

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>KVIE, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2030 W EL CAMINO AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>SACRAMENTO, CA 95833</b> <b>F</b> Name and address of principal officer: <b>DAVID LOWE</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>94-1421463</b> <b>E</b> Telephone number <b>(916) 641-3621</b> <b>G</b> Gross receipts \$ <b>19,769,061.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>KVIE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1955</b>		<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF KVIE IS TO INSPIRE YOU TO EXPLORE THE WORLD AND CONNECT WITH YOUR COMMUNITY</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <span style="float:right"><b>20</b></span> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float:right"><b>20</b></span> <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) ..... <b>5</b> <span style="float:right"><b>80</b></span> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float:right"><b>180</b></span> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float:right"><b>345,976.</b></span> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 39 ..... <b>7b</b> <span style="float:right"><b>72,953.</b></span>																			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>10,701,624.</b> <span style="float:right"><b>12,837,090.</b></span> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>1,881,053.</b> <span style="float:right"><b>1,704,895.</b></span> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>228,675.</b> <span style="float:right"><b>88,756.</b></span> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>479,939.</b> <span style="float:right"><b>445,149.</b></span> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>13,291,291.</b> <span style="float:right"><b>15,075,890.</b></span>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b></td> <td>10,701,624.</td> <td>12,837,090.</td> </tr> <tr> <td><b>9</b></td> <td>1,881,053.</td> <td>1,704,895.</td> </tr> <tr> <td><b>10</b></td> <td>228,675.</td> <td>88,756.</td> </tr> <tr> <td><b>11</b></td> <td>479,939.</td> <td>445,149.</td> </tr> <tr> <td><b>12</b></td> <td>13,291,291.</td> <td>15,075,890.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b>	10,701,624.	12,837,090.	<b>9</b>	1,881,053.	1,704,895.	<b>10</b>	228,675.	88,756.	<b>11</b>	479,939.	445,149.	<b>12</b>	13,291,291.	15,075,890.
	Prior Year	Current Year																		
<b>8</b>	10,701,624.	12,837,090.																		
<b>9</b>	1,881,053.	1,704,895.																		
<b>10</b>	228,675.	88,756.																		
<b>11</b>	479,939.	445,149.																		
<b>12</b>	13,291,291.	15,075,890.																		
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>0.</b> <span style="float:right"><b>0.</b></span> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <span style="float:right"><b>0.</b></span> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>4,328,347.</b> <span style="float:right"><b>4,414,098.</b></span> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>126,154.</b> <span style="float:right"><b>128,771.</b></span> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,204,754.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>7,105,475.</b> <span style="float:right"><b>6,849,323.</b></span> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>11,559,976.</b> <span style="float:right"><b>11,392,192.</b></span> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>1,731,315.</b> <span style="float:right"><b>3,683,698.</b></span>																			
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>21,928,799.</b> <span style="float:right"><b>26,593,294.</b></span> <b>21</b> Total liabilities (Part X, line 26) ..... <b>5,279,364.</b> <span style="float:right"><b>5,982,144.</b></span> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>16,649,435.</b> <span style="float:right"><b>20,611,150.</b></span>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b></td> <td>21,928,799.</td> <td>26,593,294.</td> </tr> <tr> <td><b>21</b></td> <td>5,279,364.</td> <td>5,982,144.</td> </tr> <tr> <td><b>22</b></td> <td>16,649,435.</td> <td>20,611,150.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b>	21,928,799.	26,593,294.	<b>21</b>	5,279,364.	5,982,144.	<b>22</b>	16,649,435.	20,611,150.						
	Beginning of Current Year	End of Year																		
<b>20</b>	21,928,799.	26,593,294.																		
<b>21</b>	5,279,364.	5,982,144.																		
<b>22</b>	16,649,435.	20,611,150.																		

**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.

<b>Sign Here</b>	Signature of officer <b>DAVID LOWE, PRESIDENT</b> Type or print name and title	Date  		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LINDA D. GEERY</b>	Preparer's signature <b>LINDA D. GEERY</b>	Date <b>02/11/21</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00364484</b>
	Firm's name ▶ <b>GILBERT CPAS</b>	Firm's EIN ▶ <b>68-0037990</b>		
	Firm's address ▶ <b>2880 GATEWAY OAKS DR, STE 100</b> <b>SACRAMENTO, CA 95833</b>			Phone no. <b>916-646-6464</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF KVIE IS TO INSPIRE YOU TO EXPLORE THE WORLD AND CONNECT WITH YOUR COMMUNITY THROUGH THE INTEGRITY OF PUBLIC MEDIA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 7,289,221. including grants of \$ ) (Revenue \$ 1,622,261. ) BROADCASTING FROM CALIFORNIA'S CAPITAL, KVIE PUBLIC TELEVISION IS A VALUABLE PART OF THE 16-COUNTY SACRAMENTO-STOCKTON-MODESTO TELEVISION MARKET. THE SERVICE ALSO EXTENDS TO ANOTHER 12 COUNTIES OUTSIDE THE DMA, SERVING VIEWERS IN 28 OF THE STATE'S 58 COUNTIES. KVIE PROVIDES EDUCATIONAL PROGRAMMING AND SERVICES THROUGH TELEVISION, ONLINE CONTENT, AND LIVE ENGAGEMENT SCREENINGS AND EVENTS. AS A PBS STATION, KVIE'S NATIONAL AND LOCAL PRODUCTIONS WORK TOGETHER TO ENGAGE THE MIND AND SPIRIT TO PROMOTE PERSONAL AND COMMUNITY GROWTH. AS THE ONLY LOCALLY-OWNED AND MANAGED TELEVISION STATION IN THE 20TH LARGEST TELEVISION MARKET IN THE UNITED STATES, KVIE REFLECTS THE COMMUNITY BACK TO ITSELF BY CREATING AND PRESENTING PROGRAMS ABOUT ITS PAST, PRESENT AND FUTURE, PROVIDING A SPRINGBOARD FOR ENGAGEMENT, DISCUSSION

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) AS AN EDUCATIONAL BROADCASTER, KVIE IS KNOWN FOR ITS PBS KIDS OFFERINGS LIKE "SESAME STREET" AND "DANIEL TIGER'S NEIGHBORHOOD," PRESENTING 9,737 HOURS OF EDUCATIONAL CHILDREN'S PROGRAMMING ACROSS OUR MAIN HIGH-DEFINITION CHANNEL AND OUR 24-HOUR PBS KIDS CHANNEL.

