

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S 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)

**2021**

Open to Public Inspection

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

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>WXXI PUBLIC BROADCASTING COUNCIL</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>280 STATE STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>ROCHESTER, NY 14614</b> <b>F</b> Name and address of principal officer: <b>NORM SILVERSTEIN</b> <b>280 STATE STREET, ROCHESTER, NY 14614</b>	<b>D</b> Employer identification number <b>16-0838086</b> <b>E</b> Telephone number <b>585-325-7500</b> <b>G</b> Gross receipts \$ <b>15,744,210.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: ▶ <b>WWW.WXXI.ORG</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1958</b> <b>M</b> State of legal domicile: <b>NY</b>		

**Part I Summary**

	1	Briefly describe the organization's mission or most significant activities: <b>AS ROCHESTER'S PUBLIC TELEVISION AND PUBLIC RADIO STATION, WXXI STRIVES TO BE THE ESSENTIAL,</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	105
	6	Total number of volunteers (estimate if necessary)	6	48
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	88,578.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	13,483,174.	13,255,192.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	445,142.	548,665.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	530,645.	625,849.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	194,209.	96,197.
12			14,653,170.	14,525,903.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,454,399.	7,868,364.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,750,825.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,126,753.	7,104,366.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,581,152.	14,972,730.
	19	Revenue less expenses. Subtract line 18 from line 12	1,072,018.	-446,827.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	30,807,430.	26,652,508.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,999,449.	6,558,176.
	22		22,807,981.	20,094,332.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>NORM SILVERSTEIN, PRESIDENT</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMANDA L. DELLA SALA</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P02064655</b>
	Firm's name ▶ <b>BONADIO &amp; CO., LLP</b>	Firm's EIN ▶ <b>16-1131146</b>	Firm's address ▶ <b>171 SULLY'S TRAIL, SUITE 201 PITTSFORD, NY 14534</b>		
					Phone no. <b>585-381-1000</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WXXI IS THE ESSENTIAL, LIFE-LONG EDUCATIONAL PUBLIC MEDIA RESOURCE FOR THE GREATER ROCHESTER AREA. WXXI ENGAGES THE COMMUNITY WITH PROGRAMMING THAT STIMULATES AND EXPANDS THOUGHT, INSPIRES THE SPIRIT, OPENS CULTURAL HORIZONS AND PROMOTES UNDERSTANDING OF DIVERSE ISSUES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 6,800,702. including grants of \$ ) (Revenue \$ 87,053. ) PROGRAMMING/PRODUCTION

WXXI PROVIDES A RANGE OF NATIONAL PROGRAMMING AND ORIGINAL PRODUCTIONS ACROSS ALL ITS SERVICES, WHICH INCLUDES FOUR TELEVISION STATIONS AND SIX RADIO STATIONS.

WXXI-TV PRESENTS A PBS SCHEDULE, RICH IN HISTORY, SCIENCE, NATURE, ARTS AND NON-VIOLENT, COMMERCIAL-FREE CHILDREN'S PROGRAMMING WHICH IS ALSO LIVE STREAMED. WXXI-KIDS 24/7 IS A 24-HOUR CHILDREN'S EDUCATIONAL CHANNEL, SHOWCASING THE BEST OF PBS KIDS AND LOCAL EDUCATION PROGRAMMING WHICH IS ALSO LIVE STREAMED. WXXI-CREATE IS A 24/7 HOW-TO CHANNEL, AND WXXI-WORLD IS A 24/7 NEWS AND PUBLIC AFFAIRS CHANNEL.

4b (Code: ) (Expenses \$ 2,671,357. including grants of \$ ) (Revenue \$ 3,818. ) BROADCASTING

WXXI OPERATES FOUR PUBLIC TELEVISION STATIONS (WXXI-TV, WXXI-KIDS 24/7, WXXI-CREATE, WXXI-WORLD); MANAGES THE CABLE CHANNEL, CITY 12 (PROVIDING THE CITY OF ROCHESTER RESIDENTS WITH 14 HOURS A DAY OF TARGETED, INFORMATIVE AND ENTERTAINING PROGRAMMING); SIX PUBLIC RADIO STATIONS (WXXI-FM 91.5, WXXY-FM 90.3, AM 1370, WRUR-FM 88.5, WEOS-FM 98.7 AND WITH-FM 90.1), AND TWO HD RADIO CHANNELS (FM-HD 91.5-1 AND FM-HD 91.5-2).

4c (Code: ) (Expenses \$ 381,916. including grants of \$ ) (Revenue \$ ) PROGRAM INFORMATION

WXXI'S EDUCATIONAL OUTREACH CENTER DELIVERS EDUCATIONAL SERVICES TO THE COMMUNITY THROUGH SPECIAL PROGRAMMING, READY TO LEARN, ON-DEMAND EDUCATIONAL VIDEO THROUGH PBS LEARNINGMEDIA, ONLINE RESOURCES TO SUPPORT EDUCATION CURRICULUM AND YOUTH CAREER EXPLORATION, SOCIAL MEDIA OFFERINGS, INFORMAL FAMILY LEARNING EVENTS, EDUCATIONAL MEDIA LITERACY PROJECTS, IN-PERSON AND VIRTUAL ENGAGEMENT INITIATIVES AND EVENTS, AND LOCAL EDUCATIONAL PRODUCTIONS FOR ON-AIR AND ON-DEMAND COLLECTIONS. PROFESSIONAL DEVELOPMENT OFFERINGS INCLUDE TRAINING WORKSHOPS FOR EDUCATORS, PRE-SERVICE TEACHERS, LIBRARIANS, AND OUT OF SCHOOL EDUCATION PROFESSIONALS, CAREGIVERS AND PARENTS PROVIDED BY WXXI EDUCATION STAFF. LIVE AND VIRTUAL PROGRAM SCREENING EVENTS WITH

4d Other program services (Describe on Schedule O.) (Expenses \$ 831,581. including grants of \$ ) (Revenue \$ 460,749.)

