## \*\* PUBLIC DISCLOSURE COPY \*\*

**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

OMB No. 1545-0047

A F	For the	e 2020 calendar year, or tax year beginning $$	<u>UL 1, 2020 and</u>	ending J	<u>UN 30, 2021</u>						
	Check if applicabl	C Name of organization			D Employer identif	ication number					
	Addre		ADCASTING, INC								
	Name chang	5			75-20849	61					
	Initial return Final return	3000 HARRY HINES BIWD	ivered to street address)	Room/suite	E Telephone number 214-871-						
	termir ated		ZIP or foreign postal code		G Gross receipts \$	34,846,353.					
	Amen- return	DALLAS, TX 75201			H(a) Is this a group r	eturn					
	Application	F Name and address of principal officer. WALL	DA MIZUTOWICZ		for subordinate	s? Yes X No					
	pendi	SAME AS C ABOVE			H(b) Are all subordinates i	ncluded? Yes No					
				or 527	1	a list. See instructions					
		te: ► WWW.KERA.ORG		1	H(c) Group exemption						
		forganization: X Corporation Trust As	sociation Other	L Year	of formation: 1985	M State of legal domicile; TX					
F		<del>-</del>	е	EDVE M	ODMU MEVANC	тиропои 					
é	1	Briefly describe the organization's mission or most PUBLIC TELEVISION, RADIO A									
Governance	2	Check this box if the organization discor									
Veri	3	Number of voting members of the governing body (			1 _	40					
ģ	4	Number of independent voting members of the governing bedy to				40					
	1 -	Total number of individuals employed in calendar y				113					
ij		Total number of volunteers (estimate if necessary)				127					
Activities &		Total unrelated business revenue from Part VIII, col				41,803.					
⋖		Net unrelated business taxable income from Form				40,803.					
					Prior Year	Current Year					
Ф	8	Contributions and grants (Part VIII, line 1h)			26,300,486.	25,550,729.					
ž	9	Program service revenue (Part VIII, line 2g)			0.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,		1,616,360.							
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	158,636.								
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		28,075,482.						
	1	Grants and similar amounts paid (Part IX, column (A			0.	0.					
	1	Benefits paid to or for members (Part IX, column (A			0.						
es	15	Salaries, other compensation, employee benefits (F			9,826,144.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), li		0.3	0.	0.					
Ä	_b	Total fundraising expenses (Part IX, column (D), line	· · · · · · · · · · · · · · · · · · ·		19,527,834.	14,241,616.					
_	''	Other expenses (Part IX, column (A), lines 11a-11d, Total expenses. Add lines 13-17 (must equal Part IX			29,353,978.						
		Revenue less expenses. Subtract line 18 from line			-1,278,496.						
	13	Tieveride less expenses. Subtract line 10 from line	12	Be	ginning of Current Year	End of Year					
ets (	20	Total assets (Part X, line 16)		50	55,596,237.	48,874,631.					
ASS	21	Total liabilities (Part X, line 26)			11,102,211.						
Net Assets or	22	Net assets or fund balances. Subtract line 21 from	line 20		44,494,026.						
Pa	art II	Signature Block									
		alties of perjury, I declare that I have examined this return,				y knowledge and belief, it is					
true	, correc	ct, and complete. Declaration of preparer (other than office	r) is based on all information of wl	nich preparer	has any knowledge.						
		Circulations of officers			Data						
Sig		Signature of officer			Date						
Her	е	WANDA MIZUTOWICZ, CFO Type or print name and title									
		,	D	Tr	Date Check	PTIN					
Paid		Print/Type preparer's name  LAUREEN NOONAN	Preparer's signature	'	if						
	parer		Г.Т.Р		self-emplo	39-0859910					
-	Only	Firm's address 2500 DALLAS PARK									
550	Jy	PLANO, TX 75093	, , , , , , , , , , , , , , , ,		Phone no 97	2.748.0300					
May	/ the II	RS discuss this return with the preparer shown above	ve? See instructions		11 110110 110.2	X Yes No					

Other program services (Describe on Schedule O.)

including grants of \$ 16,880,725. Total program service expenses

Form **990** (2020)

) (Revenue \$

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١	v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			X
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	404	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	^	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u> </u>
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	170		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<del></del>		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> Г"</u>		<u> </u>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19	х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV ..... 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ..... A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV ...... Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity X within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 2 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Form 990 (2020) NORTH TEXAS PUBLIC BROADCASTING, INC
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 113			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
			6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b	X	
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X	
			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	·	_		<b> </b> ₩
	to file Form 8282?	l I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7-		х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		125
g h	If the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		711		
-			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а	Did the arranging against in making making and to about the distributions and an acation 40000		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	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:				
а	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			
	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.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	401-			
_	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	1/10		Х
			14a 14b		
ъ 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		140		
13	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.				<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
	If "Yes," complete Form 4720, Schedule O.				

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.

	to mile ea, es, er res selem, accombe the encurricances, proceeded, or changes on constant c. ecc mended the			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		ı	Ι
			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.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			٠,,
_	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6_		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?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X 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	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	WANDA MIZUTOWICZ - 214-740-5475			
	3000 HARRY HINES BLVD, DALLAS, TX 75201			

### Form 990 (2020)

# 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.

INC

- 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.