EVERY DAY, CHILDREN ACROSS OUR REGION OF CALIFORNIA EMBARK ON AMAZING ADVENTURES AND MAKE NEW DISCOVERIES THROUGH PBS KIDS PROGRAMS ON KVIE.

ON MARCH 16, 2020, IN RESPONSE TO SCHOOL CLOSURES DUE TO COVID-19, KVIE2 BEGAN AIRING AN AT-HOME LEARNING EDUCATIONAL SCHEDULE FROM 6AM - 6PM ON WEEKDAYS. DEVELOPED BY PBS SOCAL AND LOS ANGELES UNIFIED SCHOOL DISTRICT, THE SCHEDULE FEATURES PROGRAMS ALIGNED TO CALIFORNIA STATE

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) PBS KVIE ORGANIZED, HOSTED, AND PARTICIPATED IN A VARIETY OF COMMUNITY EVENTS IN FY20. THESE INCLUDED SCREENING EVENTS AND OTHER OUTREACH EXPERIENCES FOR INDIVIDUALS AND GROUPS IN THE REGION. SCREENINGS WERE HELD AT KVIE STUDIOS, OFF-SITE AT PARTNER LOCATIONS, AND VIRTUAL PLATFORMS. EACH SCREENING INVOLVED A PRESENTATION OF A FILM/PROGRAM FOLLOWED BY A PANEL DISCUSSION WITH A LIVE AUDIENCE. GUESTS FOR THE PANEL DISCUSSIONS RANGED FROM LOCAL EDUCATORS, COMMUNITY ORGANIZERS, PRODUCERS, AND OTHERS EITHER FEATURED IN OR AFFILIATED WITH THE PRODUCTIONS. IN-STUDIO SCREENINGS INCLUDED AN EPISODE OF THE KVIE-PRODUCED PROGRAM YES WE'RE OPEN, HIGHLIGHTING REGIONAL BUSINESSES; THE DOCUMENTARY, PEBBLE BEACH, WHICH EXPLORED THE HISTORY OF THE PRESTIGIOUS GOLF COURSE; AND ANTIQUES ROADSHOW, PREVIEWING THE SPECIFIC

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 7,289,221.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and their compliance status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 80		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 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)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**STACI ORLANDO - (916) 641-3621**  
**2030 WEST EL CAMINO AVE., SACRAMENTO, CA 95833**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANK MYERS IMMEDIATE PAST BOARD CHAIR	1.00	X						0.	0.	0.
(2) LAURA LEWIS BOARD CHAIR	1.00	X						0.	0.	0.
(3) ROY BREWER VICE CHAIR	1.00	X						0.	0.	0.
(4) R. BROOKS WHITEHEAD SECRETARY	1.00	X						0.	0.	0.
(5) CYRIL SHAH TREASURER	1.00	X						0.	0.	0.
(6) BEN GUMPERT DIRECTOR	1.00	X						0.	0.	0.
(7) BETH MILLER DIRECTOR	1.00	X						0.	0.	0.
(8) BRAD SIMMONS DIRECTOR	1.00	X						0.	0.	0.
(9) CASSANDRA FERRANNINI DIRECTOR	1.00	X						0.	0.	0.
(10) ERICA DIAS DIRECTOR	1.00	X						0.	0.	0.
(11) ERICA TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(12) FREDERIKA HARMSEN DIRECTOR	1.00	X						0.	0.	0.
(13) GREG LARSEN DIRECTOR	1.00	X						0.	0.	0.
(14) HEDY GOVENAR DIRECTOR	1.00	X						0.	0.	0.
(15) LESHELLE MAY DIRECTOR	1.00	X						0.	0.	0.
(16) MICHELLE ODELL DIRECTOR	1.00	X						0.	0.	0.
(17) NANCY MILLER DIRECTOR	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PRAMILA KRIPLANI DIRECTOR	1.00	X					0.	0.	0.	
(19) TOM WEBORG DIRECTOR	1.00	X					0.	0.	0.	
(20) TRACY BECKWITH DIRECTOR	1.00	X					0.	0.	0.	
(21) DAVID LOWE PRESIDENT/GM	40.00			X			280,098.	0.	11,826.	
(22) STACI ORLANDO CHIEF FINANCIAL OFFICER/ASSOC GM	40.00			X			148,599.	0.	15,076.	
(23) KEVIN SMITH-FAGAN ASSOCIATE GM - EXTERNAL AFFAIRS	40.00				X		156,722.	0.	8,631.	
(24) MICHAEL SANFORD ASSOCIATE GM - CONTENT CREATION	40.00				X		133,820.	0.	18,296.	
(25) BARRY PITLUK SENIOR SPONOSHIP REPRESENTATIVE	40.00				X		103,708.	0.	16,441.	
(26) MIKEL CAPPI CHIEF ENGINEER	40.00				X		110,902.	0.	6,429.	
<b>1b Subtotal</b>							933,849.	0.	76,699.	
<b>c Total from continuation sheets to Part VII, Section A</b>							119,637.	0.	9,845.	
<b>d Total (add lines 1b and 1c)</b>							1,053,486.	0.	86,544.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

**Section B. Independent Contractors**

1 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
PUBLIC BROADCASTING SERVICE 2100 CRYSTAL DR., ARLINGTON, VA 22202	PROGRAMMING RIGHTS	2,228,678.
HEARTLAND VIDEO SYSTEMS, INC 1311 PILGRIM RD., PLYMOUTH, WI 53073	BROADCAST EQUIPMENT PLUS SUPPORT	309,407.
FOREST INCENTIVES 790 JACKSONVILLE RD., WARMINSTER, PA 18974	PREMIUM FULFILLMENT, INCLUDING COST OF P	293,511.
MSI MAILING SYSTEMS INC, 2431 MERCANTILE DR. STE A, RANCHO CORDOVA, CA 95742	FUNDRAISING/DIRECT MAIL (RENEWAL NOTICE	257,944.
NEXT GENERATION - MCPHERSON ASSOCIATE, 1235 WESTLAKES DR. STE 130, BERWYN, PA	FUNDRAISING/DIRECT MAIL	196,911.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **8**

SEE PART VII, SECTION A CONTINUATION SHEETS



Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROB STEWART PRODUCER AND ON-AIR TALENT	40.00					X		119,637.	0.	9,845.
Total to Part VII, Section A, line 1c .....								119,637.		9,845.