4e Total program service expenses 10,685,556.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	22	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	21	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**LANCELOT THOMAS - 585-258-0226**  
**280 STATE STREET, ROCHESTER, NY 14614-1033**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NORM SILVERSTEIN PRESIDENT AND CEO	40.00 5.00	X		X				430,431.	0.	75,895.
(2) SUSAN ROGERS EXECUTIVE VP & GENERAL MAN	40.00 5.00			X				193,237.	0.	28,093.
(3) DAVID LOT VP OF TECHNOLOGY & OPERATI	40.00					X		111,600.	0.	15,154.
(4) LANCELOT THOMAS CFO	40.00 5.00			X				102,468.	0.	23,954.
(5) EVAN DAWSON TALK SHOW HOST	40.00					X		107,570.	0.	18,322.
(6) JEANNE FISHER VP OF RADIO	40.00					X		104,848.	0.	15,530.
(7) ROBERT HEALY TRUSTEE	1.00 1.00	X						0.	0.	0.
(8) DAVID STILL CHAIR	1.00 1.00	X		X				0.	0.	0.
(9) STEPHEN SLOAN TREASURER	1.00 1.00	X		X				0.	0.	0.
(10) YOLANDA BENITEZ TRUSTEE	1.00 1.00	X						0.	0.	0.
(11) SONYA ALLEN TRUSTEE	1.00 1.00	X						0.	0.	0.
(12) DAAN BRAVEMAN TRUSTEE	1.00 1.00	X						0.	0.	0.
(13) KRISTIN DURAN TRUSTEE	1.00 1.00	X						0.	0.	0.
(14) ANDREW GERMANOW TRUSTEE	1.00 1.00	X						0.	0.	0.
(15) AJAMU KITWANA TRUSTEE	1.00 1.00	X						0.	0.	0.
(16) NICK KOMPARE TRUSTEE	1.00 1.00	X						0.	0.	0.
(17) MAUREEN LALLY TRUSTEE	1.00 1.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ARDIS MANGIONE-LINDLEY SECRETARY	1.00 1.00	X		X				0.	0.	0.
(19) SANDEEP MANNAVA TRUSTEE	1.00 1.00	X						0.	0.	0.
(20) ANDRE LINDSAY TRUSTEE	1.00 1.00	X						0.	0.	0.
(21) JOY RYEN PLOTNIK TRUSTEE	1.00 1.00	X						0.	0.	0.
(22) JOHN RICHARDSON TRUSTEE	1.00 1.00	X						0.	0.	0.
(23) JULIO SAENZ TRUSTEE	1.00 1.00	X						0.	0.	0.
(24) ZENA SHUBER TRUSTEE	1.00 1.00	X						0.	0.	0.
(25) STEVE SULKES TRUSTEE	1.00 1.00	X						0.	0.	0.
(26) DAVID TANG VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								1,050,154.	0.	176,948.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,050,154.	0.	176,948.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
GIZMO PRO AUDIO, 6 NORTH MAIN STREET, SUITE 380, FAIRPORT, NY 14450	INFORMATION TECHNOLOGY SERVICES	104,495.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	4,491,853.				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	4,209,137.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,554,202.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			13,255,192.			
Program Service Revenue	<b>2 a</b> PROGRAM SALES	<b>Business Code</b>					
		900099	547,802.	547,802.			
	<b>b</b> SALE OF PREMIUMS	900099	863.			863.	
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			548,665.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		414,345.			414,345.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties		1,926.			1,926.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal	88,578.			
	<b>b</b> Less: rental expenses	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	88,578.				
	<b>d</b> Net rental income or (loss)			88,578.	88,578.		
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	1,412,811.	17,000.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	1,218,307.	0.			
	<b>c</b> Gain or (loss)	<b>7c</b>	194,504.	17,000.			
<b>d</b> Net gain or (loss)			211,504.		211,504.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> DEVELOPMENT PROMOTIONS	<b>Business Code</b>					
		900099	3,818.	3,818.			
	<b>b</b> OTHER REVENUE	900099	1,875.			1,875.	
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			5,693.				
<b>12 Total revenue.</b> See instructions			14,525,903.	551,620.	88,578.	630,513.	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	1,316,745.		1,316,745.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	4,824,333.	3,888,333.		936,000.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	413,355.	280,229.	78,098.	55,028.
9 Other employee benefits .....	866,817.	587,647.	163,774.	115,396.
10 Payroll taxes .....	447,114.	303,115.	84,477.	59,522.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	503,020.	393,350.	107,195.	2,475.
12 Advertising and promotion .....	32,449.	27,348.	1,081.	4,020.
13 Office expenses .....	538,349.	253,116.	34,046.	251,187.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	553,900.	553,900.		
17 Travel .....	40,568.	24,670.	8,747.	7,151.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....	149,996.		149,996.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	956,763.	805,080.	140,663.	11,020.
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM ACQUISITION</b>	2,289,259.	2,289,259.		
b <b>CONTRACT SERVICES</b>	1,119,909.	854,650.	141,212.	124,047.
c <b>MEMBERSHIP FEES</b>	229,402.	155,187.	70,541.	3,674.
d <b>RENTAL AND MAINTENANCE</b>	210,958.	143,306.	67,652.	0.
e All other expenses	479,793.	126,366.	172,122.	181,305.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>14,972,730.</b>	<b>10,685,556.</b>	<b>2,536,349.</b>	<b>1,750,825.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,494,702.	<b>1</b>	659,472.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	982,388.	<b>4</b>	942,829.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	481,916.	<b>7</b>	468,252.
	<b>8</b> Inventories for sale or use .....	1,511,014.	<b>8</b>	1,262,945.
	<b>9</b> Prepaid expenses and deferred charges .....	107,856.	<b>9</b>	92,309.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 32,503,587.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 26,045,357.	<b>10c</b>	6,458,230.
	<b>11</b> Investments - publicly traded securities .....	14,557,149.	<b>11</b>	13,431,260.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	398,142.	<b>13</b>	431,475.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,686,359.	<b>15</b>	2,905,736.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	30,807,430.	<b>16</b>	26,652,508.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,600,382.	<b>17</b>	1,531,260.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	938,887.	<b>19</b>	25,000.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	5,107,088.	<b>23</b>	4,763,180.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	353,092.	<b>25</b>	238,736.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,999,449.	<b>26</b>	6,558,176.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	11,633,482.	<b>27</b>	8,794,137.
	<b>28</b> Net assets with donor restrictions .....	11,174,499.	<b>28</b>	11,300,195.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	22,807,981.	<b>32</b>	20,094,332.
	<b>33</b> Total liabilities and net assets/fund balances .....	30,807,430.	<b>33</b>	26,652,508.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	14,525,903.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	14,972,730.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-446,827.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	22,807,981.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-2,344,196.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	77,374.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	20,094,332.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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 .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11048240.	11738011.	12873635.	13483174.	13255192.	62398252.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	79,927.	393,930.	1088776.	445,077.	547,802.	2555512.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	11128167.	12131941.	13962411.	13928251.	13802994.	64953764.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						64953764.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....	11128167.	12131941.	13962411.	13928251.	13802994.	64953764.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	521,879.	593,093.	461,110.	474,616.	504,849.	2555547.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	521,879.	593,093.	461,110.	474,616.	504,849.	2555547.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	11650046.	12725034.	14423521.	14402867.	14307843.	67509311.

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	15	96.21 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	16	96.10 %

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	17	3.79 %
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	18	3.90 %

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization

WXXI PUBLIC BROADCASTING COUNCIL

Employer identification number

16-0838086

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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

Schedule B (Form 990) (2021)

