

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

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	C Name of organization KVIE, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2030 W EL CAMINO AVENUE City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95833 F Name and address of principal officer: DAVID LOWE SAME AS C ABOVE	D Employer identification number 94-1421463 E Telephone number (916) 641-3621 G Gross receipts \$ 27,368,577. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I 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		
J Website: ▶ KVIE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1955		M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF KVIE IS TO INSPIRE YOU TO EXPLORE THE WORLD AND CONNECT WITH YOUR COMMUNITY 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 69 6 Total number of volunteers (estimate if necessary) 6 180 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 358,344. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 112,983.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">12,837,090.</td> <td style="text-align: right;">14,212,773.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">1,704,895.</td> <td style="text-align: right;">1,371,753.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">88,756.</td> <td style="text-align: right;">650,723.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">445,149.</td> <td style="text-align: right;">566,473.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">15,075,890.</td> <td style="text-align: right;">16,801,722.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	12,837,090.	14,212,773.	9 Program service revenue (Part VIII, line 2g)	1,704,895.	1,371,753.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	88,756.	650,723.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	445,149.	566,473.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,075,890.	16,801,722.							
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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.

Sign Here	Signature of officer DAVID LOWE, PRESIDENT & GENERAL MANAGER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name LINDA D. GEERY	Preparer's signature
	Date 12/10/21	Check <input type="checkbox"/> if self-employed PTIN P00364484
	Firm's name ▶ GILBERT CPAS	Firm's EIN ▶ 68-0037990
	Firm's address ▶ 2880 GATEWAY OAKS DR, STE 100 SACRAMENTO, CA 95833	Phone no. 916-646-6464

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 \$ 7,106,703. including grants of \$) (Revenue \$ 1,312,452.) BROADCASTING FROM CALIFORNIA'S CAPITAL, PBS KVIE 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. PBS KVIE PROVIDES EDUCATIONAL PROGRAMMING AND SERVICES THROUGH TELEVISION, ONLINE CONTENT, AND LIVE ENGAGEMENT SCREENINGS AND EVENTS. AS A PBS STATION, PBS 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, PBS KVIE REFLECTS THE COMMUNITY BACK TO ITSELF BY CREATING AND PRESENTING PROGRAMS ABOUT ITS PAST, PRESENT AND FUTURE, PROVIDING A SPRINGBOARD FOR ENGAGEMENT, DISCUSSION AND LIFE-LONG

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) AS AN EDUCATIONAL BROADCASTER, PBS 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 PBS 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

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) WHILE THE NUMBER OF COMMUNITY EVENTS WERE REDUCED IN FY21 DUE TO THE PANDEMIC, PBS KVIE FOUND WAYS TO ENGAGE OUR COMMUNITY THROUGH VIRTUAL EVENTS.

VIRTUAL SCREENINGS 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. VIRTUAL SCREENINGS INCLUDED THE DOCUMENTARY IMAGINING THE INDIAN: THE FIGHT AGAINST NATIVE AMERICAN MASCOTING, WHICH EXAMINED THE ONGOING MOVEMENT THAT IS ENDING THE USE OF NATIVE AMERICAN NAMES, LOGOS, AND MASCOTS IN THE WORLD OF SPORTS AND BEYOND; THE PBS

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

4e Total program service expenses 7,106,703.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 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
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 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
8 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
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 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	
11 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.		
a 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 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
c 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
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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 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
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 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
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <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 covering various organizational requirements.