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>	7,653,383.					
	<b>c</b> Fundraising events	<b>1c</b>	190,078.					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	667,279.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,326,350.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 204,996.					
	<b>h Total.</b> Add lines 1a-1f			12,837,090.				
	<b>Program Service Revenue</b>	<b>2 a</b> UNDERWRITING	<b>Business Code</b>	900099	1,201,278.	1,201,278.		
<b>b</b> PROGRAM PRODUCTION			900099	411,538.	411,538.			
<b>c</b> ADVERTISING			541800	90,929.		90,929.		
<b>d</b> CREATIVE SERVICES			515100	1,150.	1,150.			
<b>e</b>								
<b>f</b> All other program service revenue								
<b>g Total.</b> Add lines 2a-2f				1,704,895.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)			243,554.			243,554.
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties			55,209.			55,209.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	368,201.				
			(ii) Personal					
	<b>b</b> Less: rental expenses	<b>6b</b>		0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>		368,201.				
	<b>d</b> Net rental income or (loss)			368,201.		255,047.	113,154.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	4,498,781.				
			(ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		4,653,579.				
	<b>c</b> Gain or (loss)	<b>7c</b>		-154,798.				
	<b>d</b> Net gain or (loss)			-154,798.			-154,798.	
<b>8 a</b> Gross income from fundraising events (not including \$ 190,078. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		44,032.					
			30,588.					
<b>b</b> Less: direct expenses	<b>8b</b>							
<b>c</b> Net income or (loss) from fundraising events			13,444.			13,444.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>							
<b>b</b> Less: direct expenses	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		3,781.					
			9,004.					
<b>b</b> Less: cost of goods sold	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory			-5,223.	-5,223.				
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS	<b>Business Code</b>	900099	13,518.	13,518.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d			13,518.				
<b>12 Total revenue.</b> See instructions			15,075,890.	1,622,261.	345,976.	270,563.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	478,399.	263,415.	124,795.	90,189.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,238,298.	1,786,704.	850,681.	600,913.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	129,019.	63,351.	33,636.	32,032.
<b>9</b> Other employee benefits	280,528.	167,980.	53,854.	58,694.
<b>10</b> Payroll taxes	287,854.	164,854.	65,216.	57,784.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	60,948.		59,998.	950.
<b>c</b> Accounting	38,700.		38,700.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	128,771.			128,771.
<b>f</b> Investment management fees	44,481.		44,481.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	620,073.	361,917.	47,603.	210,553.
<b>12</b> Advertising and promotion	98,373.	91,393.		6,980.
<b>13</b> Office expenses	660,212.	280,802.	58,502.	320,908.
<b>14</b> Information technology	253,583.	107,540.	51,997.	94,046.
<b>15</b> Royalties				
<b>16</b> Occupancy	515,948.	300,196.	131,166.	84,586.
<b>17</b> Travel	28,419.	14,152.	8,032.	6,235.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	149,688.	27,621.	41,426.	80,641.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	914,675.	772,385.	73,334.	68,956.
<b>23</b> Insurance	116,043.	68,496.	24,031.	23,516.
<b>24</b> Other expenses. Itemize expenses not covered 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.)				
<b>a</b> PROGRAM ACQUISITION	2,349,007.	2,349,007.		
<b>b</b> REPAIRS AND MAINTENANCE	585,075.	347,074.	100,932.	137,069.
<b>c</b> TELEMARKET/DIR MAIL	179,323.	25.		179,298.
<b>d</b>				
<b>e</b> All other expenses	234,775.	122,309.	89,833.	22,633.
<b>25</b> Total functional expenses. Add lines 1 through 24e	11,392,192.	7,289,221.	1,898,217.	2,204,754.
<b>26</b> 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)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	58,113.	<b>1</b>	125,038.
	<b>2</b> Savings and temporary cash investments .....	3,365,550.	<b>2</b>	6,781,440.
	<b>3</b> Pledges and grants receivable, net .....	470,917.	<b>3</b>	548,973.
	<b>4</b> Accounts receivable, net .....	128,382.	<b>4</b>	177,585.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	66,927.	<b>8</b>	15,225.
	<b>9</b> Prepaid expenses and deferred charges .....	151,711.	<b>9</b>	177,988.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 24,054,957.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 16,516,284.	7,988,009.	<b>10c</b> 7,538,673.
	<b>11</b> Investments - publicly traded securities .....	9,662,741.	<b>11</b>	11,171,761.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	36,449.	<b>15</b>	56,611.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	21,928,799.	<b>16</b>	26,593,294.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	714,748.	<b>17</b>	1,010,637.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	644,461.	<b>19</b>	541,377.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	3,920,155.	<b>23</b>	4,430,130.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,279,364.	<b>26</b>	5,982,144.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	15,768,745.	<b>27</b>	19,640,904.
	<b>28</b> Net assets with donor restrictions .....	880,690.	<b>28</b>	970,246.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	16,649,435.	<b>32</b>	20,611,150.
<b>33</b> Total liabilities and net assets/fund balances .....	21,928,799.	<b>33</b>	26,593,294.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	15,075,890.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	11,392,192.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,683,698.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	16,649,435.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	278,017.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	20,611,150.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **KVIE, INC.** Employer identification number **94-1421463**

**Part I 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)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  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 organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8,688,378.	10,359,377.	9,988,964.	10,701,624.	12,827,090.	52,565,433.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	8,688,378.	10,359,377.	9,988,964.	10,701,624.	12,827,090.	52,565,433.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						52,565,433.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	8,688,378.	10,359,377.	9,988,964.	10,701,624.	12,827,090.	52,565,433.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	190,453.	199,645.	199,881.	275,856.	334,738.	1,200,573.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	64,479.	100,733.	50,684.	57,428.	10,759.	284,083.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	37,939.	20,769.	16,370.	9,076.	13,518.	97,672.
<b>11 Total support.</b> Add lines 7 through 10						54,147,761.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	9,322,108.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	97.08	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	96.18	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

**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:**

**OTHER RELATED**

2015 AMOUNT: \$ 37,939.

2016 AMOUNT: \$ 20,769.

2017 AMOUNT: \$ 16,370.

2018 AMOUNT: \$ 9,076.

2019 AMOUNT: \$ 13,518.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**KVIE, INC.**

Employer identification number

**94-1421463**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>KVIE, INC.</b>	Employer identification number  <b>94-1421463</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,921,271.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>652,185.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>KVIE, INC.</b>	Employer identification number  <b>94-1421463</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____



Name of organization  <b>KVIE, INC.</b>	Employer identification number  <b>94-1421463</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>KVIE, INC.</b>	Employer identification number <b>94-1421463</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		19,705.
<b>j</b> Total. Add lines 1c through 1i .....			19,705.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

Provide 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 II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

70% OF DUES PAID TO THE AMERICA'S PUBLIC TELEVISION STATIONS (AS APTS ACTION) ARE DESIGNATED FOR LOBBYING ACTIVITIES.