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

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

(A)	(B)	]			C)			(D)	(E)	(F)
Name and title	Average		not c	heck i	more	than o		Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC)	from the
	related	tee oi	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	comp				and related
	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) NICOLAS LEONE	line) 40.00	르	Ë	0¢	- S	훈등	요			
PRESIDENT & CEO	1000			х				453,170.	0.	478.
(2) SYLVIA KOMATSU	40.00							133,1700		
EXEC VP				х				248,778.	0.	16,136.
(3) WANDA MIZUTOWICZ	40.00									,
CHIEF FINANCE OFFICER				Х				241,330.	0.	19,151.
(4) CHRISTOPHER WAGLEY	40.00									
CHIEF OPERATING OFFICER				Х				249,415.	0.	10,704.
(5) NANCY SAUSTAD	40.00									
VP, MAJOR GIFTS						X		210,762.	0.	9,749.
(6) RICHARD HOLTER JR.	40.00									
VP OF NEWS						X		175,885.	0.	8,448.
(7) KRISANDRA VILLASENOR	40.00									
MANAGING EDITOR/HOST						X		168,618.	0.	7,480.
(8) LYNDA STARNES	40.00								_	
VP OF HR/ADMIN						X		161,206.	0.	10,190.
(9) SARAH JANE SEMRAD	40.00									
VP OF MEMBERSHIP	1000					X		142,280.	0.	6,064.
(10) WILLIAM R YOUNG	40.00							104 460		
VP OF TELEVISION PROGRAMMI	1000					X		131,463.	0.	8,214.
(11) MARK A. MELSON	40.00	-				l		101 500	•	- 405
VP OF DIGITAL MEDIA & EDUC	40.00					X		131,732.	0.	5,485.
(12) MARK J MEMMOTT	40.00					,,		122 001	0	1 500
TX NEWSROOM MANAGING EDITOR	40.00					Х		133,801.	0.	1,523.
(13) JEFFREY P RAMIREZ	40.00					٦,		100 000	0	
VP OF RADIO	40.00					X		126,860.	0.	5,598.
(14) EDWARD HEDGE	40.00					37		116 000	0	4 704
DIRECTOR OF ENGINEERING	40.00					Х		116,988.	0.	4,794.
(15) DARRELL HENKE ENGINEERING SUPERVISOR	40.00	ł				x		113,861.	0.	6 9 1 9
(16) MIKAL S LEE	40.00					^		113,001.	0.	6,948.
VP OF TECHNOLOGY	=0.00	•				X		112,681.	0.	5,475.
(17) ANNE BOTHWELL	40.00					1		112,001.	0.	J, = 1 J •
VP OF ARTS	10.00					Х		112,512.	0.	5,275.
<u></u>	<u> </u>				I		l	110,010	J •	Form <b>990</b> (2020)

032007 12-23-20 Form **990** (2020)

	TAND I UDI							•	73 2004	JUI Fage U
Section A. Onicers, Directors, Tre		oloy	ees,			ghes	t Co		,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	Position (do not check more than one						Reportable	Reportable	Estimated
	week		box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				p.		organization	(W-2/1099-MISC)	from the
	related	ndividual trustee or director	nstitutional trustee			Highest compensated employee		(W-2/1099-MISC)	,	organization
	organizations	ll trus	nal trı		sey employee	om pe				and related
	below	ividua	itutio	Officer	empl	hest o	Former			organizations
	line)	ᄪ	lust	0#i	Key	Hig	For			
(18) ERIC AASEN	40.00	-								
MANAGING EDITOR		ــــــ				X		111,837.	0.	4,628.
(19) LINDSEY PENA	40.00	4								
CONTROLLER	1.0.00	<u> </u>				X		110,950.	0.	203.
(20) JUSTIN BOWERS	40.00	-								
SR. DIGITAL DESIGNER DEVELOPER		ــــــ				X		105,800.	0.	4,477.
(21) LEAH SCHIER	40.00	4								
DIRECTOR BUSINESS INTELLIGENCE		ــــــ				X		105,441.	0.	4,376.
(22) RACHEL OSIER LINDLEY	40.00	_							_	
STATEWIDE SR EDITOR		ــــــــ				X		102,452.	0.	4,215.
(23) LAMONTE THOMAS	1.00									
CHAIR ELECT		Х		Х				0.	0.	0.
(24) WILLIAM M ADDY	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(25) JENNIFER B ALTABEF	1.00									
CHAIRPERSON - PAST		Х		Х				0.	0.	0.
(26) LISA T. ANDERSON	1.00									
DIRECTOR		X						0.	0.	0.
1b Subtotal							ightharpoons	3,567,822.	0.	149,611.
c Total from continuation sheets to Part	/II, Section A						<b>&gt;</b>	0.	0.	0.
d Total (add lines 1b and 1c)		<u></u>					<u> </u>	3,567,822.	0.	149,611.
2 Total number of individuals (including but	not limited to th	iose	liste	d at	oove	) wh	o re	ceived more than \$100,	000 of reportable	
compensation from the organization										22

Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on Х line 1a? If "Yes," complete Schedule J for such individual 3 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 Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person

## **Section B. Independent Contractors**

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ALLEGIANCE FUNDRAISING LLC, 301 EDGEWATER	FUNDRAISING	
PL, STE 425, WAKEFIELD, MA 01880	CONSULTING	1,120,622.
MARKET ENGINUITY, 3131 E. CLARENDON AVE.,		
SUITE 105, PHOENIX, AZ 85016	UNDERWRITING SALES	1,066,221.
FOREST INCENTIVES LTD.	MEMBERSIP GIFTS &	
790 JACKSONVILLE RD, WARMINSTER, PA 18974	FULLFILLMENT SERVICE	370,285.
PRX, INC	ON AIR PODCAST	
PO BOX 382234, CAMBRIDGE, MA 02238	TRAINING & DISTRIBUT	354,367.
THOMAS EDWARDS GROUP, 5151 BELT LINE ROAD	TEMPORARY	
SUITE #350, DALLAS, TX 75254	PROFESSIONAL EMPLOYE	281,291.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization > 27		