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 and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 69		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d 6		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	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.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	19	
b	Enter the number of voting members included on line 1a, above, who are independent	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
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).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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) DAVID LOWE PRESIDENT/GM	40.00			X			287,983.	0.	18,697.	
(2) STACI ORLANDO CHIEF FINANCIAL OFFICER/ASSOC GM	40.00			X			164,204.	0.	16,247.	
(3) MICHAEL SANFORD ASSOCIATE GM - CONTENT CREATION	40.00				X		136,650.	0.	18,340.	
(4) ROB STEWART PRODUCER AND ON-AIR TALENT	40.00				X		126,530.	0.	8,883.	
(5) MIKEL CAPPI CHIEF ENGINEER	40.00				X		112,457.	0.	6,589.	
(6) ROSE FROLING DIRECTOR, HUMAN RESOURCES	40.00				X		112,383.	0.	6,603.	
(7) LAURA LEWIS BOARD CHAIR	1.00	X					0.	0.	0.	
(8) ROY BREWER VICE CHAIR	1.00	X					0.	0.	0.	
(9) R. BROOKS WHITEHEAD SECRETARY	1.00	X					0.	0.	0.	
(10) CYRIL SHAH TREASURER	1.00	X					0.	0.	0.	
(11) BETH MILLER DIRECTOR	1.00	X					0.	0.	0.	
(12) BRAD SIMMONS DIRECTOR	1.00	X					0.	0.	0.	
(13) CASSANDRA FERRANNINI DIRECTOR	1.00	X					0.	0.	0.	
(14) KEN MENGES DIRECTOR	1.00	X					0.	0.	0.	
(15) DEBBIE YOLANDA MANNING DIRECTOR	1.00	X					0.	0.	0.	
(16) ERICA TAYLOR DIRECTOR	1.00	X					0.	0.	0.	
(17) FREDERIKA HARMSSEN 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) GREG LARSEN DIRECTOR	1.00	X					0.	0.	0.	
(19) HEDY GOVENAR DIRECTOR	1.00	X					0.	0.	0.	
(20) LESHELLE MAY DIRECTOR	1.00	X					0.	0.	0.	
(21) MICHELLE ODELL DIRECTOR	1.00	X					0.	0.	0.	
(22) PAUL MCCLURE DIRECTOR	1.00	X					0.	0.	0.	
(23) PRAMILA KRIPLANI DIRECTOR	1.00	X					0.	0.	0.	
(24) TOM WEBORG DIRECTOR	1.00	X					0.	0.	0.	
(25) TRACY BECKWITH DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							940,207.	0.	75,359.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							940,207.	0.	75,359.	

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 **6**

	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 1225 S. CLARK ST., ARLINGTON, VA 22202	PROGRAMMING RIGHTS	2,212,647.
FOREST INCENTIVES 790 JACKSONVILLE RD., WARMINSTER, PA 18974	PREMIUM FULFILLMENT (INCLUDES COST OF PR	362,741.
CDP - CONTRIBUTOR DEVELOPMNT PARTNERSHIP PO BOX 412299, BOSTON, MA 02241	MEMBERSHIP STRATEGY, DIRECT MAIL SERVICE	345,138.
MSI MAILING SYSTEMS INC, 2431 MERCANTILE DR. STE A, RANCHO CORDOVA, CA 95742	FUNDRAISING/DIRECT MAIL (RENEWAL NOTICE	309,184.
R & R CONSTRUCTION 4196 GODLEY LN, LINCOLN, CA 95648	CONSTRUCTION/RENOVATION INTERIOR BLDG IM	201,466.