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization **KVIE, INC.** Employer identification number **94-1421463**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	409,773.	408,273.	408,273.	408,273.	408,173.
b Contributions	11,500.	1,500.			100.
c Net investment earnings, gains, and losses	27,088.	49,061.	16,104.	66,118.	3,642.
d Grants or scholarships					
e Other expenditures for facilities and programs	27,088.	49,061.	16,104.	66,118.	3,642.
f Administrative expenses					
g End of year balance	421,273.	409,773.	408,273.	408,273.	408,273.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.00 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,392,502.		2,392,502.
b Buildings		9,330,426.	6,707,851.	2,622,575.
c Leasehold improvements		427,713.	357,009.	70,704.
d Equipment		11,632,534.	9,198,393.	2,434,141.
e Other		271,782.	253,031.	18,751.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,538,673.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

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

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...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	15,709,018.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	278,017.	
	b Donated services and use of facilities	2b	360,000.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	638,017.	
3	Subtract line 2e from line 1		3	15,071,001.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	44,481.	
	b Other (Describe in Part XIII.)	4b	-39,592.	
	c Add lines 4a and 4b	4c	4,889.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	15,075,890.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	11,747,303.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	360,000.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	39,592.	
	e Add lines 2a through 2d	2e	399,592.	
3	Subtract line 2e from line 1		3	11,347,711.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	44,481.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	44,481.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	11,392,192.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THIS FUND SHALL BE USED AS A PERMANENT SOURCE OF SUPPORT FOR THE ONGOING OPERATIONS OF KVIE, OR IN THE EVENT OF ITS DEMISE, BY ITS SUCCESSOR, OR IF THERE IS NO SUCCESSOR, BY ANOTHER PUBLIC BROADCASTER SEEN OR HEARD IN THE SACRAMENTO AREA WHICH SHALL BE SELECTED BY THE OUTGOING KVIE BOARD OF DIRECTORS.

**PART X, LINE 2:**

THE STATION HAS APPLIED THE PRINCIPLES RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT THERE IS NO MATERIAL IMPACT ON THE FINANCIAL STATEMENTS.



**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES -30,588.

COST OF GOODS SOLD -9,004.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -39,592.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES 30,588.

COST OF GOODS SOLD 9,004.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 39,592.

Multiple horizontal lines for additional entries.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **KVIE, INC.** Employer identification number **94-1421463**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 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?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NEXT GENERATION FUNDRAISING - 1235 WESTLAKES DR., SUITE	DIRECT MAIL		X	400,000.	24,636.	375,364.
CHARITABLE AUTO RESOURCES - 4669 MURPHY CANYON ROAD,	VEHICLE DONATIONS	X		382,670.	128,771.	253,899.
<b>Total</b>				782,670.	153,407.	629,263.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ART AUCTION (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	234,110.			234,110.
	<b>2</b> Less: Contributions .....	190,078.			190,078.
	<b>3</b> Gross income (line 1 minus line 2) .....	44,032.			44,032.
Direct Expenses	<b>4</b> Cash prizes .....	1,600.			1,600.
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	1,731.			1,731.
	<b>7</b> Food and beverages .....	27,257.			27,257.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				30,588.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				13,444.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: NEXT GENERATION FUNDRAISING

(I) ADDRESS OF FUNDRAISER: 1235 WESTLAKES DR., SUITE 130, BERWYN, PA 19312

(I) NAME OF FUNDRAISER: CHARITABLE AUTO RESOURCES

(I) ADDRESS OF FUNDRAISER:

4669 MURPHY CANYON ROAD, SUITE 100, SAN DIEGO, CA 92123

**Part IV** Supplemental Information (continued)

PART I, LINE 2B, COLUMN (V):

NEXT GENERATION FUNDRAISING:

THE ORGANIZATION PAYS \$2,053/MONTH FOR CONSULTING SERVICES. KVIE IS INVOICED SEPARATELY FOR THOSE FEES. OTHER FEES ARE CHARGED PER THOUSAND PIECES DEPENDING ON COMPLEXITY OF THE PACKET.

AMOUNT REIMBURSED BY THE ORGANIZATION TO THE FUNDRAISER FOR ITEMS SUCH AS PRINTING, PAPER, ENVELOPES, POSTAGE, MAILING LIST RENTAL, ETC. - \$172,275.

PART I, LINE 2B, COLUMN (IV)

WE ARE ESTIMATING THE AMOUNT OF GROSS RECEIPTS (\$400,000) GENERATED BY NEXT GENERATION FUNDRAISING FOR THE 6/30/20 FISCAL YEAR. NEXT GENERATION FUNDRAISING CONSULTED ON THE CONTENT OF KVIE'S DIRECT MAIL CAMPAIGN LETTERS AND THEN USED A THIRD PARTY PRINTING COMPANY TO GET THOSE LETTERS PRINTED AND MAILED. KVIE MAILED HUNDREDS OF THOUSANDS OF LETTERS AND THERE IS NO WAY TO TRACK WHICH CONTRIBUTIONS CAME IN AS A DIRECT RESULT OF THE CONTENT OF THOSE LETTERS, WHICH PARTNER'S LETTER, WHICH SPOT RAN ON AIR, WHICH PRINT AD WAS PRINTED IN THE GUIDE, OR WHICH EMAIL, TEXT OR SOCIAL BLAST WAS DONE BY KVIE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**KVIE, INC.**

Employer identification number

**94-1421463**

**Part I Questions Regarding Compensation**

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

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID LOWE PRESIDENT/GM	(i)	236,115.	35,250.	8,733.	10,110.	1,716.	291,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STACI ORLANDO CHIEF FINANCIAL OFFICER/ASSOC GM	(i)	122,626.	25,000.	973.	7,462.	7,614.	163,675.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KEVIN SMITH-FAGAN ASSOCIATE GM - EXTERNAL AFFAIRS	(i)	139,410.	14,000.	3,312.	7,670.	961.	165,353.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL SANFORD ASSOCIATE GM - CONTENT CREATION	(i)	116,906.	15,000.	1,914.	6,591.	11,705.	152,116.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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 complete this part for any additional information.