- 1711	XAS PUBL							•	75-208	<del>1</del>
Part VII Section A. Officers, Directors, To	ustees, Key Er	nplo	yee	s, ar	nd H	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average			Posi	ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	JO:				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099****100)	organization
	related	ee or	stee			nsate		(** 27 1000 111100)		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	vidua	itution	ser	empl	hest c	Former			
	line)	Indi	Inst	Officer	Key	Hig	Forr			
(27) LUCY BILLINGSLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(28) HAL BRIERLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(29) DR. CATHY BRYCE	1.00	1								
DIRECTOR		Х						0.	0.	0.
(30) CHALON N. CLARK	1.00	1								
DIRECTOR		Х						0.	0.	0.
(31) GLEN DAVISON	1.00	]								
DIRECTOR		Х						0.	0.	0.
(32) SHELLY DEE	1.00	]								
DIRECTOR		Х						0.	0.	0.
(33) HARRY EADDY	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(34) GWEN ECHOLS	1.00	J								
DIRECTOR		Х						0.	0.	0.
(35) JORGE FERRAEZ	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(36) JENIFER FLYNN	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(37) CAROL GLENDENNING	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(38) GABRIEL P. GONCALVES	1.00	٠,,							0	•
DIRECTOR	1 00	Х						0.	0.	0.
(39) JILL E. JESTER	1.00	٠,,							0	•
DIRECTOR	1 00	Х						0.	0.	0.
(40) PETER A. KRAUS	1.00	٠,,							0	•
DIRECTOR (A1) WINDENDRY WINDS	1 00	Х						0.	0.	0.
(41) HEATHER KREAGER	1.00	.,							0	•
DIRECTOR (42) PON LEWEREN	1 00	Х						0.	0.	0.
(42) DON LEVERTY	1.00	₹.							0	^
DIRECTOR (43) JILL B. LOUIS	1 00	Х						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
	1 00	Α						0.	0.	0.
(44) KIMBERLY MANNS DIRECTOR	1.00	х						0.	0.	0.
(45) DR. MAC MCGINNIS	1.00	^						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(46) AMY M. MEADOWS	1.00	^	$\vdash$				-	<b>U</b> •	U •	<b>U</b> •
(TO) AMI M. MEADOWS	1.00	┨	l				Ì		0.	0.
DIRECTOR		Х				1		0.	[1	

Form 990 NORTH TEX	XAS PUBI	ıΙC	<u> </u>	RO	)AD	CA	ST	'ING, INC	75-208	4961
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(C)					(D)	(E)	(F)		
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(check all that apply)					ly)	compensation	compensation	amount of
	per							from	from related	other
	week	-				loyee		the	organizations	compensation
	(list any	or director				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	truste	al trus		yee	m pen				organizations
	below	Individual trustee	Institutional trustee	, 5	Key employee	Highest compensated employee	er			
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(47) GEORGINA NGOZI	1.00									
DIRECTOR		Х						0.	0.	0.
(48) MARK A. NIVET	1.00									
DIRECTOR		Х						0.	0.	0.
(49) J. PUCKETT	1.00									
DIRECTOR		Х						0.	0.	0.
(50) JASON RIDINGS	1.00									
DIRECTOR		Х						0.	0.	0.
(51) SOGAND SHOJA	1.00									
DIRECTOR		Х						0.	0.	0.
(52) JIM SKOCHDOPOLE	1.00									
DIRECTOR		Х						0.	0.	0.
(53) KELVIN SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(54) GAYLE STRANGE	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(55) HEMANT VANKAWALA	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(56) NATALIE WEIMER	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(57) CRAIG WILSON	1.00								_	•
DIRECTOR	1 00	Х						0.	0.	0.
(58) DONNA WILHELM	1.00	٠,,							_	0
HONORARY LIFE DIRECTOR (59) ERLE NYE	1 00	Х	_					0.	0.	0.
	1.00	Х							_	•
HONORARY LIFE DIRECTOR	1 00	Δ						0.	0.	0.
(60) RICHARD G. ROGERS HONORARY LIFE DIRECTOR	1.00	Х						0.	0.	n
(61) DAN ROUTMAN	1.00	Λ						0.	0.	0.
HONORARY LIFE DIRECTOR	1.00	Х						0.	0.	0.
(62) TAMARA L BROWN	1.00	- 22						0.	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
<u> </u>		25						•	<u> </u>	<u> </u>
		1								
		1								
		1								
		1	L	L	L	L	L			
Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u> .			

		Chook if Sobodulo O	ontoino o	rooponoo	ar note to envilin	o in this Dort VIII			
		Check if Schedule O	contains a	response (	or note to any lin	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded
							function revenue	business revenue	from tax under
									sections 512 - 514
nts ts	1 a	Federated campaigns		1a					
irai our	b	Membership dues		1b					
A, G	С	Fundraising events		1c					
ar it	d	Related organizations		1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contri	ibutions)	1e	5,077,919.				
Sign	f	All other contributions, gifts,	grants, and						
her		similar amounts not included	-	1f	20,472,810.				
걸	g			1g \$	684,226.				
Sol	_	Total. Add lines 1a-1f				25,550,729.			
<u> </u>		Totali / laa iii laa ii aa			Business Code	, , ,			
	2 a				Buomoco Goud				
/ice				_					
er ue	b			_					
n S	С.								
yraı Re	d								
Program Service Revenue	e	A.II II.							
		All other program service			•				
	<u>g</u>	Total. Add lines 2a-2f Investment income (include							
	3	·	-			383,809.			383,809.
	4	other similar amounts) Income from investment of				303,003.			303,003.
	4					109,781.			109,781.
	5	Royalties		i) Real	(ii) Personal	105,701.			103,701.
	۰.	Ouese weeks	I. —	i) ricai	79,074.				
		Gross rents	6a		37,271.				
		Less: rental expenses	6b		41,803.				
		Rental income or (loss)	6c		· .	41,803.		41,803.	
		Net rental income or (loss)	$\overline{}$	Securities	(ii) Other	41,003.		41,005.	
	<i>i</i> a	Gross amount from sales of	<u>''</u>	380,727.	51,483.				
		assets other than inventory	7a 8,	300,727.	31,403.				
•	D	Less: cost or other basis	_	076 671	0.				
nu		and sales expenses		976,674. 404,053.					
Revenue		· /			51,483.	2 455 526			2 455 526
-		Net gain or (loss)			<b>&gt;</b>	2,455,536.			2,455,536.
Other	8 a	Gross income from fundraising	ng events (i						
0		including \$		_ of					
		contributions reported on	-	I .	21.6 000				
	_	Part IV, line 18			216,900.				
		Less: direct expenses			0.	216 000			216 000
		Net income or (loss) from				216,900.			216,900.
	9 a	Gross income from gamin			72.050				
	_	Part IV, line 19			73,850.				
		Less: direct expenses			23,382.	E0 460			E0 460
		Net income or (loss) from			<b>&gt;</b>	50,468.			50,468.
	10 a	Gross sales of inventory, l							
		and allowances							
		Less: cost of goods sold							
_	С	Net income or (loss) from	saies of in	ventory	Business Code				
sn	44 -				Business Code				
Je on	11 a			_					
Miscellaneous Revenue	b								
Sce	q	All other revenue							
Ξ	u	Total. Add lines 11a-11d			<b>&gt;</b>				
	12	Total revenue. See instruction				28,809,026.	0.	41,803.	3,216,494.