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 **9**

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	8,122,380.				
	c Fundraising events	1c	216,010.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,853,701.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,020,682.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 109,472.				
	h Total. Add lines 1a-1f			14,212,773.			
	Program Service Revenue	2 a UNDERWRITING	Business Code	900099	1,038,463.	1,038,463.	
b PROGRAM PRODUCTION			900099	249,895.	249,895.		
c ADVERTISING			541800	82,995.		82,995.	
d CREATIVE SERVICES			515100	400.	400.		
e							
f All other program service revenue							
g Total. Add lines 2a-2f				1,371,753.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			310,834.		310,834.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			176,468.		176,468.	
	6 a Gross rents	6a	(i) Real	353,285.			
			(ii) Personal				
	b Less: rental expenses	6b		0.			
	c Rental income or (loss)	6c		353,285.			
	d Net rental income or (loss)			353,285.		275,349.	77,936.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	10,622,867.	275,000.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		10,551,604.	6,374.		
	c Gain or (loss)	7c		71,263.	268,626.		
	d Net gain or (loss)			339,889.			339,889.
8 a Gross income from fundraising events (not including \$ 216,010. of contributions reported on line 1c). See Part IV, line 18	8a			17,529.			
				4,503.			
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			13,026.			13,026.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a			3,283.			
				4,374.			
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			-1,091.	-1,091.			
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code	900099	24,785.	24,785.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			24,785.			
12 Total revenue. See instructions			16,801,722.	1,312,452.	358,344.	918,153.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	488,640.	269,631.	129,916.	89,093.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,548,972.	1,956,910.	959,349.	632,713.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	110,745.	56,658.	25,053.	29,034.
9 Other employee benefits	272,089.	166,865.	51,337.	53,887.
10 Payroll taxes	308,539.	174,804.	72,077.	61,658.
11 Fees for services (nonemployees):				
a Management				
b Legal	45,931.	992.	24,959.	19,980.
c Accounting	40,225.		40,200.	25.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	211,310.			211,310.
f Investment management fees	62,313.		62,313.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	861,714.	328,539.	47,778.	485,397.
12 Advertising and promotion	84,481.	79,655.		4,826.
13 Office expenses	680,336.	301,930.	87,810.	290,596.
14 Information technology	257,560.	77,654.	54,360.	125,546.
15 Royalties				
16 Occupancy	502,820.	302,569.	118,895.	81,356.
17 Travel	1,998.	386.	869.	743.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	135,758.	19,238.	19,955.	96,565.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	782,316.	645,465.	70,660.	66,191.
23 Insurance	120,329.	72,606.	24,090.	23,633.
24 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.)				
a PROGRAM ACQUISITION	2,336,179.	2,336,179.		
b REPAIRS AND MAINTENANCE	294,747.	185,920.	52,299.	56,528.
c TELEMARKET/DIR MAIL	231,230.			231,230.
d				
e All other expenses	241,480.	130,702.	84,410.	26,368.
25 Total functional expenses. Add lines 1 through 24e	11,619,712.	7,106,703.	1,926,330.	2,586,679.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	125,038.	1	19,243.
	2 Savings and temporary cash investments	6,781,440.	2	6,773,319.
	3 Pledges and grants receivable, net	548,973.	3	307,999.
	4 Accounts receivable, net	177,585.	4	219,567.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	15,225.	8	0.
	9 Prepaid expenses and deferred charges	177,988.	9	162,596.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,122,679.		
	b Less: accumulated depreciation	10b 17,298,602.	7,538,673.	10c 7,824,077.
	11 Investments - publicly traded securities	11,171,761.	11	18,423,637.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	56,611.	15	73,831.
16 Total assets. Add lines 1 through 15 (must equal line 33)	26,593,294.	16	33,804,269.	
Liabilities	17 Accounts payable and accrued expenses	1,010,637.	17	1,110,848.
	18 Grants payable		18	
	19 Deferred revenue	541,377.	19	552,072.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,430,130.	23	3,679,901.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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		25	
	26 Total liabilities. Add lines 17 through 25	5,982,144.	26	5,342,821.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	19,640,904.	27	27,727,376.
	28 Net assets with donor restrictions	970,246.	28	734,072.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	20,611,150.	32	28,461,448.
33 Total liabilities and net assets/fund balances	26,593,294.	33	33,804,269.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,801,722.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,619,712.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,182,010.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,611,150.
5	Net unrealized gains (losses) on investments	5	2,668,288.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	28,461,448.

Part XII Financial Statements and Reporting

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

	Yes	No
1 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.		
2a 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 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	
c 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	
3a 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 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 _____		

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,359,377.	9,988,964.	10,701,624.	12,827,090.	14,212,773.	58,089,828.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	10,359,377.	9,988,964.	10,701,624.	12,827,090.	14,212,773.	58,089,828.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						58,089,828.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	10,359,377.	9,988,964.	10,701,624.	12,827,090.	14,212,773.	58,089,828.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	199,645.	199,881.	275,856.	334,738.	565,238.	1,575,358.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	100,733.	50,684.	57,428.	10,759.	47,790.	267,394.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	20,769.	16,370.	9,076.	13,518.	24,785.	84,518.
11 Total support. Add lines 7 through 10						60,017,098.
12 Gross receipts from related activities, etc. (see instructions)					12	8,708,639.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	96.79 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	97.08 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
2a			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to 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).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER RELATED

2016 AMOUNT: \$ 20,769.

2017 AMOUNT: \$ 16,370.

2018 AMOUNT: \$ 9,076.

2019 AMOUNT: \$ 13,518.

2020 AMOUNT: \$ 24,785.

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 for the latest information.