PART I, LINE 1A:

HEALTH CLUB SUBSIDY TO DAVID LOWE, STACI ORLANDO, MICHAEL SANFORD, & ROB STEWART. SOCIAL CLUB DUES TO DAVID LOWE. HEALTH CLUB SUBSIDY IS TREATED AS TAXABLE COMPENSATION. SOCIAL CLUB DUES ARE NOT TAXABLE COMPENSATION TO THE EMPLOYEE BECAUSE MEMBERSHIP IS REQUIRED AS PART OF HIS JOB DUTIES.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **KVIE, INC.** Employer identification number **94-1421463**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	11,159	108,461.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>EVENT TICKETS</u> )	X	1,407	61,199.	FAIR MARKET VALUE
26 Other ▶ ( <u>FOOD/BEVERAGE</u> )	X	32	29,552.	FAIR MARKET VALUE
27 Other ▶ ( <u>AUCTION ITEMS</u> )	X	75	5,784.	FAIR MARKET VALUE
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

EVENT TICKETS IS THE ACTUAL NUMBER OF INDIVIDUAL TICKETS.

AUCTION/RAFFLE ITEMS ARE THE NUMBER OF UNIQUE CONTRIBUTORS.

FOOD/BEVERAGE IS THE NUMBER OF UNIQUE CONTRIBUTORS. SECURITIES IS THE ACTUAL NUMBER OF INDIVIDUAL SHARES.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

KVIE, INC.

Employer identification number

94-1421463

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH THE INTEGRITY OF PUBLIC MEDIA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND LIFE-LONG LEARNING.

KVIE EXPANDED ITS PRODUCTIONS TO INCLUDE MORE KEY LOCAL SERVICES,

INCLUDING NEW LOCAL PROGRAMS IN THE AREAS OF ARTS, EDUCATION,

ENVIRONMENT, LOCAL HISTORY, HEALTH, CIVIC ISSUES, AND REGIONAL

LIFESTYLE. THROUGH NEW AND ENGAGING CONTENT, KVIE'S ONLINE AUDIENCES

GREW ON KVIE.ORG, KVIEKIDS.ORG, AND THROUGH NEW SOCIAL MEDIA OUTLETS.

KVIE ALSO CONTINUED TO WORK ON STRENGTHENING ITS FINANCIAL POSITION.

KVIE CONTINUED EDUCATION TO SERVE FAMILIES THROUGH EDUCATIONAL,

COMMERCIAL-FREE CHILDREN'S PROGRAMMING.

KVIE LOCAL SERVICES DEEPLY IMPACTED THE GREATER SACRAMENTO REGION. THE

YOUNGEST VIEWERS LEARNED THEIR ABC'S AND 123'S THROUGH THE STATION'S

ON-AIR PROGRAMMING FOR PRESCHOOLERS AND FREE ONLINE AND ON-DEMAND

CHILDREN'S CONTENT. RECENTLY TRANSPLANTED RESIDENTS LEARNED THE RICH

HISTORY OF THEIR NEW COMMUNITY THROUGH KVIE PROGRAMMING, BOTH ON-AIR

AND ONLINE. AND LONGTIME RESIDENTS EXPLORED MORE IN-DEPTH ISSUES THAT

IMPACT EVERYONE.

KEY LOCAL SERVICES IN 2020 INCLUDED MORE THAN (100) NEW PROGRAMS AND

SEGMENTS FEATURING OUR REGION'S ARTS, CELEBRATING LOCAL ATTRACTIONS,

AND DELVING INTO PRESSING REGIONAL ISSUES LIKE EDUCATION AND THE

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization KVIE, INC.	Employer identification number 94-1421463
--	--

ENVIRONMENT, HISTORY, HEALTH AND MORE. KVIE'S LOCALLY PRODUCED AND LONGEST RUNNING ORIGINAL PROGRAM "AMERICA'S HEARTLAND", WHICH AIRS ON PBS STATIONS AND VARIOUS OTHER CHANNELS ACROSS THE COUNTRY AND AROUND THE WORLD, CELEBRATED ITS FIFTEENTH SEASON. OTHER LOCAL PRODUCTIONS WITHIN THE "VIEWFINDER" SERIES, "ROB ON THE ROAD", "YES WE'RE OPEN", "KVIE ARTS SHOWCASE", "INSIDE CALIFORNIA EDUCATION", "THE JOURNEY WITH ROB STEWART", "SUNDAY STORIES", AND "STUDIO SACRAMENTO" HIGHLIGHTED THE PEOPLE, PLACES, AND ISSUES OF OUR REGION. NATIONAL PUBLIC TELEVISION FAVORITES LIKE "MASTERPIECE", "NOVA", "GREAT PERFORMANCES", "NATURE" AND "FRONTLINE" DELIVERED AN ARRAY OF IDEAS AND ADVENTURES TO OUR CITIZENS, ALL FOR FREE.

IN ITS NINTH SEASON, "STUDIO SACRAMENTO" CONTINUED ITS WEEKLY FOCUS ON TOPICS AND PEOPLE OF LOCAL INTEREST TO VIEWERS IN OUR REGION. SOME OF THE TOPICS COVERED IN THE 29 NEW EPISODES PRODUCED INCLUDED WOMEN IN POLITICS, THE NEXT GENERATION OF PHYSICIANS, HEALTHCARE FOR HUMAN TRAFFICKING VICTIMS, SACRAMENTO'S RESTAURANT SCENE, CHARTER SCHOOLS, BIG BROTHERS BIG SISTERS, THE SACRAMENTO ZOO, UC DAVIS SCHOOLS OF MEDICINE AND NURSING, AND RIVER CITY FOOD BANK. A SPECIAL COVID-19 EPISODE, RECORDED JUST BEFORE SACRAMENTO COUNTY'S STAY-AT-HOME ORDER WAS ISSUED, WOULD BE THE FINAL EPISODE IN THE SEASON PRODUCED IN OUR STUDIOS. AS WE MOVED TO REMOTE PRODUCTIONS VIA ZOOM, EPISODES INCLUDED TIMELY CONVERSATIONS ABOUT THE IMPACT OF THE PANDEMIC ON THE LOCAL ECONOMY, BANKING, SMALL BUSINESSES, REMOTE LEARNING, AND THE COMMUNITY COLLEGE SYSTEM; AS WELL AS ISSUES INCLUDING DOMESTIC VIOLENCE, SUICIDE AWARENESS, RACE AND INJUSTICE, AND LGBTQ+ RIGHTS.

OUR LOCALLY PRODUCED SERIES, "YES WE'RE OPEN," CONTINUED TO PROFILE

Name of the organization

KVIE, INC.