Name of organization <b>WXXI PUBLIC BROADCASTING COUNCIL</b>	Employer identification number <b>16-0838086</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMES AMZALAK 350 LINDEN OAKS STE 310 ROCHESTER, NY 14625	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ARC THRIFT STORE 12345 WEST ALAMEDA PKWY. STE. 111 LAKEWOOD, CO 80228	\$ 183,538.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	B. THOMAS GOLISANO FOUNDATION 7362 COUNTY ROAD 42 VICTOR, NY 14564	\$ 237,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BETTY STRASENBURGH FUND FIDELITY BROKERAGE SERVICES - 221 DESMOND RD. ROCHESTER, NY 14616	\$ 8,977.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CAROLINE & KILIAN SCHMITT RYCO MGMT 1173 PITTSFORD VICTOR RD PITTSFORD, NY 14534	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CPB 401 9TH STREET NW WASHINGTON, DC 20004	\$ 2,012,123.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>WXXI PUBLIC BROADCASTING COUNCIL</b>	Employer identification number <b>16-0838086</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DAAN ZWICK CANANDAIGUA NATIONAL BANK & TRUST 1150 PITTSFORD-VICTOR  PITTSFORD, NY 14534	\$ 76,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	DAISY MARQUIS JONES FOUNDATION  1600 SOUTH AVE, SUITE 250  ROCHESTER, NY 14620	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	DAVENPORT-HATCH FOUNDATION  110 LINDEN OAKS STE C  ROCHESTER, NY 14625	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	DAVID & ANN STILL  18 WREN FIELD LN  PITTSFORD, NY 14534	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	DEE MOSTELLER & HENRY SIMON  58 WINDING CREEK LN  ROCHESTER, NY 14625	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	ELIZABETH MCANARNEY  3038 EAST AVE  ROCHESTER, NY 14610	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>WXXI PUBLIC BROADCASTING COUNCIL</b>	Employer identification number <b>16-0838086</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	KAREN WOLF 1397 FIVE MILE LINE RD. PENFIELD, NY 14526	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	LAURA HUMPHREY 70 STONY RIDGE DR HONEOYE FALLS, NY 14472	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	LAUREL J. PACE 136 HARVINTON DR. ROCHESTER, NY 14617	\$ 98,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	LAWRENCE HELFER 112 KEATS PL. CHERRY HILL, NJ 08003	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	LOUIS S. & MOLLY B. WOLK 136 HARVINGTON DR ROCHESTER, NY 14617	\$ 83,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	MARION FULBRIGHT 1600 BAUSCH AND LOMB PL ROCHESTER, NY 14604	\$ 122,259.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>WXXI PUBLIC BROADCASTING COUNCIL</b>	Employer identification number <b>16-0838086</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<b>MAX &amp; MARIAN FARASH FOUNDATION</b> 255 EAST AVE ROCHESTER, NY 14604	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<b>MONROE COUNTY</b> 39 WEST MAIN STREET ROCHESTER, NY 14614	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<b>NANCIE &amp; DUNCAN KENNEDY</b> CHARLES SCHWAB - 1250 PITTSFORD VICTOR RD, BLDG 200, SUITE 190 PITTSFORD, NY 14534	\$ 15,904.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<b>NANNETTE NOCON</b> 42 W BUFFALO ST CHURCHVILLE, NY 14428	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<b>NYS DOE</b> 89 WASHINGTON AVENUE ALBANY, NY 12234	\$ 1,250,223.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<b>SARAJANE FONDILLER</b> 1350 MAIN ST UNIT 1505 SARASOTA, FL 34236	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>WXXI PUBLIC BROADCASTING COUNCIL</b>	Employer identification number <b>16-0838086</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	STANLEY CLARKE CORRETORE LAW OFFICE - 66 EAST MAIN STREET WEBSTER, NY 14580	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	SUSAN FORSYTH 12 MILLAY CIR PITTSFORD, NY 14534	\$ 25,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	SUZANNE GOUVERNET 150 CAMBERLEY PL PENFIELD, NY 14526	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	TANYA COSWAY 81 ANTRIM ST. CAMBRIDGE, MA 02139	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	TD AMERITRADE CLEARING - IN MEMORY OF ROBERT & ELIZABETH VAN NIEL P.O. BOX 2226 OMAHA, NE 68103	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	THE HALLOWELL FUND 500 EAST AVE ROCHESTER, NY 14607	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>WXXI PUBLIC BROADCASTING COUNCIL</b>	Employer identification number <b>16-0838086</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	THOMAS & ANN WARD 1478 EAST AVE ROCHESTER, NY 14610	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	TIAA 35 CELEBRATION DR ROCHESTER, NY 14620	\$ 29,982.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	TIS BEST PHILANTHROPY 317 S. BENNETT ST., STE 201 SEATTLE, WA 98108	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	WALDRON RISE FOUNDATION PO BOX 1734 FAIRPORT, NY 14450	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	WARREN CRANDELL FIDELITY BROKERAGE SERVICES - 221 DESMOND RD. ROCHESTER, NY 14616	\$ 435,389.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	WETA 3939 CAMPELL AVE ARLINGTON, VA 22206	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>WXXI PUBLIC BROADCASTING COUNCIL</b>	Employer identification number <b>16-0838086</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	WNET 825 8TH AVE NEW YORK, NY 10019	\$ 29,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	QUINCY ALLEN 15 BROMSGROVE HL PITTSFORD, NY 14534	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	ERNA BAUM 1470 EAST AVE ROCHESTER, NY 14610	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	CHRIS BOOTH 6 ELMBROOK DR PITTSFORD, NY 14534	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	CAROL A BRINK 4214 SUMMIT CIRCLE DR ROCHESTER, NY 14618	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	WALTER COOPER 68 SKYVIEW LN ROCHESTER, NY 14625	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>WXXI PUBLIC BROADCASTING COUNCIL</b>	Employer identification number <b>16-0838086</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	KAREN E DAU 273 E LINDEN AVE EAST ROCHESTER, NY 14445	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	LARRY ELDRIDGE 415 MOUNT AIRY DR ROCHESTER, NY 14617	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	JANE FONDILLER 1350 MAIN ST UNIT 1505 SARASOTA, FL 34236	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	GARTNER FOUNDATION 163 HIDDEN RIDGE CMN BUFFALO, NY 14221	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	JOANNE GIANNINY 3369 ELMWOOD AVE ROCHESTER, NY 14610	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	ELAINE GREENE 304 TROY RD ROCHESTER, NY 14618	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>WXXI PUBLIC BROADCASTING COUNCIL</b>	Employer identification number <b>16-0838086</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	HOWARD HALLOWELL 500 EAST AVE ROCHESTER, NY 14607	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	HOWARD HOLCOMB 31 DANFORTH CRES ROCHESTER, NY 14618	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	NORMAN HORTON 27 HOLLINGHAM RISE FAIRPORT, NY 14450	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	ROBERT ISRAEL 204 BRETLYN CIR ROCHESTER, NY 14618	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	GLENN KOCH 210 STOUTENBURGH LN PITTSFORD, NY 14534	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	MAUREEN LALLY 37 RUTHVEN PL SUMMIT, NJ 07901	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>WXXI PUBLIC BROADCASTING COUNCIL</b>	Employer identification number <b>16-0838086</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	ELIZA MCANARNEY 2 BROWNELL LN PITTSFORD, NY 14534	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	ADRIENNE OBRIEN 5269 WHITE IBIS DR NORTH PORT, FL 34287	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	MARY A PALERMO 4190 E LAKE RD LIVONIA, NY 14487	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	CARL PALMER PO BOX 51 HENRIETTA, NY 14467	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	ROBERT PEDZICH 314 SALT RD WEBSTER, NY 14580	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	DOM PIAZZA 190 NOB HL ROCHESTER, NY 14617	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>WXXI PUBLIC BROADCASTING COUNCIL</b>	Employer identification number <b>16-0838086</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	RICHARD REICHMAN 490 THOMAS COVE RD ROCHESTER, NY 14625	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	GEORGE RIEHLE 924 GRAVEL RD WEBSTER, NY 14580	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	ELISE ROSENFELD 2213 SUMMIT CIRCLE DR ROCHESTER, NY 14618	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	PETER SCHWARTZ 5337 BLACK POINT DR CANANDAIGUA, NY 14424	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	JOANNE WARM GIANNINY 1263 CONIFER COVE LN WEBSTER, NY 14580	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	LINDA CARPENTER 3916 CHATHAM LN CANANDAIGUA, NY 14424	\$ 5,081.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>WXXI PUBLIC BROADCASTING COUNCIL</b>	Employer identification number <b>16-0838086</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	SUE FORSYTH 12 MILLAY CIR PITTSFORD, NY 14534	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	DEBORAH RONNEN 15 ELMWOOD HILL LN ROCHESTER, NY 14610	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	MARIE LEISTMAN 522 MELVILLE ST ROCHESTER, NY 14609	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	ALLEN KOZINSKI 670 MIDSHIP CIR WEBSTER, NY 14580	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	RICHARD SCHWARTZ 40 LOOKOUT VIEW RD FAIRPORT, NY 14450	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	ALVIN THIEM 19 PRINCE ST STE R-2 ROCHESTER, NY 14607	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>WXXI PUBLIC BROADCASTING COUNCIL</b>	Employer identification number <b>16-0838086</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	GEORGE BAUER 138 VERMONT ST ROCHESTER, NY 14609	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	GEORGE EWING 2207 PENN AVE S MINNEAPOLIS, MN 55405	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	RALPH JOZEFOWICZ 78 LAC KINE DR ROCHESTER, NY 14618	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	MANOJ SHEKAR 15 SANDS RD ROCHESTER, NY 14624	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	JOHN KILLIGREW 327 ROCKINGHAM ST ROCHESTER ROCHESTER, NY 14620	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	BRAD WHITMAN 4 SCR LN VICTOR, NY 14564	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>WXXI PUBLIC BROADCASTING COUNCIL</b>	Employer identification number <b>16-0838086</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	AMY HECKER 16 AUDUBON ST ROCHESTER, NY 14610	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	WILLIA VAN DUSEN 5586 WILSON PT HONEOYE, NY 14471	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	ROGER BOULAY 44 SONGBIRD LN ROCHESTER, NY 14620	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	THOMAS F WARD 1478 EAST AVE ROCHESTER, NY 14610	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	DAVISON FOUNDATION PO BOX 418 SPENCERPORT, NY 14559	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	ROBERT LAMB 1 MAIN ST E STE 510 ROCHESTER, NY 14614	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>WXXI PUBLIC BROADCASTING COUNCIL</b>	Employer identification number  <b>16-0838086</b>
---	---