OMB No. 1545-0047

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization KVIE, INC.	Employer identification number 94-1421463
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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
1	_____ _____ _____	\$ <u>1,790,628.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,154,201.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>627,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>386,603.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>330,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KVIE, INC.	Employer identification number 94-1421463
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization KVIE, INC.	Employer identification number 94-1421463
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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
(e) Transfer of gift			
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
(e) Transfer of gift			
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
(e) Transfer of gift			
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
(e) Transfer of gift			
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

2020

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 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 KVIE, INC.	Employer identification number 94-1421463
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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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f 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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j 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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		21,112.
j Total. Add lines 1c through 1i			21,112.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 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."

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

75% 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 for instructions and the latest information.

OMB No. 1545-0047

2020

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (table with 2a-2d). 3. Modified, transferred, released, extinguished, or terminated easements. 4. States where property is located. 5. Written policy regarding monitoring. 6. Staff and volunteer hours. 7. Expenses incurred. 8. Section 170(h)(4)(B)(i) and (ii) requirements. 9. Reporting requirements.

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.

Form with sections 1a, 1b, and 2. 1a: Reporting requirements for public service. 1b: Reporting requirements for public service with amounts. 2: Reporting requirements for financial gain with amounts.

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	421,273.	409,773.	408,273.	408,273.	408,273.
b Contributions	2,300.	11,500.	1,500.		
c Net investment earnings, gains, and losses	170,228.	27,088.	49,061.	16,104.	66,118.
d Grants or scholarships					
e Other expenditures for facilities and programs	170,228.	27,088.	49,061.	16,104.	66,118.
f Administrative expenses					
g End of year balance	423,573.	421,273.	409,773.	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 100.0000 %
 - 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?
- 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		2,386,128.		2,386,128.
b Buildings		9,330,426.	6,967,453.	2,362,973.
c Leasehold improvements		427,713.	367,702.	60,011.
d Equipment		12,706,630.	9,704,182.	3,002,448.
e Other		271,782.	259,265.	12,517.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,824,077.

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)		
Total. (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)		
Total. (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)	
Total. (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)	
Total. (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	19,776,574.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,668,288.
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	3,028,288.
3	Subtract line 2e from line 1	3	16,748,286.
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	62,313.
b	Other (Describe in Part XIII.)	4b	-8,877.
c	Add lines 4a and 4b	4c	53,436.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	16,801,722.

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	11,926,276.
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	8,877.
e	Add lines 2a through 2d	2e	368,877.
3	Subtract line 2e from line 1	3	11,557,399.
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	62,313.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	62,313.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	11,619,712.

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.

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.

2020

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 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			
CONTRIBUTOR DEVELOPMENT PARTNERSHIP - PO BOX 412299,	DIRECT MAIL		X	3,435,647.	345,138.	3,090,509.
NEXT GENERATION FUNDRAISING - 1235 WESTLAKES DR., SUITE	DIRECT MAIL		X	1,124,876.	121,023.	1,003,853.
CHARITABLE AUTO RESOURCES - 4669 MURPHY CANYON ROAD,	VEHICLE DONATIONS	X		746,692.	211,310.	535,382.
Total				5,307,215.	677,471.	4,629,744.

- 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	1 Gross receipts	233,539.			233,539.
	2 Less: Contributions	216,010.			216,010.
	3 Gross income (line 1 minus line 2)	17,529.			17,529.
Direct Expenses	4 Cash prizes	1,600.			1,600.
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	2,903.			2,903.
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				4,503.
11 Net income summary. Subtract line 10 from line 3, column (d)				13,026.	