Employer identification number

94-1421463

SOME OF OUR REGION'S ENTREPRENEURS AS THEY LAUNCHED A WIDE ARRAY OF ENTERPRISES. THIS SEASON, VIEWERS SAW THE STORY BEHIND THE LODI-BORN A&W RESTAURANT CHAIN; PROFILED TRAIL COFFEE ROASTERS, WHOSE COFFEE BEANS COME FROM THEIR OWN FARM IN NICARAGUA TO THEIR CAFE IN STOCKTON; MET A SACRAMENTO ENTREPRENEUR TURNING HER LOVE FOR CACTUS AND SUCCULENTS INTO A NURSERY WITH PURPOSE; MET THREE FRIENDS GIVING NEW LIFE TO A HISTORIC FOOTHILLS TAVERN AND RESTAURANT; SAW HOW A COUPLE TURNED THEIR LOVE OF RAISING CHICKENS INTO A BUSINESS TO HELP OTHER CHICKEN ENTHUSIASTS; SHARED THE ENTREPRENEURIAL STORY BEHIND A GREETING CARD BUSINESS CATERING TO AFRICAN-AMERICAN CONSUMERS; AND DISCOVERED HOW A WOMAN TURNED PERSONAL LOSS INTO A SUCCESSFUL BUSINESS CREATING SUN-PROTECTIVE APPAREL FOR OTHERS.

"AMERICA'S HEARTLAND," OUR LOCALLY PRODUCED NATIONAL SERIES ABOUT AGRICULTURE, BROUGHT VIEWERS 13 EPISODES WITH STORIES FROM ACROSS THE NATION. DURING ITS FIFTEENTH CONSECUTIVE SEASON, THE SERIES TOOK VIEWERS ACROSS THE COUNTRY WITH COLORFUL STORIES INCLUDING A CALIFORNIA FARM GROWING BOTH GRAPES AND OLIVES FOR FINE DINING, HOW SOME WHEAT GROWERS ARE LEARNING TO FARM WITH LESS WATER, AND HOW ONE LOCAL POULTRY FARM IS IMPROVING HEALTH AND SAFETY CONDITIONS. ONE NEW EPISODE FOCUSED ENTIRELY ON HOW FARMERS ARE WORKING TO IMPROVE SOIL HEALTH AND ENHANCE SUSTAINABILITY EFFORTS. HEARTLAND'S REGULAR COOKING SEGMENT, FARM TO FORK, FEATURED MORE FRESH AND FAST MEALTIME RECIPES FROM CELEBRITY CHEF AND FOOD EXPERT SHARON PROFIS.

"ROB ON THE ROAD," OUR WEEKLY SERIES HOSTED BY ROB STEWART, PRODUCED A TOTAL OF 20 NEW HALF-HOUR EPISODES WITH 39 WEEKLY SEGMENTS ONLINE AND ON AIR. STORIES INCLUDED A BEHIND THE SCENES ACTION PACKED EXPERIENCE

Name of the organization

KVIE, INC.

Employer identification number

94-1421463

DURING ANTIQUES ROADSHOW'S VISIT TO SACRAMENTO'S CROCKER ART MUSEUM;  
THE EXPANSION OF RANDY PARAGARY'S GROWING RESTAURANT EMPIRE WITH A NEW  
BOUTIQUE HOTEL; NASA ASTRONAUT JOSE HERNANDEZ'S MISSION ON EARTH TO  
SAVE CHILDREN IN NEED IN MODESTO; MERCY PEDEALERS AND SISTER LIBBY  
FERNANDEZ'S CRUSADE TO FEED THE HUNGRY AND HOMELESS ON THE STREETS OF  
SACRAMENTO; AND A LOOK AT AN INNOVATIVE NEW SPEAKER SERIES FEATURING  
WOMEN LEADERS IN OUR REGION HELPING OTHERS THRIVE. IN MARCH, "ROB ON  
THE ROAD" TRANSITIONED TO "ROB AT HOME" IN RESPONSE TO COVID-19  
PRODUCING 13 HALF-HOUR EPISODES FEATURING 20 IMPACT LEADERS, INCLUDING  
CASSANDRA WALKER PYE ON RACIAL INJUSTICE; LINDA BEECH CUTLER ON A  
RECORD BREAKING BIG DAY OF GIVING; LARRY LEE ON THE FUTURE OF THE  
SACRAMENTO OBSERVER NEWSPAPER; AND WEST SACRAMENTO MAYOR CHRISTOPHER  
CABALDON ON HIS PERSONAL STORY OF HEARTACHE AND HOPE.

"THE JOURNEY WITH ROB STEWART," OUR NEW LIMITED SERIES CELEBRATING THE  
HUMAN TRUTHS THAT CONNECT US ALL, DEBUTED WITH A PRODUCTION PACKED  
MULTI-CAMERA ON LOCATION HALF-HOUR PROGRAM. "THE JOURNEY" PREMIERED  
WITH SACRAMENTO RIVER CATS OWNER SUSAN SAVAGE SHARING HER PERSONAL AND  
PROFESSIONAL LIFE STORIES. CONGRESSWOMAN DORIS MATSUI REVEALED FOR THE  
FIRST TIME THE FINAL DAYS EXPERIENCED WITH HER LATE HUSBAND CONGRESSMAN  
ROBERT MATSUI BEFORE HIS DEATH AND HER HOPES FOR A BRIGHTER FUTURE IN  
NORTHERN CALIFORNIA.

OUR ORIGINAL "VIEWFINDER" SERIES TOOK VIEWERS ON (18) NEW IN-DEPTH  
JOURNEYS ACROSS A WIDE RANGE OF TOPICS. KVIE'S "FOCUS ON HEALTH"  
INITIATIVE ENABLED CITIZENS TO LEARN ABOUT ADVANCES IN MEDICINE AND  
HEALTH. "LIFE AFTER SIGHT" PROFILED THREE PEOPLE DEALING WITH LOSS OF  
SIGHT, AND THE LATEST SCIENTIFIC EFFORTS TO PREVENT BLINDNESS. ANOTHER

Name of the organization KVIE, INC.	Employer identification number 94-1421463
--	--