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

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

Name of organization  <b>WXXI PUBLIC BROADCASTING COUNCIL</b>	Employer identification number  <b>16-0838086</b>
---	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization

**WXXI PUBLIC BROADCASTING COUNCIL**

Employer identification number

**16-0838086**

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

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

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

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

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

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

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

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



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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		
<b>e</b> Publications, or published or broadcast statements? .....	X		
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		14,428.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			14,428.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

LOBBYING COSTS ARE PAID TO SUPPORT LOBBYING ON CAPITOL HILL AND FOR MEMBERS OF THE BOARD OF TRUSTEES TO ATTEND THE PUBLIC MEDIA SUMMIT TO LOBBY ON CAPITOL HILL.

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

2021

Open to Public Inspection

Name of the organization: WXXI PUBLIC BROADCASTING COUNCIL; Employer identification number: 16-0838086

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

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

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.; 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,006,006.	6,005,006.	6,003,206.	5,975,808.	5,315,663.
b Contributions	1,004,171.	1,000.	1,800.	27,398.	660,145.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	7,010,177.	6,006,006.	6,005,006.	6,003,206.	5,975,808.

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		575,914.		575,914.
b Buildings		14,192,786.	11,020,708.	3,172,078.
c Leasehold improvements				
d Equipment		16,223,368.	14,072,678.	2,150,690.
e Other		1,511,519.	951,971.	559,548.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,458,230.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) INVESTMENT IN SUBSIDIARY	2,486,936.
(2) SPLIT INTEREST AGREEMENT	405,148.
(3) INTEREST RATE SWAP CONTRACT	13,652.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,905,736.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS	182,051.
(3) CAPITAL LEASE	56,685.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	238,736.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				

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

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

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

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_



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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: VEHICLES FOR CHARITY

(I) ADDRESS OF FUNDRAISER: 5943 BROADWAY, UNIT 1, DENVER, CO 80216

(I) NAME OF FUNDRAISER: CARL BLOOM

(I) ADDRESS OF FUNDRAISER:

81 MAIN STREET, SUITE 126, WHITE PLAINS, NY 10601



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**WXXI PUBLIC BROADCASTING COUNCIL**

Employer identification number

**16-0838086**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2021

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NORM SILVERSTEIN PRESIDENT AND CEO	(i)	334,508.	89,426.	6,497.	52,986.	22,909.	506,326.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN ROGERS EXECUTIVE VP & GENERAL MAN	(i)	183,237.	10,000.	0.	14,703.	13,390.	221,330.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 4B:**

NORM SILVERSTEIN RECEIVED \$20,500 IN SECTION 457 DEFERRED COMPENSATION CONTRIBUTIONS.

**PART I, LINE 7:**

A BONUS IS PAID TO THE CEO BASED UPON PERFORMANCE AND GOAL ACHIEVEMENT. THIS BONUS IS LIMITED BY THE CONTRACT AND APPROVED BY THE EXECUTIVE COMMITTEE ON AN ANNUAL BASIS. A BONUS IS PAID TO THE EXECUTIVE VP AND GENERAL MANAGER BASED UPON DETERMINATION OF THE CEO. THIS BONUS IS THEN APPROVED BY THE EXECUTIVE COMMITTEE.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

WXXI PUBLIC BROADCASTING COUNCIL

Employer identification number

16-0838086

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

LIFE-LONG EDUCATIONAL MEDIA RESOURCE FOR THE GREATER ROCHESTER AREA.

WXXI PUTS THE COMMUNITY FIRST WITH PROGRAMMING THAT STIMULATES AND

EXPANDS THOUGHT, INSPIRES THE SPIRIT, OPENS CULTURAL HORIZONS AND

PROMOTES UNDERSTANDING OF DIVERSE COMMUNITY ISSUES.

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

OUR TV PRODUCTIONS INCLUDE: ARTS INFOCUS, A COLLABORATIVE ARTS AND

CULTURE PROGRAM WITH SPECIALS ON-AIR AND ONLINE, VOICE OF THE VOTER

DEBATE, AND WXXI FORUMS, AS WELL AS MANY AWARD-WINNING DOCUMENTARIES.

OUR RADIO STATIONS INCLUDE WXXI-AM 1370, AN NPR MEMBER STATION, WHICH

PROVIDES IN-DEPTH LOCAL, REGIONAL AND STATEWIDE NEWS COVERAGE, AND A

DAILY TWO-HOUR CALL-IN PROGRAM CONNECTIONS WITH EVAN DAWSON. AM 1370 IS

SIMULCAST ON 107.5FM FOR OUR LISTENERS IN THE NORTHEAST QUADRANT OF

MONROE COUNTY AND LIVE STREAMED. WXXI-FM CLASSICAL 91.5, BROADCAST AND

STREAMED LIVE IS ROCHESTER'S ONLY FULL-TIME CLASSICAL MUSIC STATION,

OFFERING LOCAL, NATIONAL AND INTERNATIONAL RECORDINGS, AS WELL AS LOCAL

PRODUCTIONS LIKE LIVE FROM HOCHSTEIN, AND A NATIONALLY SYNDICATED

PROGRAM WITH HEART AND VOICE. PROGRAMMING ON WXXI CLASSICAL IS ALSO

SIMULCAST ON WXXY-FM 90.3 FOR OUR SOUTHERN TIER LISTENERS.