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	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? 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	13a	%
b An outside facility	13b	%
- 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: CONTRIBUTOR DEVELOPMENT PARTNERSHIP

(I) ADDRESS OF FUNDRAISER: PO BOX 412299, BOSTON, MA 02241

(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

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER:

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

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. - \$108,705.

PART I, LINE 2B, COLUMN (IV)

WE ARE ESTIMATING THE AMOUNT OF GROSS RECEIPTS GENERATED BY NEXT GENERATION FUNDRAISING (\$1,124,876) AND CONTRIBUTOR DEVELOPMENT PARTNERSHIP (\$3,435,647) FOR THE 6/30/21 FISCAL YEAR. NEXT GENERATION FUNDRAISING AND CONTRIBUTOR DEVELOPMENT PARTNERSHIP 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 for instructions and the latest information.

OMB No. 1545-0047

2020

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
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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)	249,712.	36,750.	1,521.	11,591.	7,106.	306,680.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STACI ORLANDO CHIEF FINANCIAL OFFICER/ASSOC GM	(i)	130,000.	34,204.	0.	8,250.	7,997.	180,451.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL SANFORD ASSOCIATE GM - CONTENT CREATION	(i)	117,705.	18,000.	945.	6,515.	11,825.	154,990.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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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, ROSE
FROLING & 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)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

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- ▶ 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 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	2,401	91,569.	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>WARN EQUIPMEN</u>)	X	1	17,599.	FAIR MARKET VALUE
26 Other ▶ (<u>FOOD/BEVERAGE</u>)	X	1	304.	FAIR MARKET VALUE
27 Other ▶ (_____)				
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 V, Donee Acknowledgement **29** **6**

	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.		

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

Schedule M (Form 990) 2020

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):

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

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 for the latest information.

OMB No. 1545-0047

2020

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:

LEARNING.

PBS 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, PBS KVIE'S ONLINE AUDIENCES GREW ON KVIE.ORG, KVIEKIDS.ORG, AND THROUGH NEW SOCIAL MEDIA OUTLETS. PBS KVIE ALSO CONTINUED TO WORK ON STRENGTHENING ITS FINANCIAL POSITION. PBS KVIE CONTINUED EDUCATION TO SERVE FAMILIES THROUGH EDUCATIONAL, COMMERCIAL-FREE CHILDREN'S PROGRAMMING.

PBS KVIE'S 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 PBS KVIE PROGRAMMING, BOTH ON-AIR AND ONLINE. AND LONGTIME RESIDENTS EXPLORED MORE IN-DEPTH ISSUES THAT IMPACT EVERYONE.

KEY LOCAL SERVICES IN 2021 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

Name of the organization

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ENVIRONMENT, HISTORY, HEALTH AND MORE. PBS KVIE'S LOCALLY PRODUCED AND LONGEST RUNNING ORIGINAL PROGRAM "AMERICA'S HEARTLAND" CONTINUES TO AIR ON PBS STATIONS AND VARIOUS OTHER CHANNELS ACROSS THE COUNTRY AND AROUND THE WORLD. OTHER PBS KVIE PRODUCTIONS INCLUDE THE "VIEWFINDER" SERIES, "ROB ON THE ROAD", "YES! WE'RE OPEN", "KVIE ARTS SHOWCASE", "INSIDE CALIFORNIA EDUCATION", "SUNDAY STORIES", AND "STUDIO SACRAMENTO," ALL HIGHLIGHTING 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 TENTH 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 34 NEW EPISODES PRODUCED INCLUDED BLACK AMERICA IN TRANSITION, SENIOR CARE DURING THE PANDEMIC, THE FUTURE OF NEWS MEDIA, RACISM AND HATE CRIMES AGAINST ASIAN AMERICAN PACIFIC ISLANDER COMMUNITIES, THE STATE OF DOWNTOWN BUSINESSES, SACRAMENTO'S UNKNOWN HISTORY, FOOD INSECURITY DURING THE PANDEMIC, RACISM IN NATIVE AMERICAN NAMES & MASCOTS, CARING FOR CAREGIVERS, MEASURE A - SACRAMENTO'S STRONG MAYOR, COVID-19 UPDATES FROM FOUR HEALTHCARE PROVIDERS, 2021 ECONOMIC OUTLOOK, UC DAVIS HEALTH MINI MEDICAL SCHOOL, CIVIL RIGHTS, CALIFORNIA'S COVID VACCINATION EFFORTS, AND NURSES ON THE FRONTLINE. WE ALSO INTERVIEWED THEN-STOCKTON MAYOR MICHAEL TUBBS, SACRAMENTO POLICE OFFICER ASSOCIATION REPRESENTATIVE TIMOTHY DAVIS, SACRAMENTO BEE COLUMNIST MARCOS BRETN, THEN CALIFORNIA SECRETARY OF STATE ALEX PADILLA, SACRAMENTO POLICE CHIEF DANIEL HAHN, CALIFORNIA LIEUTENANT GOVERNOR ELENA KOUNALAKIS, FORMER SACRAMENTO COUNCILMEMBER STEVE HANSEN, THEN-ELK GROVE MAYOR-ELECT BOBBIE SINGH-ALLEN, FORMER