HEALTH DOCUMENTARY, DEVOTED DIGS, DISCOVERED HOW CANINES BENEFIT HUMANS IN MANY WAYS, INCLUDING GUIDE AND THERAPY DOGS, PROVIDING COMFORT, ASSISTANCE, AND HEALING. BOTH PROGRAMS WERE DISTRIBUTED TO OTHER PBS STATIONS FOR BROADCAST ACROSS THE U.S. OTHER KVIE VIEWFINDER PROGRAMS INCLUDED THE INSPIRING STORY OF A SACRAMENTO SINGING GROUP WHOSE CONCERT PROCEEDS BENEFIT A HOSPICE PROGRAM FOR TERMINALLY ILL HOMELESS; HOW SACRAMENTO'S HOMELESS SITUATION HAS INCREASED AND WHAT'S BEING DONE; THE GROWTH OF CO-HOUSING COMMUNITIES IN OUR REGION, AND HOW A RENO CASINO OWNER BECAME AN "ADOPTIVE MOM" TO AN ENTIRE SQUADRON OF U.S. NABY PILOTS DURING THE VIETNAM WAR. OTHER PROGRAMS INTRODUCED CELEBRATED THE 100TH ANNIVERSARY OF THE FAME PEBBLE BEACH GOLF COURSE; TOOK VIEWERS ON SPECTACULAR HIKING TRIPS TO THE CALIFORNIA REDWOODS, PISMO PRESERVE, AND THE NEARBY GOLD RUSH TOWN OF PLACERVILLE; DISCOVERED A TREASURE TROVE OF OLD PHOTOGRAPHS CAPTURING THE EARLY DAYS OF SAN FRANCISCO'S CHINATOWN; EXAMINED THE IMPORTANCE OF, AND RISKS FACING, CALIFORNIA'S WATERSHEDS; AND MET THREE YOUNG AFRICAN-AMERICANS WHOSE TRANSFORMED LIVES SERVE AS AN INSPIRATION TO OTHERS.

"INSIDE CALIFORNIA EDUCATION," OUR LOCALLY PRODUCED STATEWIDE SERIES ABOUT PUBLIC EDUCATION, SAW ITS FOURTH SEASON DELAYED BY SCHOOL CLOSURES CAUSED BY THE CORONAVIRUS. HOWEVER, WE STILL PRODUCED AN EPISODE ON HOW SCHOOLS ACROSS THE STATE TRANSITIONED TO STAY-AT-HOME LEARNING. THAT EPISODE, AND THE FULL SERIES, IS CARRIED BY KVIE AND VIRTUALLY EVERY OTHER CALIFORNIA PBS STATION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
STANDARDS FOR SPECIFIC GRADES AND RANGING IN SUBJECT MATTER TO INCLUDE U.S. AND WORLD HISTORY, LITERATURE, SCIENCE, MATH, AND MORE AS WELL AS

Name of the organization KVIE, INC.	Employer identification number 94-1421463
--	--

SOCIAL/EMOTIONAL SKILLS FOR THE YOUNGEST LEARNERS. PROGRAMS FOR GRADES PRE-K - 3 AIRED 6 - 8AM, GRADES 4 - 8 AIRED 8AM - 1PM, AND GRADES 9 - 12 AIRED 1 - 6 PM.

KVIE WORLD BEGAN AIRING AN EDUCATIONAL SCHEDULE ON MARCH 30 FROM 9AM - 2PM. THE SCHEDULE FEATURED SOCIAL STUDIES AND SCIENCE PROGRAMMING FOR GRADES 6-12.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

EPISODES FILMED IN SACRAMENTO IN 2019. OFF-SITE SCREENINGS INCLUDED THE LYNN NOVICK/KEN BURNS PRODUCED DOCUMENTARY, COLLEGE BEHIND BARS, HELD AT A LOCAL COMMUNITY COLLEGE AUDITORIUM; AND LADY JESSIE: A VIETNAM STORY, AN EFFORT IN PARTNERSHIP RUYAK MEDIA IN SACRAMENTO. VIRTUAL SCREENINGS INCLUDED THE PBS DOCUMENTARY, ASIAN AMERICANS, WHICH EXPLORED THE HERITAGE AND CONTRIBUTIONS OF THIS CULTURAL GROUP; VANISHING CHINATOWN, A LOCAL DOCUMENTARY SHARING SIMILAR THEMES PRESENTED AS A PART OF KVIE'S WEEKLY VIEWFINDER SERIES; AND THE VOTE, WHICH CELEBRATED THE 100 YEAR ANNIVERSARY OF WOMEN'S SUFFRAGE IN THE UNITED STATES.

KVIE ALSO PROVIDED COMMUNITY ENGAGEMENT ACTIVITIES DIRECTLY TO CHILDREN AND FAMILIES. ALONGSIDE THE PREMIERE OF MOLLY OF DENALI FROM PBS KIDS, KVIE HELD AN EVENT AT THE STATION EXPLORING ALASKAN NATIVE CULTURE. IN PARTNERSHIP WITH A LOCAL GROUP WITH TRIBAL ROOTS, GUESTS EXPERIENCED AUTHENTIC ARTS AND CRAFTS, DANCE, STORYTELLING AND MORE. DURING SEVERAL PRODUCTIONS OF SESAME STREET LIVE AT A LOCAL THEATER, KVIE REPRESENTATIVES MET FAMILIES AND DISCUSSED PROGRAMMING AVAILABLE ON OUR MAIN CHANNEL AND KVIE'S 24/7 KIDS CHANNEL. ADDITIONALLY, KVIE HOSTED



Name of the organization KVIE, INC.	Employer identification number 94-1421463
--	--

OUR ANNUAL PREVIEW GALA THE WEEK PRIOR TO OUR ON-AIR ART AUCTION.

APPROXIMATELY 450 GUESTS ATTENDED THE GALA, WHICH FEATURED FOOD, WINE, AND ARTWORK DONATED BY VENDORS, ARTISTS, AND OTHER COMMUNITY PARTNERS.

FURTHERMORE, KVIE ARRANGED FOR TRAVEL EXPERT RICK STEVES TO VISIT

SACRAMENTO AND GIVE A TRAVEL LECTURE TO A SELLOUT-CROWD OF NEARLY 1,000

IN A LOCAL THEATER. KVIE PARTNERED WITH A LOCAL CINEMA TO HOLD AN

ADVANCE SCREENING OF THE DOWNTON ABBEY MOVIE, WHERE COSTUMES WERE

ENCOURAGED, AND KVIE PROVIDED TEA AND PASTRIES AND A PRE-SHOW QUIZ TO A

PACKED ROOM. AND, IN PARTNERSHIP WITH THE CITY OF FOLSOM, CALIFORNIA,

KVIE PRESENTED TWO BACK-TO-BACK, SELLOUT CONCERTS WITH LOCAL MUSICIAN

JAMES GARNER AND HIS TRIBUTE TO JOHNNY CASH PERFORMANCE AT KVIE

STUDIOS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

"KVIE ARTS SHOWCASE" FEATURED 14 NEW HALF-HOUR EPISODES. THE SERIES

FOCUSED ON EMERGING ARTISTS AND ART TRENDS BOTH IN NORTHERN CALIFORNIA

AND THROUGHOUT THE U.S. BY COMBINING ITS LOCAL ARTS SEGMENTS WITH THOSE

FROM OTHER TOP 20 MARKET PBS STATIONS. THAT ALLOWED LOCAL ARTISTS'