WRUR-FM 88.5, A BROADCAST PARTNERSHIP BETWEEN WXXI AND THE UNIVERSITY

OF ROCHESTER, PROVIDES A MIX OF MUSIC AND NPR NEWS. LOCAL PRODUCTIONS

INCLUDE A DAILY MUSIC SHOW, OPEN TUNINGS WITH SCOTT REGAN, AND NIGHTLY

Name of the organization

WXXI PUBLIC BROADCASTING COUNCIL

Employer identification number

16-0838086

MUSIC PROGRAMS INCLUDING IN THE FOLD WITH MICHAEL BLACK, ROAD TO JOY WITH MAUREEN RICH, AND RADIOLAND WITH YARMS. AM 1370'S DAILY TWO-HOUR CALL-IN PROGRAM CONNECTIONS WITH EVAN DAWSON IS ALSO SIMULCAST ON WRUR-FM. THE STATION IS BROADCAST AND STREAMED LIVE.

IN PARTNERSHIP WITH HOBART & WILLIAM SMITH COLLEGES, WXXI BROADCASTS WITH-FM 90.1 IN ITHACA, NY, A MUSIC AND NEWS STATION THAT STRENGTHENS PUBLIC RADIO IN THE FINGER LAKES REGION. WEOS-FM 89.5, ALSO A BROADCAST PARTNERSHIP BETWEEN HOBART & WILLIAM SMITH COLLEGES, PROVIDES NPR NEWS AND ECLECTIC MUSIC PROGRAMMING IN GENEVA, NY. BOTH STATIONS ARE BROADCAST AND STREAMED LIVE.

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

WRAP-AROUND DISCUSSIONS, LECTURES, PANELS OR TABLETOP WALK-AROUNDS ARE OFFERED FREE OF CHARGE TO THE COMMUNITY MEMBERS WORKING WITH COMMUNITY PARTNERS.

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

THE ORGANIZATION RAISES OPERATING CAPITAL BY SELLING MEMBERSHIPS TO INDIVIDUALS FOR A MEMBERSHIP FEE. THE MEMBERS RECEIVE FREE OR DISCOUNTED ADMISSIONS AND MERCHANDISE. THE MEMBERS DO NOT HAVE ANY VOTING RIGHTS IN THE ORGANIZATION.

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

THE ORGANIZATION HAS IDENTIFIED THE AUDIT/FINANCE COMMITTEE AS THE RESPONSIBLE PARTY FOR COMPLIANCE WITH THE POLICY AND COMPLETION OF THE FOLLOWING PROCEDURES ON AN ANNUAL BASIS. A DRAFT OF THE COMPLETED FORMS FOR THE ORGANIZATION WILL BE PROVIDED TO THE AUDIT/FINANCE COMMITTEE MEMBERS

Name of the organization

WXXI PUBLIC BROADCASTING COUNCIL

Employer identification number

16-0838086

FOR THEIR REVIEW. ANY QUESTIONS FOLLOWING THE RESPONSIBLE PARTY'S REVIEW WILL BE REVIEWED WITH THE TAX PREPARER. APPROPRIATE MODIFICATIONS TO THE FORM, IF NECESSARY, WILL BE MADE PRIOR TO FILING.

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

THE CONFLICT OF INTEREST IS TO BE USED FOR DISCLOSURE PURPOSES AND MUST BE COMPLETED PRIOR TO INITIAL APPOINTMENT TO THE BOARD AND AS A KEY EMPLOYEE AND ANNUALLY THEREAFTER. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACT, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/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. IF AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST ARISES FROM A RELATIONSHIP BETWEEN AN INTERESTED PERSON AND WXXI, THE DISCLOSURE BY SUCH INTERESTED PERSON SHALL BE REFERRED TO THE EXECUTIVE COMMITTEE OF WXXI FOR REVIEW AND/OR FORWARDING (IF REQUIRED FOR ACTION) TO THE APPROPRIATE BOARD OR COMMITTEES.

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

THE EXECUTIVE COMMITTEE MEETS ANNUALLY TO REVIEW THE PERFORMANCE AND COMPENSATION FOR THE PRESIDENT & CHIEF EXECUTIVE OFFICER. THE ASSESSMENT IS ACCOMPLISHED THROUGH TWO PRIMARY VEHICLES: THE CEO'S SELF-EVALUATION AND THE FULL BOARD'S EVALUATION ON THE PRESIDENT'S COMPETENCIES AS CEO AS THEY RELATE TO OPERATIONAL, FINANCIAL, FUNDRAISING AND STAFF/BOARD RELATIONS. EVERY FEW YEARS, AN EXTERNAL EXECUTIVE COMPENSATION PROGRAM IS OFFERED TO THE PRESIDENT & CEO. THE EXECUTIVE COMMITTEE ALSO REVIEWS THE COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES TO ENSURE THEIR COMPENSATION IS APPROPRIATE COMPARED WITH DATA COLLECTED FOR LIKE POSITIONS IN SIMILAR ORGANIZATIONS. THE EXECUTIVE COMMITTEE DOES NOT ESTABLISH THE COMPENSATION



Name of the organization

WXXI PUBLIC BROADCASTING COUNCIL

Employer identification number

16-0838086

LEVELS (THAT IS DONE BY THE PRESIDENT & CEO) BUT REVIEWS THE SALARY LEVELS FOR REASONABLENESS.

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

THE ORGANIZATION COMPLIES WITH ALL APPLICABLE FEDERAL AND STATE LAWS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN ON INTEREST RATE SWAP 77,374.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **WXXI PUBLIC BROADCASTING COUNCIL** Employer identification number **16-0838086**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ROCHESTER AREA MEDIA PARTNERS, LLC - 83-4579605, 280 STATE STREET, ROCHESTER, NY 14614	LOCAL COMMUNITY NEWSPAPER PRIORITIZING COVERAGE OF THE ARTS AND CULTURE	NEW YORK	477,216.	93,402.	WXXI PUBLIC BROADCASTING COUNCIL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE LITTLE THEATRE FILM SOCIETY - 16-1555371 240 EAST AVENUE ROCHESTER, NY 14604	PROMOTE THE ART OF CINEMA TO THE GENERAL PUBLIC	NEW YORK	501(C)(3)	LINE 10	WXXI PUBLIC BROADCASTING COUNCIL		X

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) 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	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE LITTLE THEATRE FILM SOCIETY	D	481,916.	ACTUAL AMOUNT
(2) THE LITTLE THEATRE FILM SOCIETY	Q	2,486,936.	ACTUAL AMOUNT
(3)			
(4)			
(5)			
(6)			





Form **990-W**  
(Worksheet)

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

OMB No. 1545-0047

(and on Investment Income for Private Foundations) FORM 990-T

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990W](http://www.irs.gov/Form990W) for instructions and the latest information.  
▶ Keep for your records. Do not send to the Internal Revenue Service.

**2022**

1	Unrelated business taxable income expected in the tax year .....		1
2	Tax on the amount on line 1. See instructions for tax computation .....		2
3	Alternative minimum tax for trusts. See instructions .....		3
4	Total. Add lines 2 and 3 .....		4
5	Estimated tax credits. See instructions .....		5
6	Subtract line 5 from line 4 .....		6
7	Other taxes. See instructions .....		7
8	Total. Add lines 6 and 7 .....		8
9	Credit for federal tax paid on fuels. See instructions .....		9
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a	
b	Enter the tax shown on the 2021 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	
c	<b>2022 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....		10c

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions .....	11			
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." .....	12			
13	2021 Overpayment. See instructions .....	13			
14	Payment due (Subtract line 13 from line 12) .....	14			

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>WXXI PUBLIC BROADCASTING COUNCIL</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>280 STATE STREET</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>ROCHESTER, NY 14614</b></p>	<p><b>D</b> Employer identification number <b>16-0838086</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... ▶ <b>26,652,508.</b></p>			

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **LANCELOT THOMAS** Telephone number ▶ **585-258-0226**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	26,176.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	26,176.
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	26,176.
6 Deduction for net operating loss. See instructions ..... <b>STATEMENT 1</b>	6	26,176.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.