Name of the organization

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WEST SACRAMENTO MAYOR CHRISTOPHER CABALDON, AND GUBERNATORIAL
CHALLENGERS KEVIN FAULCONER AND DOUG OSE.

IN FY21, WE PRODUCED OUR NINTH SEASON OF KVIE ARTS SHOWCASE, A WEEKLY
SERIES THAT COMBINES THE BEST LOCAL ARTS STORIES WITH THOSE FROM OTHER
PBS STATIONS ACROSS AMERICA. NINE NEW STORIES WERE CREATED AND 14
HALF-HOUR EPISODES, MANY FOCUSED ON HOW ART PROVIDES COMFORT AND
EDUCATION DURING THESE TRYING TIMES.

ANOTHER LOCALLY PRODUCED PROGRAM, "YES WE'RE OPEN," CONTINUED AIRING AS
ITS OWN WEEKLY SERIES. IT LOOKS AT SOME OF OUR REGION'S BEST
ENTREPRENEURS AND THE DIVERSE BUSINESSES THEY'VE STARTED OR SUSTAINED
FOR GENERATIONS. THIS YEAR, TWO EPISODES REVISITED SOME BUSINESSES
FEATURED IN EARLIER EPISODES TO SEE HOW THEY'RE WEATHERING THE PANDEMIC
AND DISCOVERED SOME NEW ONES AS WELL.

"ROB ON THE ROAD," OUR WEEKLY SERIES HOSTED BY ROB STEWART, HAS GAINED
SOLID BRAND RECOGNITION AND CONTINUES TO BE A PRIMARY VEHICLE TO
SHOWCASE PBS KVIE'S ABILITY TO TELL LOCAL STORIES. THE WEEKLY SERIES
PREMIERED IN MAY 2012 AND HAS RECEIVED DEDICATED FUNDING FOR THE SERIES
AND FOR INDIVIDUAL EPISODES. WE PRODUCED A RECORD 35 NEW HALF-HOUR
EPISODES IN FY21, AS WELL AS 39 SEGMENTS FOR BROADCAST AND ONLINE. 15
OF THOSE HALF-HOURS FOCUSED ON CHANGEMAKERS AND INNOVATORS IN OUR
COMMUNITY AS PART OF OUR ONGOING ROB ON THE ROAD REGION RISING
INITIATIVE. HIGHLIGHTS INCLUDED BERTHA GORMAN, THE GRANDMOTHER OF THE
INAUGURAL POET AMANDA GORMAN, ON HER FAMILY'S JOURNEY FROM SLAVERY TO
STARDOM; CEO MICHAEL LYNCH WITH IMPROVE YOUR TOMORROW, ON PROVIDING A
PROMISING FUTURE TO THOUSANDS OF YOUNG MEN OF COLOR IN OUR REGION

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THROUGH MENTORSHIP AND SECONDARY EDUCATION; DR. JONATHAN KING OF LAKE
TAHOE COMMUNITY COLLEGE, ON RACISM AND REDEMPTION IN AMERICA; JUDGE
LARRY BROWN ON MENTAL HEALTH CARE IN THE COURTS; AND HOW RUGBY STAR
ROBERT PAYLOR IS OVERCOMING QUADRIPLÉGIA AND WALKING ONCE AGAIN.