75-2084961 Page **10** 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 (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 3,567,822. 2,265,035. 682,664. 620,123. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 5,513,589. 3,855,714. 671,195. 986,680. 7 Pension plan accruals and contributions (include 149,611. 95,405. 28,859. 25,347. section 401(k) and 403(b) employer contributions) 1,184,777. 1,768,189. Other employee benefits 271,510. 311,902. 9 10 Payroll taxes 11 Fees for services (nonemployees): Management 16,805. 6,722. 6,722. 3,361. Legal 30,008. 75,020. 30,008. 15,004. Accounting 22,552. 9,021. 9,021. 4,510. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 1,056,353. 106,994. 52,134. 897,225. column (A) amount, list line 11g expenses on Sch O.) <u>27,</u>347.  $4, \overline{117}$ . 9,758. 13,472. Advertising and promotion 12 339,485. 161,295. 89,673. 88,517. 13 Office expenses 14 Information technology Royalties 15 53,422. 26,299. 354,345. 274,624. 16 Occupancy 121,059. 20.990. 97,796. 2,273. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 188,108. 188,108. 20 Payments to affiliates 21 1,067,188. 443,415. 415,849. 207,924. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 5,105,704. 5,105,704. PROGRAMMING  $1,692,\overline{153}$ 1,143,062. 333,348. **OUTSIDE SERVICES** 215,743. 1,500,220. 600,088. 900,132. MEMBERSHIP AND DEVELOPM  $1,109,\overline{477}$ 745,696. 255,165. 108,616. d EQUIPMENT, MAINTENANCE, 1,565,800. 634,309. 373,921. 557,570. e All other expenses 25,240,827. 16,880,725. 3,257,799. 5,102,303. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

Form 990 (2020)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		.,	
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	6,694,703.	1	
	2	Savings and temporary cash investments		2	7,839,517
	3	Pledges and grants receivable, net		3	682,884
	4	Accounts receivable, net		4	14,400
	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	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	30,369.		41,606
Ä	9	Prepaid expenses and deferred charges	L 6/1 052	9	625,030
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 20,035,9	26.		
	b	Less: accumulated depreciation 10b 13,562,6			6,473,296
	11	Investments - publicly traded securities	17,445,040.	11	14,824,276
	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	18,357,408.		18,373,622
	16	Total assets. Add lines 1 through 15 (must equal line 33)	55,596,237.		48,874,631
	17	Accounts payable and accrued expenses		17	1,879,361
	18	Grants payable		18	
	19	Deferred revenue	165,622.	19	180,998
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Ě		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	0 004 505		214 266
		of Schedule D	8,824,525.		314,366
	26	Total liabilities. Add lines 17 through 25	11,102,211.	26	2,374,725
s		Organizations that follow FASB ASC 958, check here			
Se.		and complete lines 27, 28, 32, and 33.	40 611 477		44 100 444
alar	27	Net assets without donor restrictions			2,390,462
Ä	28	Net assets with donor restrictions	3,882,549.	28	2,390,462
ڃ		Organizations that do not follow FASB ASC 958, check here			
卢		and complete lines 29 through 33.			
ts (	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	<del>-</del> '	44,494,026.	31	46,499,906
ž	32	Total net assets or fund balances	EE E06 00E		
	33	Total liabilities and net assets/fund balances	55,590,43/.	33	48,874,631

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

Form 990 (2020)

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NORTH TEXAS PUBLIC BROADCASTING, INC

Employer identification number

		NORT	H TEXAS PU	BLIC BROADCA	STING,	INC			5-2084961
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.	
he	organ	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative		•			i).		
4		A medical research organization					-	(iii). Enter	the hospital's name,
		city, and state:	•						
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)		•				
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					e general i	oublic described in
		section 170(b)(1)(A)(vi). (C	•		3			J .	
8		A community trust describe	•	1)(A)(vi). (Complete Par	t II.)				
9	同	An agricultural research org				ed in coniu	inction with a	land-arant	college
		or university or a non-land-g				-		-	-
		university:	, 3	,		, , ,	,	3	
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	p fees, and	d gross receipts from
		activities related to its exem							
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor		,		•	, ,		
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to ca	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> d	r section s	509(a)(2).	See <b>section</b> §	609(a)(3). (	Check the box in
		lines 12a through 12d that	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting
		organization. You must o	omplete Part IV, Se	ctions A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	y integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d			integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
	_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga					Type I, Type I	I, Type III	
		functionally integrated, or		nally integrated supporti	ng organiz	ation.			
f		er the number of supported o	•						
g		vide the following information (i) Name of supported	about the supporte	d organization(s).  (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	(11) 2.114	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	,	support (see instructions)
		-		above (see instructions))	165	NO			
ota									

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.)

Sec	ction A. Public Support		<u>`</u>				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	24270949.	<u> 26233840.</u>	30980222.	26300486.	25550729.	<u> 133336226</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0.4050040	0.5000040		0.5000405	0.5.5.5.5.0	
	Total. Add lines 1 through 3	24270949.	26233840.	30980222.	26300486.	25550729.	133336226
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)						122226226
<u>6</u>	Public support. Subtract line 5 from line 4.						133336226
		( ) 0040	41.0047	( ) 0040	( )) 0040	( ) 0000	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017 26233840	(c) 2018	(d) 2019	(e) 2020 25550729.	(f) Total
	Amounts from line 4	242/0949.	20233040.	30900222.	20300400.	23330729.	133330220
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	437 223	512 728	543 747	466 417	493,590.	2453705.
۵	Net income from unrelated business	437,223.	312,720.	343,747.	400,417	433,330.	2433703
3	activities, whether or not the						
	business is regularly carried on	46,460.	47,016.	47,530.	48,794.	41,803.	231,603.
10	Other income. Do not include gain	20,200	27,0200	27,75500	10,7510	12,0001	202,0000
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						136021534
	Gross receipts from related activities,	etc. (see instruction	ons)	•	•	12	
	First 5 years. If the Form 990 is for the					i01(c)(3)	
	organization, check this box and stop	-		· · ·	•		
Sec	ction C. Computation of Publi						
14	Public support percentage for 2020 (I	line 6, column (f), d	livided by line 11,	column (f))		14	98.03 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	98.00 %
	33 1/3% support test - 2020. If the					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2019. If the	organization did no	ot check a box on				
	and <b>stop here.</b> The organization qua	lifies as a publicly s	supported organiz	ation			<b>&gt;</b>
17a	10% -facts-and-circumstances test	t - 2020. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	iblicly supported o	rganization		
b	10% -facts-and-circumstances test	- <b>2019.</b> If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and s	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	<b>&gt;</b>
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>