<b>Part III Tax and Payments</b>				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b	Other credits (see instructions) .....	<b>1b</b>		
c	General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e	<b>Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>		
2	Subtract line 1e from Part II, line 7 .....	<b>2</b>		0.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....	<b>3</b>		
4	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>		0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....	<b>5</b>		0.
6a	Payments: A 2020 overpayment credited to 2021 .....	<b>6a</b>	4,028.	
b	2021 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		
c	Tax deposited with Form 8868 .....	<b>6c</b>		
d	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e	Backup withholding (see instructions) .....	<b>6e</b>		
f	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....	<b>6g</b>		
	<input type="checkbox"/> Form 4136 <input type="checkbox"/> Other .....			
7	<b>Total payments.</b> Add lines 6a through 6g .....	<b>7</b>		4,028.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	<b>8</b>		
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		4,028.
11	Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> .....	<b>11</b>		4,028.

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....	<b>Yes</b>	<b>No</b>
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year .....		
4	Enter available pre-2018 NOL carryovers here .....		
	Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	532000	\$ 18,193.	
		\$	
6a	Did the organization change its method of accounting? (see instructions) .....		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	PRESIDENT	Title
	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	AMANDA L. DELLA SALA			PTIN
	Firm's name	Firm's EIN		
	BONADIO & CO., LLP	16-1131146		
	171 SULLY'S TRAIL, SUITE 201		Phone no. 585-381-1000	
	PITTSFORD, NY 14534			

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 114,233.  
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 26,176.

SCHEDULE A PORTION OF PRE-2018 NOL	
<u>SCHEDULE A ENTITY</u>	<u>SCHEDULE A SHARE</u>
1	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL 0.  
NET OPERATING DEDUCTION 26,176.  
BALANCE AFTER PRE-2018 NOL DEDUCTION 0.  
EXPIRING NET OPERATING LOSSES 0.  
CARRY FORWARD OF NET OPERATING LOSS 88,057.

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/00	28,646.	27,745.	901.	901.
06/30/01	94,059.	0.	94,059.	94,059.
06/30/12	681.	0.	681.	681.
06/30/14	18,592.	0.	18,592.	18,592.
NOL CARRYOVER AVAILABLE THIS YEAR			114,233.	114,233.

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2021**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>WXXI PUBLIC BROADCASTING COUNCIL</b>	<b>B</b> Employer identification number <b>16-0838086</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>532000</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **EQUIPMENT RENTAL**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>88,578.</u>				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b>	<b>88,578.</b>		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>	<b>62,402.</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>	<b>26,176.</b>		<b>26,176.</b>
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>	<b>460,749.</b>	<b>80,774.</b>	<b>379,975.</b>
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13</b> <b>Total.</b> Combine lines 3 through 12 .....	<b>13</b>	<b>486,925.</b>	<b>80,774.</b>	<b>406,151.</b>

**Part II** **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....				
<b>2</b> Salaries and wages .....				
<b>3</b> Repairs and maintenance .....				
<b>4</b> Bad debts .....				
<b>5</b> Interest (attach statement). See instructions .....				
<b>6</b> Taxes and licenses .....				
<b>7</b> Depreciation (attach Form 4562). See instructions .....	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>			<b>8b</b>
<b>9</b> Depletion .....				<b>9</b>
<b>10</b> Contributions to deferred compensation plans .....				<b>10</b>
<b>11</b> Employee benefit programs .....				<b>11</b>
<b>12</b> Excess exempt expenses (Part VIII) .....				<b>12</b>
<b>13</b> Excess readership costs (Part IX) .....				<b>13</b> <b>379,975.</b>
<b>14</b> Other deductions (attach statement) .....				<b>14</b>
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14 .....	<b>15</b>			<b>379,975.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....	<b>16</b>			<b>26,176.</b>
<b>17</b> Deduction for net operating loss. See instructions .....	<b>17</b>			<b>0.</b>
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16 .....	<b>18</b>			<b>26,176.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold** Enter method of inventory valuation **▶ N/A**

1 Inventory at beginning of year .....	1	0.
2 Purchases .....	2	0.
3 Cost of labor .....	3	10,260.
4 Additional section 263A costs (attach statement) .....	4	27,237.
5 Other costs (attach statement) .....	5	24,905.
6 <b>Total.</b> Add lines 1 through 5 .....	6	62,402.
7 Inventory at end of year .....	7	0.
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	62,402.
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) <b>▶</b>				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) <b>▶</b>				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <b>▶</b>				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <b>▶</b>				0.
11 <b>Total dividends-received deductions</b> included in line 10 <b>▶</b>				0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4
5	Gross income from activity that is not unrelated business income .....	5
6	Expenses attributable to income entered on line 5 .....	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7



990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 3

<u>TAX YEAR</u>	<u>LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>	<u>AVAILABLE THIS YEAR</u>
06/30/21	18,193.	0.	18,193.	18,193.
NOL CARRYOVER AVAILABLE THIS YEAR			18,193.	18,193.



FORM 990-T (A)

ADDITIONAL SECTION 263 COSTS

STATEMENT 4

DESCRIPTION

AMOUNT

INDIRECT ALLOCATION

27,237.

TOTAL TO FORM 990-T, SCHEDULE A, LINE 4

27,237.

FORM 990-T (A)

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 5

DESCRIPTION

AMOUNT

UBI DEPRECIATION

9,442.

BUILDING AND GROUNDS

15,463.

TOTAL TO FORM 990-T, SCHEDULE A, LINE 5

24,905.



# Estimated Tax for Corporations

# CT-400

Filing made easy: File and pay electronically through *Online Services* at [www.tax.ny.gov](http://www.tax.ny.gov).  
See Form CT-400-I, *Instructions for Form CT-400*, for assistance.

Employer identification number <b>16-0838086</b>	File no. <b>MM5</b>	Return type (required) <b>CT13</b>	Tax sub type <b>26</b>	Tax year: beginning (mm-yy) <b>21</b>	ending (mm-yy) <b>07-22</b>	<b>06-23</b>
Business telephone number <b>585-325-7500</b>	State or country of incorporation <b>NEW YORK</b>		Date of incorporation <b>03-28-58</b>	Installment due date <b>12-15-22</b>		
Legal name of corporation <b>WXXI PUBLIC BROADCASTING COUNCIL</b>					Foreign corporations: date began business in NYS <b>12-30-13</b>	
Street address or PO box <b>280 STATE STREET</b>					For office use only	
City <b>ROCHESTER</b>		State <b>NY</b>	ZIP code <b>14614</b>			

A. Make payable to: <i>New York State Corporation Tax</i> Enclose your payment. ( <i>Detach all check stubs; see instructions for details.</i> )		Payment enclosed
	<b>A</b>	<b>84.</b>

### Installment payment amount

1 Tax .....	<b>1</b>	<b>84.</b>
2 MTA surcharge .....	<b>2</b>	

### Declaration of estimated tax

3 Tax .....	<b>3</b>	<b>252.</b>
4 MTA surcharge .....	<b>4</b>	

Third - party designee (see instructions)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Designee's name (print)	Designee's name
	Designee's e-mail address		PIN

**Certification:** I certify that this form and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person <b>NORM SILVERSTEIN</b>	Signature of authorized person	Official title <b>PRESIDENT</b>	
	E-mail address of authorized person <b>NSILVERSTEIN@WXXI.ORG</b>		Telephone number <b>585-258-0211</b>	Date <b>03-04-23</b>
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) <b>BONADIO &amp; CO., LLP</b>		Firm's EIN <b>16-1131146</b>	Preparer's PTIN or SSN <b>P02064655</b>
	Signature of individual preparing this return	Address <b>171 SULLY'S TRAIL, S</b>	City <b>PITTSFORD, NY</b>	State ZIP code <b>14534</b>
	E-mail address of individual preparing this return <b>ADELLASALA@BONADIO.COM</b>		Preparer's NYTPRIN or Excl. code <b>03</b>	Date

See instructions for where to file.