ADDITIONALLY, TEN FY21 ROB ON THE ROAD EPISODES HIGHLIGHTED 10 SEASONS
OF ROB ON THE ROAD: A DECADE OF DESTINATIONS, REVISITING DOZENS OF SOME
OF CALIFORNIA'S MOST CAPTIVATING DESTINATIONS.

OUR ORIGINAL "VIEWFINDER" SERIES OFFERED VIEWERS 18 NEW EPISODES EITHER
PRODUCED BY PBS KVIE OR ACQUIRED FROM TALENTED LOCAL PRODUCERS. MANY
EXPLORED HEALTH, HISTORY, AND WATER ISSUES: NATURE, THE ENVIRONMENT,
AND CALIFORNIA'S AGRICULTURE INDUSTRY. HIGHLIGHTS INCLUDED SEVERAL
PROGRAMS ON HOW CLIMATE CHANGE IS IMPACTING CALIFORNIA'S EFFORTS TO
CONTROL WILDFIRES; HOW PEOPLE ARE KEEPING MENTALLY AND PHYSICALLY
HEALTHY DURING THE PANDEMIC; HOW COVID IS ALSO GROWING THE USE OF
REMOTE MEDICAL CARE (TELEHEALTH); AND HOW TOXIC WATER SUPPLIES
CHALLENGE SOME CENTRAL VALLEY COMMUNITIES. TWO EPISODES EXPLORED HOW
ELEMENTARY, HIGH SCHOOL, AND COLLEGE PROGRAMS ARE HELPING CREATE NEW
OPPORTUNITIES FOR CAREERS IN AVIATION IN SACRAMENTO AND BEYOND. WE MET
A SINGLE MOM IN DAVIS WHO'S JUGGLING ROLES AS PARENT, FARMER, AND
FLORIST; LEARNED ABOUT SHARED EFFORTS BY FARMERS, RANCHERS, AND
ENVIRONMENTALISTS TO SAVE NATIVE SPECIES; AND MET THREE EXCEPTIONAL
WOMEN FROM SIERRA FOOTHILL COMMUNITIES WHO ARE PURSUING THEIR PASSIONS.

IN FY21 WE PRODUCED 5 NEW HOUR-LONG SUNDAY STORIES EPISODES THAT
CELEBRATE THE RICH HISTORY, AMAZING PEOPLE, AND FASCINATING PLACES
THROUGHOUT OUR REGION. UNLIKE OTHER SERIES, ITS MAGAZINE-STYLE FORMAT
PULLS STORIES FROM EXISTING PBS KVIE PROGRAMS TO SHOWCASE A VARIETY OF

Name of the organization

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STORY SUBJECTS AND STYLES. THIS FORMAT ALSO ALLOWS US TO INCLUDE SHORTER STORIES FROM EXTERNAL PRODUCERS AND STORIES FROM PAST SERIES NO LONGER SEEN ON-AIR. IN FY22, WE PLAN TO PRODUCE AT LEAST 10 NEW EPISODES.

IN FY21, PBS KVIE AND MORE THAN 85% OF ALL PBS STATIONS CONTINUED TO AIR EPISODES OF AMERICA'S HEARTLAND. SINCE ITS LAUNCH IN 2005, EPISODES HAVE AIRED MORE THAN 300,000 TIMES THROUGHOUT THE U.S.

