY RESPONSIBILITIES	
TO PREVENT CATASTROPHIC WILDFIRES DESPITE HISTORIC BUDGET";	
-PODCAST JOURNALISM, NEWS REPORTING FOR SOLD OUT: RETHINKING HOUSING IN	
AMERICA;	
-TECHNOLOGY REPORTING, RADIO/AUDIO, FOR "INCORRECTLY DELETED FROM	
FACEBOOK? GETTING BACK ON MIGHT TAKE CONNECTIONS." JACKSON WILD MEDIA	
AWARD TO DEEP LOOK: "BARNACLES GO TO UNBELIEVABLE LENGTHS TO HOOK UP";	
-AAAS KAVLI SCIENCE JOURNALISM GOLD AWARD: VIDEO SPOT NEWS/FEATURE	
REPORTING: FOR DEEP LOOK EPISODES.	
KQED'S EDUCATION MEDIA LITERACY RESOURCES AND SERVICES, INCLUDING	
STUDENT MEDIA AND LEARNING PLATFORMS AS WELL AS TEACHER PROFESSIONAL	
DEVELOPMENT, FOCUS ON SUPPORTING STUDENTS IN GRADES PREK-12 FROM	
132212 11-11-21	Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization KQED INC.	Employer identification number 94-1241309
HISTORICALLY UNDERREPRESENTED BACKGROUNDS WITH THE GREATEST EDUCATIONAL	
NEEDS. KQED PROVIDES EDUCATORS AND STUDENTS IN THE BAY AREA, CALIFORNIA	
AND NATIONWIDE FREE ACCESS TO TENS OF THOUSANDS OF DIGITAL RESOURCES	
DIRECTLY FROM KQED AND THROUGH PBS LEARNINGMEDIA, INCLUDING VIDEOS,	
GAMES, AUDIO, PHOTOS AND IN-DEPTH LESSON PLANS. IN 2022, KQED	
EDUCATIONAL MEDIA WAS USED 8.4 MILLION TIMES AND KQED'S	
EDUCATION-FOCUSED WEB PROPERTIES RECEIVED MORE THAN 2.5 MILLION PAGE	
VIEWS. THESE WEB SITES INCLUDE THE YOUTH MEDIA CHALLENGE SHOWCASE,	
WHICH RECEIVED MORE THAN 1,600 YOUTH-CREATED MEDIA PIECES IN 2022 AND	
PUT YOUTH VOICES IN FRONT OF A NATIONAL PUBLIC AUDIENCE, KQED	
EDUCATION'S ORIGINAL YOUTUBE SERIES ABOVE THE NOISE TEACHES SECONDARY	
STUDENTS HOW TO THINK CRITICALLY ABOUT IMPORTANT TOPICS IN THE NEWS,	
BUILD EVIDENCE-BASED ARGUMENTS, AND DEVELOP MEDIA LITERACY SKILLS AND	
SURPASSED 3 MILLION VIEWS IN 2022, KQED RE-LAUNCHED KQED TEACH, OUR	
PROFESSIONAL LEARNING COURSES ON A NEW PLATFORM IN JUNE 2022, WHERE	
OVER 2100 EDUCATORS ACTIVELY USED THE COURSES, KQED ALSO SERVED MORE	
THAN 3000 EDUCATORS THROUGH LIVE WORKSHOPS AND MORE THAN 2,000	
MICROCREDENTIALS HAVE BEEN AWARDED. KQED MANAGES THE PBS LEARNINGMEDIA	
PORTAL FOR THE STATE OF CALIFORNIA, WHICH NOW HAS MORE THAN 187,900	
REGISTERED USERS. ADDITIONALLY, WE PARTNERED WITH MORE THAN 60 LOCAL,	
STATE AND NATIONAL ORGANIZATIONS, SCHOOLS AND DISTRICTS IN 2022.	
EXPENSES \$ 10,990,770. INCLUDING GRANTS OF \$ 0. REVENUE \$ 865,221.	
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	Schedule O (Form 990) 202