160838086 MM 5 0623 26000000000000008400  
448001221019





# Estimated Tax for Corporations

# CT-400

Filing made easy: File and pay electronically through *Online Services* at [www.tax.ny.gov](http://www.tax.ny.gov).  
See Form CT-400-I, *Instructions for Form CT-400*, for assistance.

Employer identification number <b>16-0838086</b>	File no. <b>MM5</b>	Return type (required) <b>CT13</b>	Tax sub type <b>26</b>	Tax year: beginning (mm-yy) <b>21</b>	ending (mm-yy) <b>07-22</b>	<b>06-23</b>
Business telephone number <b>585-325-7500</b>	State or country of incorporation <b>NEW YORK</b>		Date of incorporation <b>03-28-58</b>	Installment due date <b>03-15-23</b>		
Legal name of corporation <b>WXXI PUBLIC BROADCASTING COUNCIL</b>					Foreign corporations: date began business in NYS <b>12-30-13</b>	
Street address or PO box <b>280 STATE STREET</b>					For office use only	
City <b>ROCHESTER</b>		State <b>NY</b>	ZIP code <b>14614</b>			

A. Make payable to: <i>New York State Corporation Tax</i> Enclose your payment. ( <i>Detach all check stubs; see instructions for details.</i> )		Payment enclosed
	<b>A</b>	<b>84.</b>

### Installment payment amount

1 Tax .....	<b>1</b>	<b>84.</b>
2 MTA surcharge .....	<b>2</b>	

### Declaration of estimated tax

3 Tax .....	<b>3</b>	<b>252.</b>
4 MTA surcharge .....	<b>4</b>	

Third - party designee (see instructions)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Designee's name (print)	Designee's name
	Designee's e-mail address		PIN

**Certification:** I certify that this form and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person <b>NORM SILVERSTEIN</b>	Signature of authorized person	Official title <b>PRESIDENT</b>	
	E-mail address of authorized person <b>NSILVERSTEIN@WXXI.ORG</b>		Telephone number <b>585-258-0211</b>	Date <b>03-04-23</b>
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) <b>BONADIO &amp; CO., LLP</b>		Firm's EIN <b>16-1131146</b>	Preparer's PTIN or SSN <b>P02064655</b>
	Signature of individual preparing this return	Address <b>171 SULLY'S TRAIL, S</b>	City <b>PITTSFORD, NY</b>	State ZIP code <b>14534</b>
	E-mail address of individual preparing this return <b>ADELLASALA@BONADIO.COM</b>		Preparer's NYTPRIN or Excl. code <b>03</b>	Date

See instructions for where to file.

160838086 MM 5 0623 26000000000000008400  
448001221019





# Estimated Tax for Corporations

# CT-400

Filing made easy: File and pay electronically through *Online Services* at [www.tax.ny.gov](http://www.tax.ny.gov).  
See Form CT-400-I, *Instructions for Form CT-400*, for assistance.

Employer identification number <b>16-0838086</b>	File no. <b>MM5</b>	Return type (required) <b>CT13</b>	Tax sub type <b>26</b>	Tax year: beginning (mm-yy) <b>21</b>	ending (mm-yy) <b>07-22</b>	<b>06-23</b>
Business telephone number <b>585-325-7500</b>	State or country of incorporation <b>NEW YORK</b>		Date of incorporation <b>03-28-58</b>	Installment due date <b>06-15-23</b>		
Legal name of corporation <b>WXXI PUBLIC BROADCASTING COUNCIL</b>					Foreign corporations: date began business in NYS <b>12-30-13</b>	
Street address or PO box <b>280 STATE STREET</b>					For office use only	
City <b>ROCHESTER</b>		State <b>NY</b>	ZIP code <b>14614</b>			

A. Make payable to: <i>New York State Corporation Tax</i> Enclose your payment. ( <i>Detach all check stubs; see instructions for details.</i> )		Payment enclosed
	<b>A</b>	<b>84.</b>

### Installment payment amount

1 Tax .....	<b>1</b>	<b>84.</b>
2 MTA surcharge .....	<b>2</b>	

### Declaration of estimated tax

3 Tax .....	<b>3</b>	<b>252.</b>
4 MTA surcharge .....	<b>4</b>	

Third - party designee (see instructions)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Designee's name (print)	Designee's name
	Designee's e-mail address		PIN

**Certification:** I certify that this form and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person <b>NORM SILVERSTEIN</b>	Signature of authorized person	Official title <b>PRESIDENT</b>	
	E-mail address of authorized person <b>NSILVERSTEIN@WXXI.ORG</b>		Telephone number <b>585-258-0211</b>	Date <b>03-04-23</b>
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) <b>BONADIO &amp; CO., LLP</b>		Firm's EIN <b>16-1131146</b>	Preparer's PTIN or SSN <b>P02064655</b>
	Signature of individual preparing this return	Address <b>171 SULLY'S TRAIL, S</b>	City <b>PITTSFORD, NY</b>	State ZIP code <b>14534</b>
	E-mail address of individual preparing this return <b>ADELLASALA@BONADIO.COM</b>		Preparer's NYTPRIN or Excl. code <b>03</b>	Date

See instructions for where to file.

160838086 MM 5 0623 26000000000000008400  
448001221019





# CT-200-V

Department of Taxation and Finance

# Payment Voucher for E-Filed Corporation Tax Returns and Extensions

Employer identification number <b>16-0838086</b>	Primary return type <b>CT13</b>	Tax period beginning (mm-dd-yyyy) <b>07-01-2021</b>	Tax period ending (mm-dd-yyyy) <b>06-30-2022</b>
Legal name of corporation <b>WXXI PUBLIC BROADCASTING COUNCIL</b>			
Mailing name (if different from legal name) c/o			
Number and street or PO Box <b>280 STATE STREET</b>			
City <b>ROCHESTER</b>	State <b>NY</b>	ZIP code <b>14614</b>	Business telephone number <b>585-325-7500</b>

<b>Type of form e-filed</b> (mark correct box; see instructions)	
Return .....	<input type="checkbox"/>
Extension .....	<input checked="" type="checkbox"/>
Mandatory first installment (MFI) ...	<input type="checkbox"/>
<b>Amount(s) due</b>	
NYS amount	<b>250 .00</b>
MTA amount	<b>.00</b>