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

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

Se	quality under the tests listed be ction A. Public Support	low, please comp	piete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Public					Т Т	
	Public support percentage for 2020 (lin			column (f))		15	%
						16	%
	ction D. Computation of Invest					T T	
	Investment income percentage for 202					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2020. If the						/ is not
ŀ	more than 33 1/3%, check this box and 33 1/3% support tests - 2019. If the	=	-	•			▶ ☐ I
•	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

## Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
0-		
3c		
4a		
44		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
9a		
9b		
90		
9c		
10a		
10b		

Par	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	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		
Sect	tion 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 or	ne or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
	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 support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<i>ine</i> <b>1</b>		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
	<i>y</i> 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	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		
	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		
	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 <b>Part VI</b> the role the organization's			
		3		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions)		
· a	The organization satisfied the Activities Test. Complete line 2 below.	aotionoj.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ty (coo instruction	no)	
2	Activities Test. Answer lines 2a and 2b below.	y (see instruction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.	2.5		
	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		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	, , g , ros. gosonbe in the role blayed by the ordanization in this redaid.			

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

6

Schedule A (Form 990 or 990-EZ) 2020

emergency temporary reduction (see instructions).

instructions).

Schedule A (Form 990 or 990-EZ) 2020

**b** Applied to 2020 distributable amount

Part VI. See instructions.

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

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, explain in Part VI. See instructions.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

Schedule A	(Form 990 or 99	90-EZ) 20	20 NORI	H TEXAS	F PUBLIC	BROADO	CASTING,	INC	75-2084961	Page 8
Part VI	Supplemer	ntal Info	ormation	<ul> <li>Provide the</li> </ul>	explanations re	quired by Pa	ırt II, line 10; Pa	rt II, line 17a	or 17b; Part III, line 12;	
	Part IV, Sectio	n A, lines	s 1, 2, 3b, 3c	c, 4b, 4c, 5a,	6, 9a, 9b, 9c, 1 <sup>-</sup>	la, 11b, and	11c; Part IV, Se	ection B, lines	1 and 2; Part IV, Section V, Section B, line 1e; Pa	C,
	Section D, line	section i	nd 8; and Pa	art V, Section	E, lines 2, 5, an	10, ∠a, ∠b, 3 d 6. Also cor	a, and 3b, Part	for any addit	onal information.	rt V,
	(See instruction	ns.)								

## Schedule B

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

Internal Revenue Service

Name of the organization

## Schedule of Contributors

► Attach to Form 990. Form 990-EZ, or Form 990-PF.

**Employer identification number** 

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

OMB No. 1545-0047

NORTH TEXAS PUBLIC BROADCASTING 75-2084961 INC Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 X 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

## NORTH TEXAS PUBLIC BROADCASTING, INC

75-2084961

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		\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>126,058.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 100,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 225,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

## NORTH TEXAS PUBLIC BROADCASTING, INC

75-2084961

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
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

## NORTH TEXAS PUBLIC BROADCASTING, INC

75-2084961

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	20	 	990 990-F7 or 990-PF) (2020)

ORTH	TEXAS PUBLIC BROADCASTI		75-2084961					
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)		section 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 c	or less for the year. (Enter this info. once.)					
(a) Na	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 g	ift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
	-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-	(e) Transfer of gift							
	(-),							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Parti								
-		()=						
	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		<del> </del>						
ļ		(e) Transfer of g	uift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
			Total of the financial of the definition of					
	-							

### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
	NORTH T	EXAS PUBLIC BROAD	CASTING, INC	c	75-2084961
Pa	art I-A Complete if the org	anization is exempt under	r section 501(c) o	r is a section 527 or	ganization.
2 3	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities		<b>▶</b> 9	3
		anization is exempt under			
	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
	If the organization incurred a section				
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.		1: 504( )		1(0)
		anization is exempt under		•	
1	Enter the amount directly expended	by the filing organization for secti	on 527 exempt function	on activities	S
2	Enter the amount of the filing organ	ization's funds contributed to othe	er organizations for sec	tion 527	
	exempt function activities			<b>&gt;</b> \$	S
3	Total exempt function expenditures		•		
	line 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and en				
	made payments. For each organiza	•	0 0		•
	contributions received that were propolitical action committee (PAC). If		•		e segregated fund or a
	. ,			T	<u> </u>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization.  If none, enter -0
					ii none, enter -o
				I	

Schedule C (Form 990 or 990-EZ) 2020					2084961 Page 2
Part II-A Complete if the org	janization is ex	empt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).					
	· ·	affiliated group (and list in	n Part IV each affiliated	group member's nam	ne, address, EIN,
. — ' '	re of excess lobbyin	• . ,			
B Check ▶  if the filing organiza	tion checked box A	and "limited control" pr	ovisions apply.		
	ts on Lobbying Exp ditures" means am	oenditures ounts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinio	(grassroots lobbying)			
<b>b</b> Total lobbying expenditures to infl		, ,			
c Total lobbying expenditures (add I					
d Other exempt purpose expenditur					
e Total exempt purpose expenditure		1d)	[		
f Lobbying nontaxable amount. Ent	•	,	th columns		
If the amount on line 1e, column (a)		obbying nontaxable am			
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,00		,000 plus 15% of the exc	· /		
Over \$1,000,000 but not over \$1,5		,000 plus 10% of the exc			
Over \$1,500,000 but not over \$17		,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,00	00,000.			
g Grassroots nontaxable amount (er	oter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	•				
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than ze		or line 1i did the organiz			
reporting section 4911 tax for this					Yes No
	-	Averaging Period Under			
(Some organizations t	hat made a sectior	501(h) election do not arate instructions for li	have to complete all o	f the five columns b	elow.
		penditures During 4-Ye			
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) Total
On Labbying partayable amount					
2a Lobbying nontaxable amount					
<b>b</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 Graseroots labbuing expanditures					