132212 11-11-21

Name of the organization KQED INC.	Employer identification number 94-1241309
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	
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	
132212 11-11-21	Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization KQED INC	Employer identification number 94-1241309
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 AND ITS CHIEF OPERATIONS AND ADMINISTRATION OFFICER WORK WITH	
AN EXTERNAL CONSULTANT PROVIDING RESEARCH DATA ANALYSIS FROM THE FOLLOWING	
MARKETS: SAN FRANCISCO/BAY AREA, PUBLIC MEDIA, FOR-PROFIT CABLE AND	
BROADCAST MEDIA, LARGE NONPROFITS, AND DIGITAL AND ONLINE TECHNOLOGY	
COMPANIES, EACH NON-UNION JOB IS PLACED WITHIN A JOB FAMILY AND JOB LEVEL	
BASED ON THE JOB DESCRIPTION. COMPENSATION FOR INDIVIDUALS WORKING IN JOBS	
IS DETERMINED BY PERFORMANCE AND EXPERIENCE AS THEY RELATE TO THE MARKET	
RATE OF THE JOB LEVEL. ALL POSITIONS HAVE ESTABLISHED MARKET RATES.	
FINALLY, THE HISTORICAL AND CURRENT COMPENSATION PAID BY KQED FOR	
COMPARABLE POSITIONS, AS WELL AS THE SKILLS AND EXPERIENCE OF THE	
INDIVIDUAL EMPLOYEE, ARE TAKEN INTO ACCOUNT.	
KQED REGULARLY REVIEWS EMPLOYEE PAY IN THREE WAYS:	
(1) MARKET ANALYSIS TO ENSURE EMPLOYEES ARE PAID AT MARKET RATE AGAINST	
COMPARABLE COMPANIES; (2) A CLASSIFICATION ANALYSIS TO ENSURE EMPLOYEES ARE	
CONSISTENTLY AND APPROPRIATELY CLASSIFIED IN THE RIGHT JOB FAMILY AND JOB	
LEVEL AND (3) AN EQUITY ANALYSIS TO ENSURE EMPLOYEES PERFORMING SIMILAR	
WORK ARE PAID SIMILARLY AND EQUITABLY.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AK, AR, CA, CO, CT, DC, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NM, NY, ND, OH, OK	
OR, PA, RI, SC, TN, UT, VA, WA, WI, WV, NJ, FL	
FORM 990, PART VI, SECTION C, LINE 19:	

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Schedule O (Form 990) 2021	Page 2
Name of the organization KQED INC,	Employer identification number 94-1241309
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	
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 GOVERNMENT GRANTS	
THE 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.	
S C	
	**

SCHEDULE R (Form 990)

Department of the Transury Internal Placetive Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047 2021 Open to Public Inspection

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

Employer identification number Name of the organization 94-1241309 KQED INC. Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) (e) (b) (d) Direct controlling Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets entity of disregarded entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (g) Section 512(b)(13) (c) (d) (e) (a) (b) Direct controlling Name, address, and EIN Primary activity Legal domicile (state or Exempt Code Public charity section status (if section entity of related organization foreign country) 501(c)(3)) Yes No

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

Schedule R (Form 990) 2021

Page 2

Schedule R (Form 990) 2021 KQED INC. 94-1241309

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domede (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionale tions?	amount in box	managini partner?	Percentage ownership
		country		sections 512-514)		465515	Yes	No	K-1 (Form 1065)	Yes No	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year,

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicille (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	cont	tion b)(13) rolled bty?
CHARITABLE REMAINDER UNITRUST (14)	INVESTMENT	CA	N/A	TRUST					х
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132162 11-17-21

Schedule R (Form 990) 2021

Part	V Transactions With Related Organizations. Complete if the organization ans	wered "Yes" on Forn	n 990, Part IV, line 34, 35b, or 3	6					
Note	; Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed in Pa	rts II-IV?					
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х		
					1b		Х		
	Gift, grant, or capital contribution from related organization(s)				1c		х		
					1d		Х		
					10		х		
-									
f	Dividends from related organization(s)				1f		Х		
	Sale of assets to related organization(s)				10		Х		
	h Purchase of assets from related organization(s)								
	Exchange of assets with related organization(s)								
- 6	Lease of facilities, equipment, or other assets to related organization(s)				1j		х		
	Ecoso of facilities, equipment, of other deserts to related enganization (e)						8		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х		
	Performance of services or membership or fundraising solicitations for related organizations				-11		X		
	Performance of services or membership or fundraising solicitations by related orga						х		
m	Sharing of facilities, equipment, mailing lists, or other assets with related organizations				- In		х		
n					10	1	х		
0	Sharing of paid employees with related organization(s)				10				
	2 : 1 :				10		х		
þ					10	_	х		
q	Reimbursement paid by related organization(s) for expenses				- 114				
					1r		х		
	Carte III W. W. W. J. Colon State of Colon				15	-	х		
	Other transfer of cash or property from related organization(s)	the same and a second second	of the backed and several a feet	and the sent transportion through the	18				
2	If the answer to any of the above is "Yes," see the instructions for information on w (a) Name of related organization	(b) Transaction	(c) Amount involved	diships and transaction thresholds: (d) Method of determining amount i	nvolved				
_		type (a-s)							
(1)									
(2)									
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(4)									
<u>(5)</u>						_			
(6)									
132163	11-17-21			Schedu	le R (Foi	m 990) 202		

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all suthers set 501sc)(1) grgs, 7 Yes No	(f) Share of total Income	(g) Share of end-of-year assets	Dispre- tion affacut Yes	n) oper- ale max?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General c managin partner? Yes No	(k) Percentage ownership
					_						

Schedule R (Form 990) 2021

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