ALTHOUGH THERE IS CURRENTLY LIMITED FUNDING, A MAJOR GRANT REQUEST IS PENDING WITH THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE. IF GRANTED, IT WILL ALLOW FOR THE PRODUCTION OF AT LEAST TEN NEW EPISODES FOR SEASON 16. FUNDING HAS ALSO BEEN RECEIVED BY THE U.S. SOYBEAN INDUSTRY FOR A DEDICATED EPISODE ON AG SUSTAINABILITY EFFORTS.

FINALLY, AS PART OF OUR EXPANDED STRATEGY TO REACH VIEWERS ON A VARIETY OF PLATFORMS, IN FY21 WE PRODUCED FIVE ARTS "SHORTS" (SEGMENTS), AND FOUR HEALTH DIGITAL-ONLY SHORTS. THE CAL ARTS-FUNDED STORIES FOCUSED ON CULTURAL PRESERVATION IN OUR REGION, AND THE UC DAVIS HEALTH-SPONSORED SEGMENTS EXPLORED INNOVATIONS AND BREAKTHROUGHS IN DIAGNOSIS, TREATMENT, AND CARE. 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, PBS 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

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

DISTRICT, THE SCHEDULE FEATURES PROGRAMS ALIGNED TO CALIFORNIA STATE STANDARDS FOR SPECIFIC GRADES AND RANGING IN SUBJECT MATTER TO INCLUDE U.S. AND WORLD HISTORY, LITERATURE, SCIENCE, MATH, AND MORE AS WELL AS 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. THE AT-HOME LEARNING INITIATIVE HAS BEEN SO WELL RECEIVED THAT THE SCHEDULE WAS EXTENDED THROUGH THE SUMMER ON A MODIFIED SCHEDULE AND CONCLUDED SEPTEMBER 4, 2020. THE MODIFIED SCHEDULE AIRED PROGRAMS FROM 6AM - 6 PM: GRADES PRE-K - 3 WILL AIR 6AM - 12PM, GRADES 4 - 8 WILL AIR 12 - 3PM, AND GRADES 9 - 12 WILL AIR 3 - 6PM.

KVIE WORLD BEGAN AIRING AN EDUCATIONAL SCHEDULE ON MARCH 30, 2020 FROM 9AM - 2PM. THE SCHEDULE FEATURED SOCIAL STUDIES AND SCIENCE PROGRAMMING FOR GRADES 6-12. WORLD CHANNEL'S AT-HOME LEARNING SCHEDULE CONTINUED THROUGH SEPTEMBER 3, 2021.

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

DOCUMENTARY THE BLACK CHURCH, WHICH EXPLORED THE 400-YEAR-OLD HISTORY OF THE BLACK CHURCH IN AMERICA; AND VIEWFINDER: HEALING FROM HOME - TELEHEALTH, A LOOK AT HOW THE CURRENT PANDEMIC HAS VASTLY ACCELERATED THE IMPORTANCE AND USE OF THIS TOOL FOR PATIENTS SEEKING HEALTHCARE AND MEDICAL EXPERTS WORKING WITH COLLEAGUES. AND IN MARCH 2021, WE PRESENTED PBS KVIE TRIVIA NIGHT, A VIRTUAL TRIVIA COMPETITION FEATURING A MIXTURE OF GENERAL KNOWLEDGE AND PBS NOSTALGIA QUESTIONS.

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

Name of the organization

KVIE, INC.

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"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 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.

Name of the organization

KVIE, INC.

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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.

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 2021.

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 2021.

FORM 990, PART VI, SECTION C, LINE 18:

IT IS ALSO REQUIRED TO BE POSTED ON THE WEBSITE OF BIG DAY OF GIVING TO PARTICIPATE IN THAT FUNDRAISER. IT IS AVAILABLE ON GUIDESTAR, PROPUBLICA, AND SIMILAR WEBSITES.

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

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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
KVIE REAL PROPERTY HOLDINGS LLC 2030 W EL CAMINO AVE SACRAMENTO, CA 95833	HOLDING TITLE TO PROPERTY FOR KVIE, INC.	CALIFORNIA	0.	0.	KVIE, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2020

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART I COLUMN A

KVIE REAL PROPERTY HOLDINGS LLC'S CA ENTITY NUMBER IS 202026210731.