Schedule C (Form 990 or 990-EZ) 2020

## Schedule C (Form 990 or 990-EZ) 2020 NORTH TEXAS PUBLIC BROADCASTING, INC 75-20849 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х	X	2.2	552
	Other activities?	Λ			3,552. 3,552.
	Total. Add lines 1c through 1i		Х		,,,,,,,,
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Λ		
	If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A   Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5). or sec	tion	
	501(c)(6).		,,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B   Complete if the organization is exempt under section 501(c)(4), section	1 501(c)(	), or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '	No" OR	(b) Part I	II-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).				
а	Current year		2a		
	Carryover from last year				
С	Total				
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 exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
_5_	Taxable amount of lobbying and political expenditures (See instructions)		5		
Par					
	de 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 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
A I	PORTION OF MEMBERSHIP DUES PAID TO THE ASSOCIATION O	F PUBI	ΙC		
				0 550	
TEI	LEVISION STATIONS IS ATTRIBUTABLE TO LOBBYING ACTIVI	TIES,	OK \$2	4,354.	

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NORTH TEXAS PUBLIC BROADCASTING, INC

**Employer identification number** 75-2084961

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar I	Funds or Ac	counts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, line	e 6.				
		(a) Donor advised funds		(b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in don	or advised fund	ds		
	are the organization's property, subject to the organization's					
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds	can be used o	nly		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other p	urpose conferr	ing		
D :						
Pai			m 990, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreated	· —		orically important land area		
	Protection of natural habitat	Preserv	ation of a certi	fied historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in tl	ne form of a co			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b				2b		
С	Number of conservation easements on a certified historic stru			2c		
d	Number of conservation easements included in (c) acquired a					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminate	d by the organi	zation during the tax		
	year ▶					
4	Number of states where property subject to conservation eas	<u></u>				
5	Does the organization have a written policy regarding the per					
_	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforc	ing conservation	on easements during the year		
-						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing c	onservation ea	sements during the year		
•			: 170/h\/4\/D\	(2)		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)					
•	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the					
Pai	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	Art. Historical Treasures	or Other S	imilar Assets.		
	Complete if the organization answered "Yes" on Form	•	,			
	If the organization elected, as permitted under FASB ASC 95		ement and bala	ance sheet works		
	of art, historical treasures, or other similar assets held for pub	•				
	service, provide in Part XIII the text of the footnote to its finan	, ,		ioo oi pabilo		
h	If the organization elected, as permitted under FASB ASC 95			sheet works of		
-		·				
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
				<b>.</b> .		
2	If the organization received or held works of art, historical trea					
_	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
	Assets included in Form 990, Part X					

8,489,962.

3,069,322.

Schedule D (Form 990) 2020

2,417,689.

6,473,296.

933,464.

6,072,273.

2,135,858.

e Other

c Leasehold improvements .....

**d** Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) ....

Sch	edu	le L	) (⊦orm	990)	2020

Part VI	I Investments - Other Securities.			
	Complete if the organization answered "Yes"			
	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
	cial derivatives			
	ly held equity interests			
(3) Other			+	
(A)			+	
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
	. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VI	II Investments - Program Related.		•	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 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)				
<u>(7)</u>				
(8)				
(9)				
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.)			
raitix		on Form COO Dort IV line	a 11 d Coo Form 000 Dort V line 15	
	Complete if the organization answered "Yes" (a)	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) B	ENEFICIAL INTEREST IN CHA		TNDER UNITERUSTS	96,846.
	EPOSITS	INTERNED INDIES	TINDER ONLINGSIS	26,500.
	KXT 91.7 FM FCC LICENSE			18,250,276.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Co	olumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	<u>: 15.)</u>	<b></b>	18,373,622.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
	ederal income taxes			
(2) D	EFERRED RENT			314,366.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				314,366.
otal. (Co	olumn (b) must equal Form 990, Part X, col. (B) line	9 25.)	la Marana di Albania d	314,300.

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

ıu	T XI Reconciliation of Revenue per Audited Financial Statement of the organization answered "Yes" on Form 990, Part IV, li		ie per neturii.	
1	Total consequence and all consequences are all all consequences.		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
z a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d		1 4.1		
e	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12		5	
	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expen		
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.	-	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d				
е	Add lines 2a through 2d	•	2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line	5		
Pa	rt XIII Supplemental Information.	· • ·		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		<sup>p</sup> art V, line 4; Part X, line 2;	Part XI,
PA	RT V, LINE 4:			
TH	E ENDOWMENTS CONSIST OF TWO FUNDS ESTAB	LISHED FOR THE	NATIONAL END	OWMENT

THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE CORPORATION'S TAX RETURN TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED "WHEN CHALLENGED" OR "WHEN EXAMINED" BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO

### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

► 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						Employer ide	ntification number
NORTH T	EXAS PUBLIC BROADCA	AST:	ING	, INC		75-2084	961
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.							
Indicate whether the organization rais	e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundraiser have custody or control of from activity		to (c	v) Amount paid o (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Total							
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.							

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List 6		ts greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			CONCERT			1 ' ' '
4)			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Revenue	1	Gross receipts	216,900.			216,900.
ш	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	216,900.			216,900.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Exp						
Direct	7	Food and beverages				
٠	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		<b>&gt;</b>	
	11					216,900.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	I	T	T
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue			73,850.	73,850.
	•	GIOSS Teveride			7370301	7370301
es	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses			23,382.	23,382.
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	X No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			23,382.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	50,468.
9	En	ter the state(s) in which the organization condu	icts gaming activities: ${f T}$	X		
		the organization licensed to conduct gaming a	_			X Yes No
		No," explain:				
	_					
		ere any of the organization's gaming licenses re	•			Yes X No
	_					

Sch	edule G (Form 990 or 990-EZ) 2020 NORTH TEXAS PUBLIC BROADCASTING, INC 75-2	084961	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	X 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	X No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	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	X No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	X 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 ▶ \$		
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, lines 9,	9b, 10b,