STORIES TO BE SEEN IN OTHER CITIES ACROSS THE UNITED STATES. FY 20

SEGMENTS INCLUDED CALIFORNIA NATIVE AMERICAN TRIBES GATHERING TO BUILD

CONNECTIONS, CELEBRATE, AND CREATE, HONORING THE HISTORY, TRADITIONS

AND STORIES OF THEIR ANCESTORS; HOW SOME PEOPLE ARE EXPLORING GRIEF AND

HEALING THROUGH ART THERAPY; AND A PROFILE ON SACRAMENTO ARTIST JOHN

LOPES, A LITTLE KNOWN BUT PROLIFIC SACRAMENTO ARTIST. WE ALSO FOUND NEW

WAYS TO CONNECT WITH OUR VIEWERS BY ASKING THEM TO SHARE PHOTOS AND

VIDEOS DEMONSTRATING HOW THEY USE ART IN THEIR EVERYDAY LIVES.

FORM 990, PART III, LINE 4A

Name of the organization KVIE, INC.	Employer identification number 94-1421463
--	--

(PROGRAM SERVICE ACCOMPLISHMENT #1, CONTINUED FROM SCHEDULE O - FORM 990, PART III, LINE 4A)

KVIE DIGITAL SHORTS

THIS YEAR'S DIGITAL-FIRST/DIGITAL-ONLY SHORTS INCLUDED A LOOK AT HOW WEBCAMS ARE ALLOWING PARENTS TO VIEW THEIR HOSPITALIZED BABIES REMOTELY ANY TIME DAY OR NIGHT; THE USE OF DEEP BRAIN STIMULATION TO TREAT NEUROLOGICAL DISORDERS LIKE PARKINSON'S AND DYSTONIA; A CAREGIVER SIMULATOR PROGRAM TRAINING IN-HOME CAREGIVERS; AND A PILOT PROGRAM INVESTIGATES HOW ART CAN HELP REDUCE CHRONIC PAIN.

KVIE PREMIERED 2 NEW LOCAL SERIES, THE JOURNEY WITH ROB STEWART AND SUNDAY STORIES.

EACH HALF-HOUR EPISODE OF THE JOURNEY IS DEDICATED TO TELLING THE STORY OF A SACRAMENTO-AREA LEADER, SHARING THE EXPERIENCES, ACCOMPLISHMENTS, AND THE CHALLENGES THAT HAVE MADE THEM WHO THEY ARE. THIS YEAR'S 2 PROFILES INCLUDED SACRAMENTO RIVER CATS OWNER SUSAN SAVAGE AND CONGRESSWOMAN DORIS MATSUI.

SUNDAY STORIES IS A ONE-HOUR MAGAZINE STYLE SERIES THAT CELEBRATES THE PEOPLE, PLACES, AND RICH HISTORY OF OUR REGION. THE 16 EPISODES PRODUCED THIS YEAR INCLUDED CONTENT FROM OUR OTHER THEMATIC BROADCAST SERIES, KVIE DIGITAL SHORTS, ORIGINAL STORIES PRODUCED BY MEMBERS AND ORGANIZATIONS IN THE COMMUNITY, AND "VINTAGE" STORIES FROM OUR ARCHIVES THAT ARE NOT CURRENTLY AVAILABLE VIA BROADCAST OR ON OUR WEBSITE.

Name of the organization

KVIE, INC.

Employer identification number

94-1421463

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION DOES HAVE MEMBERS, BUT THE MEMBERS DO NOT TYPICALLY ELECT INDIVIDUALS TO THE GOVERNING BODY. A QUORUM IS REQUIRED, WHICH WOULD REQUIRE OVER 5,000 MEMBERS BE IN ATTENDANCE AT THE ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS MAY ONLY ELECT INDIVIDUALS TO THE GOVERNING BODY IN THE UNLIKELY EVENT THAT THE NOMINATING COMMITTEE PUTS FORTH MORE CANDIDATES THAN OPENINGS ARE AVAILABLE ON THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

CERTAIN DECISIONS BY LAW, SUCH AS THE VOTE TO DISSOLVE THE CORPORATION, OR THE THE VOTE TO ELECT BOARD MEMBERS UNDER CERTAIN CIRCUMSTANCES, ARE LIMITED TO THE MEMBERS.

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

THE FORM 990 WILL BE REVIEWED BY THE CEO AND CFO OF THE ORGANIZATION PRIOR TO FILING. ALL BOARD MEMBERS WILL RECEIVE A DRAFT COPY ONCE THE RETURN IS REVIEWED AND BE GIVEN THE OPPORTUNITY TO COMMENT AND ASK QUESTIONS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS, PRESIDENT/GENERAL MANAGER AND THE CFO ALL REVIEW AND SIGN OFF ON THE CONFLICT OF INTEREST POLICY EACH YEAR, TYPICALLY DURING THE SEPTEMBER BOARD MEETING. IF CONFLICTS ARE NOTED, A WRITTEN STATEMENT IS REQUIRED FROM THE INDIVIDUAL AND THESE STATEMENTS ARE MAINTAINED BY THE ORGANIZATION. NO CONFLICTS HAVE BEEN DISCLOSED AS OF THIS TIME.

Name of the organization KVIE, INC.	Employer identification number 94-1421463
--	--

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

THE PRESIDENT/GM'S COMPENSATION WAS REVIEWED BY THE EXECUTIVE COMMITTEE AND COMPARED WITH SALARY SURVEYS FOR SIMILARLY-SIZED MARKETS. CHANGES TO COMPENSATION ARE PERFORMANCE-BASED. THIS PROCESS WAS LAST UNDERTAKEN IN 2020.

THE CFO'S COMPENSATION WAS REVIEWED BY THE EXECUTIVE COMMITTEE AND COMPARED WITH SALARY SURVEYS FOR SIMILARLY-SIZED MARKETS. THIS PROCESS WAS LAST UNDERTAKEN IN 2020.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. MANY OF THE ORGANIZATION'S POLICIES AND FINANCIAL REPORTS, INCLUDING THE AUDITED FINANCIALS, ARE ALSO AVAILABLE ON KVIE'S WEBSITE.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT, AND THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.