Schedule G	G (Form 990 or 990-EZ)	NORTH	TEXAS	PUBLIC	BROADCASTING,	INC	75-2084961	Page 4
Part IV	Supplemental Infor	mation <sub>(co</sub>	ntinued)		BROADCASTING,			

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

INC

**ZUZU** 

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

NORTH TEXAS PUBLIC BROADCASTING

Employer identification number 75-2084961

Pa	art I Questions Regarding Compensation							
	·			Yes	No			
1a	Check the appropriate box(es) if the organization provided a	ny of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any	relevant information regarding these items.						
	First-class or charter travel	Housing allowance or residence for personal use						
	Travel for companions	Payments for business use of personal residence						
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees						
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organizat	ion follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described	above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimburs	ing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director,	, regarding the items checked on line 1a?	2					
3	Indicate which, if any, of the following the organization used	to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check	any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but	explain in Part III.						
	X Compensation committee	Written employment contract						
	Independent compensation consultant	propriate box(es) if the organization provided any of the following to or for a person listed on Form 990, on A, line 1a. Complete Part III to provide any relevant information regarding these items.  s or charter travel						
	X Form 990 of other organizations	X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII,	Section A, line 1a, with respect to the filing						
	organization or a related organization:							
а	Receive a severance payment or change-of-control payment	?	4a		X			
b	Participate in or receive payment from a supplemental nonq	ualified retirement plan?	4b		Х			
С	Participate in or receive payment from an equity-based compart of the compart of	pensation arrangement?	4c		Х			
	If "Yes" to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a,	did the organization pay or accrue any compensation						
	contingent on the revenues of:							
а	The organization?		5a		X			
b	Any related organization?		5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a,	did the organization pay or accrue any compensation						
	contingent on the net earnings of:							
а	The organization?		6a		X			
b	Any related organization?		6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.							
7								
			7	X				
8								
	initial contract exception described in Regulations section 5	3.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9								
	Regulations section 53.4958-6(c)?							

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		Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base npensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(6)(1/(0)	reported as deferred on prior Form 990
(1) NICOLAS LEONE (	i) 4:	16,845.	35,500.	825.	0.	478.	453,648.	0.
PRESIDENT & CEO	i)	0.	0.	0.	0.	0.	0.	0.
(2) SYLVIA KOMATSU	i) 2	47,078.	1,700.	0.	9,951.	6,185.	264,914.	0.
EXEC VP (i		0.	0.	0.	0.	0.	0.	0.
(3) WANDA MIZUTOWICZ	i) 2:	38,730.	1,700.	900.	9,263.	9,888.	260,481.	0.
CHIEF FINANCE OFFICER		0.	0.	0.	0.	0.	0.	0.
(4) CHRISTOPHER WAGLEY	i) 2	46,815.	1,700.	900.	9,941.	763.	260,119.	0.
CHIEF OPERATING OFFICER	i)	0.	0.	0.	0.	0.	0.	0.
(5) NANCY SAUSTAD	i) 2	09,062.	1,700.	0.	8,431.	1,318.	220,511.	0.
VP, MAJOR GIFTS (i		0.	0.	0.	0.	0.	0.	0.
(6) RICHARD HOLTER JR.	i) 1'	73,285.	1,700.	900.	6,999.	1,449.	184,333.	0.
VP OF NEWS		0.	0.	0.	0.	0.	0.	0.
(7) KRISANDRA VILLASENOR (	i) 1	66,918.	1,700.	0.	6,745.	735.	176,098.	0.
	i)	0.	0.	0.	0.	0.	0.	0.
(8) LYNDA STARNES	i) 1	58,606.	1,700.	900.	6,412.	3,778.	171,396.	0.
VP OF HR/ADMIN	i)	0.	0.	0.	0.	0.	0.	0.
	i)							
((i								
(	i)							
((i								
	i)							
((i								
(	i)							
((i								
	i)							
((i								
	i)							
(i								
	i)							
(i								
(i								

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 7:
THE CHIEF EXECUTIVE OFFICER OF NORTH TEXAS PUBLIC BROADCASTING, INC. IS
ELIGIBLE FOR A BONUS AS DETERMINED BY THE ORGANIZATION'S BOARD OF DIRECTORS
BASED ON THEIR REVIEW OF HIS PERFORMANCE THROUGHOUT THE YEAR. ALL OTHER
OFFICERS AND KEY EMPLOYEES LISTED ON FORM 990, PART VII ARE ELIGIBLE FOR A
BONUS BASED ON TENURE WITH THE ORGANIZATION AND THEIR PERFORMANCE
THROUGHOUT THE YEAR.

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Types of Property

▶ 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 NORTH TEXAS PUBLIC BROADCASTING, INC Employer identification number 75-2084961

		(a) Check if	(b) Number of contributions or	(c) Noncash contri amounts report			(d) nod of deter		•	
		applicable		Form 990, Part VI		noncasn	contributio	n an	iounis	<u>,                                    </u>
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	X	593	512	,532.	DEALER	INVOI	CE		
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
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 ▶ ( DONATED EVENT )	Х	537	85	,126.	MARKET	VALUE			
26	Other (TRADE ADVERTI)	Х	1	83	,805.	DONOR V	ALUE			
27	Other (PREMIUM DONAT)	Х	1	2	,763.	DONOR V	ALUE			
28	Other ( )									
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions						
	for which the organization completed Form 82				29					
	-		_	,					Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, line	s 1 throug	h 28, that it				
	must hold for at least three years from the date	e of the initia	I contribution, and	which isn't require	d to be us	sed for				
	exempt purposes for the entire holding period?	_					3	80a		X
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard	l contribut	ions?	[ ;	31		Х
	Does the organization hire or use third parties									
	contributions?						l a	32a	х	
b	If "Yes," describe in Part II.						·····			
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	for which column	(a) is ched	cked,				
	describe in Part II.	. ,	,, , , , , ,		. ,	•				

### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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.

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NORTH TEXAS PUBLIC BROADCASTING, INC

Employer identification number 75-2084961

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENGAGE, INSPIRE, INFORM AND ENTERTAIN.
FORM 990, PART VI, SECTION A, LINE 7A:
THE NORTH TEXAS PUBLIC BROADCASTING INC. (INC.) APPOINTS ITS GOVERNING
BODY.
FORM 990, PART VI, SECTION A, LINE 7B:
THE NORTH TEXAS PUBLIC BROADCASTING INC. (INC.) APPOINTS ITS GOVERNING
BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S FORM 990 IS PREPARED ANNUALLY BY THE ORGANIZATION'S
PUBLIC ACCOUNTING FIRM, IN PARTNERSHIP WITH THE FINANCE AND ACCOUNTING
DEPARTMENT AND WITH MANAGEMENT REVIEW. THE COMPLETED FORM 990 IS PRESENTED
TO, REVIEWED BY, AND APPROVED BY THE NORTH TEXAS PUBLIC BROADCASTING AUDIT
COMMITTEE OF THE BOARD PRIOR TO SUBMISSION TO THE IRS. DIRECTORS' COMMENTS
AND CONTRIBUTIONS ARE TAKEN INTO ACCOUNT FOR THE FINAL VERSION OF THE FORM
990 THAT IS SUBMITTED TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
ANY DIRECTOR, OFFICER OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS
WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, IS AN INTERESTED PERSON
WITH RESPECT TO ANY ENTITY IN THE NORTH TEXAS PUBLIC BROADCASTING, INC.
SYSTEM OF WHICH THE CORPORATION IS A PART, AND HE OR SHE IS AN INTERESTED

PERSON WITH RESPECT TO ALL ENTITIES IN THE STATION'S SYSTEM.

A PERSON HAS A FINANCIAL INTEREST IF THE PERSON HAS, DIRECTLY OR

INDIRECTLY, THROUGH BUSINESS, INVESTMENT OR FAMILY - A) A MATERIAL

OWNERSHIP OR INVESTMENT INTEREST IN ANY ENTITY WITH WHICH THE CORPORATION

HAS A TRANSACTION OR ARRANGEMENT, OR B) A COMPENSATION ARRANGEMENT WITH THE

CORPORATION OR WITH ANY ENTITY OR INDIVIDUAL WITH WHICH THE CORPORATION HAS

A TRANSACTION OR ARRANGEMENT, OR C) A POTENTIAL MATERIAL OWNERSHIP OR

INVESTMENT IN, OR COMPENSATION ARRANGEMENT WITH, THE ENTITY WITH WHICH THE

CORPORATION IS NEGOTIATING A TRANSACTION OR ARRANGEMENT.

INC

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL

INTEREST AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS

TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS

CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. DIRECTORS AND THE CEO

SHOULD DISCLOSE THE EXISTENCE OF POSSIBLE CONFLICTS OF INTEREST TO THE

CHAIRMAN OF THE BOARD AND OFFICERS SHOULD MAKE DISCLOSURE TO THE CEO. THE

CHAIRMAN OF THE BOARD SHALL REPORT TO THE EXECUTIVE COMMITTEE ANY POTENTIAL

CONFLICTS OF INTEREST.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND

AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE

BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF

INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE

MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

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

NORTH TEXAS PUBLIC BROADCASTING, INC. DEVELOPS, IMPLEMENTS AND EVALUATES

Name of the organization  NORTH TEXAS PUBLIC BROADCASTING, INC	Employer identification number 75-2084961
COMPENSATION POLICIES/PROGRAMS AND PAY STRUCTURES THAT SUP	PORT THE
ORGANIZATION'S STRATEGIC GOALS, OBJECTIVES AND VALUES, BAS	ED UPON INTERNAL
EQUITY AND EXTERNAL MARKET CONDITIONS. INDUSTRY COMPENSAT	ION DATA ARE
GATHERED FROM PBS (PUBLIC BROADCASTING SERVICE), NPR (NATI	ONAL PUBLIC
RADIO) AND FROM PUBLIC BROADCASTING STATIONS IN SIMILAR-SI	ZED MARKETS.
THESE DATA ARE CONSIDERED BY THE EXECUTIVE COMMITTEE OF TH	E BOARD OF
DIRECTORS TO DETERMINE THE COMPENSATION OF THE CEO. THE CE	O, CFO, AND
SENIOR HR DIRECTOR DETERMINE THE COMPENSATION FOR OTHER KE	Y EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19:	
THE NORTH TEXAS PUBLIC BROADCASTING INC.'S GOVERNING DOCUM	ENTS AND CONFLICT
OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON R	EQUEST. THE
FINANCIAL STATEMENTS ARE PUBLISHED AT WWW.KERA.ORG.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	16,219.
PRIOR PERIOD ADJUSTMENT - MEMBER CONTRIBUTION RECOGNITION	-3,362,524.
TOTAL TO FORM 990, PART XI, LINE 9	-3,346,305.
FORM 990, PART XII, LINE 2C:	
THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM T	HE PRIOR
YEAR.	

### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

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

NORTH TEXAS PUBLIC BROADCASTING, INC

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

75-2084961

Part I Identification of Disregarded Entities. Comple	te if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	ome End-of-yea		Direct c	( <b>f)</b> ontrolling tity	9
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 990	D, Part IV, line 34, I	because it had one	or more	related tax-exer	npt	
(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		(f) ct controlling entity	conti	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
NORTH TEXAS PUBLIC BROADCASTING FOUNDATION - 75-2084768, 3000 HARRY HINES BLVD, DALLAS, TX 75201	HOLDS INVESTMENTS TO SUPPORT NTPB INC.	TEXAS	501(C)(3)	LINE 11A, I	NORTH PUBLIC BROADC		х	
				, -				
	_							

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) nortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

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

Yes No

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		X		
С	c Gift, grant, or capital contribution from related organization(s)								
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)				1f	Х			
	Sale of assets to related organization(s)				<b>1</b> g		_X_		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		<u>X</u>		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		<u>X</u>		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
	l Performance of services or membership or fundraising solicitations for related organization(s)								
	m Performance of services or membership or fundraising solicitations by related organization(s)								
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
Sharing of paid employees with related organization(s)							X		
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses							X		
r	Other transfer of cash or property to related organization(s)				1r		_X_		
s Other transfer of cash or property from related organization(s)									
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered rela	tionships 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)									
32163	10-28-20			Schedule	e R (Forr	n 990)	2020		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	Genera manag partn Yes	(k) Al or Percentage ging ownership
									000) 0000