Make your check or money order payable in U.S. funds to: <i>New York State Corporation Tax.</i> Do not staple or clip your check or money order. Detach all check stubs.  <b>Enter payment enclosed ...</b>	<b>250 .00</b>
---	----------------

**File this entire page with your payment**

### Where to mail

Mail your payment along with this **entire page** to:

**NYS DEPT OF TAXATION & FINANCE  
CORP - V  
PO BOX 15163  
ALBANY NY 12212-5163**





Department of Taxation and Finance  
**Request for Six-Month Extension to File**  
 (for franchise/business taxes, MTA surcharge, or both)  
 Tax Law - Articles 9-A, 13, and 33

**CT-5**

All filers must enter tax period:  
 beginning **07-01-21** ending **06-30-22**

Employer identification number (EIN) <b>16-0838086</b>	File number <b>MM5</b>	Business telephone number <b>585-325-7500</b>	
Legal name of corporation <b>WXXI PUBLIC BROADCASTING COUNCIL</b>		Trade name/DBA	
Mailing address Care of (c/o)		State or country of incorporation <b>NEW YORK</b>	
Number and street or PO box <b>280 STATE STREET</b>		Date of incorporation <b>03-28-58</b>	Foreign corporations: date began business in NYS <b>12-30-13</b>
City <b>ROCHESTER, NY</b>	U.S. state/Canadian province <b>NY</b>	ZIP/Postal code <b>14614</b>	Country (if not United States)
For office use only			

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1.

**Request for extension of time to file the following forms:** Mark box(es) for one article only. Submit only one Form CT-5 and mark an **X** in both boxes in the appropriate article if you are requesting an extension for **both** the franchise tax and MTA surcharge returns. For example, mark an **X** in **both** the CT-3 box and the CT-3-M box under Article 9-A if you are requesting an extension of time to file **both** returns.

Article 9-A		Article 13		Article 33			
CT-3 <input type="checkbox"/>	CT-3-M <input type="checkbox"/>	CT-13 <input checked="" type="checkbox"/>		CT-33 <input type="checkbox"/>	CT-33-C <input type="checkbox"/>	CT-33-M <input type="checkbox"/>	CT-33-NL <input type="checkbox"/>

<b>A.</b> Pay amount shown on line 11. Make payable to: <i>New York State Corporation Tax</i>		Payment enclosed
<b>A.</b> Attach your payment here. Detach all check stubs. (See instructions for details.)	<b>A.</b>	<b>250.</b>

**Certain corporations filing as part of a combined group:** Typically, taxpayers filing a combined return use Form CT-5.3. **However,** if for the tax year for which you are requesting an extension to file, you are either becoming a member of a **new** combined group, or being **added** to an **existing** group, you **must also** file Form CT-5. Complete the business information section above and line B. Then, mark an **X** in the box on either line C or D (see instructions).

Do **not** complete line A and lines 1 through 16.

**B.** Enter the EIN of the combined group's designated agent (CT-3-A filers), or parent (CT-33-A filers) ..... **B**

**Note:** Failure to include the EIN of the designated agent (or parent) may delay processing of your extension request, and may result in penalties and interest.

**C.** If this extension request is for the **first** tax year that you are being included in a **new** combined group filing a combined return, mark an **X** in the box ..... **C**

**D.** If this extension request is for the **first** tax year that you are being **added** to an **existing** combined group filing a combined return, mark an **X** in the box ..... **D**

**Computation of estimated franchise tax**

<b>1</b> Franchise tax from the worksheet in Form CT-5-I .....	<b>1</b>	<b>250.</b>
<b>2</b>		
<b>3</b>		
<b>4</b> Prepayments of franchise tax (from line 16, column A) .....	<b>4</b>	
<b>5</b> Balance due - franchise tax (subtract line 4 from line 1; do not enter less than zero) .....	<b>5</b>	<b>250.</b>

**Computation of estimated MTA surcharge**

<b>6</b> MTA surcharge from the worksheet in Form CT-5-I .....	<b>6</b>	
<b>7</b>		
<b>8</b>		
<b>9</b> Prepayments of MTA surcharge (from line 16, column B) .....	<b>9</b>	
<b>10</b> Balance due - MTA surcharge (subtract line 9 from line 6; do not enter less than zero) .....	<b>10</b>	
<b>11</b> Total balance due (see instructions) .....	<b>11</b>	<b>250.</b>

455001211019



168511  
10-14-21

**Composition of prepayments** - Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the MTA surcharge on line 9. See instructions.

	Date paid	A. Franchise tax	B. MTA surcharge
<b>12</b> Mandatory first installment from Form CT-300 ...	<b>12</b>		
<b>13a</b> Second installment from Form CT-400 .....	<b>13a</b>		
<b>13b</b> Third installment from Form CT-400 .....	<b>13b</b>		
<b>13c</b> Fourth installment from Form CT-400 .....	<b>13c</b>		
<b>14</b> Overpayment credited from prior years .....	<b>14</b>		
<b>15</b> Overpayment credited from Form CT- _____	Period	<b>15</b>	
<b>16</b> Total prepayments (total all entries in column A and column B) .....	<b>16</b>		

<b>Paid preparer use only</b> <i>(see instr.)</i>	Firm's name (or yours if self-employed) <b>BONADIO &amp; CO., LLP</b>		Firm's EIN <b>16-1131146</b>	Preparer's PTIN or SSN <b>P02064655</b>
	Signature of individual preparing this document	Address <b>171 SULLYS TRAIL SUI</b>	City <b>PITTSFORD</b>	State ZIP code <b>NY 14534</b>
	Email address of individual preparing this document <b>ADELLASALA@BONADIO.COM</b>		Preparer's NYTPRIN or Excl. code <b>03</b>	Date

See instructions for where to file.

455002211019







CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

THIS FORM MUST BE FILED WITH YOUR RETURN

1 Legal name of corporation

1. WXXI PUBLIC BROADCASTING COUNCIL

Payment enclosed

2.

3 Return type

3. CT13

4 Employer ID number (EIN)

4. 16-0838086

5 File number (FCC)

5. MM5

6 Period beginning date (mm-dd-yy)

6. 07-01-21

7 Period ending date (mm-dd-yy)

7. 06-30-22

8 Amended (Y=1; N=0)

8. 0

9 Final (Y=1; N=0)

9.

10 NAICS code

10. 511190

11 MTA indicator (None = 0; Y = 1; N = 2; Both = 3)

11.

12 Federal 1120-H filed (Y = 1; N = 0)

12.

13 REIT/RIC indicator (Y=1; N=0)

13.

14 Tax due/MTA surcharge

14. 250.00

15 Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000

15.

16 Balance due

16.

17 Amount of overpayment credited to next period - NYS

17.

18 Refund of overpayment

18.

19 Refund of unused tax credits

19.

20 Tax credits to be credited as an overpayment to next year's return

20.

21 Amount of overpayment credited to next period - MTA

21.

22 Amount of MTA surcharge retaliatory tax credit to be refunded

22.

23 Fixed dollar minimum

23.

24 Designated agent's (Article 9-A) or combined parent's (Article 33) EIN

24. -

25 New York receipts

25.

26 Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)?

26.

27 Paid preparer's EIN

27. 16-1131146

28 Preparer's NYTPRIN

28.

29 Excl. code

29. 03

541001211019



184951 11-18-21 1019

For office use only

Form CT-186-E filers only

30	Excise tax on telecommunication services - NYS	30.	<input type="text"/>	<input type="text"/>
31	Excise tax on mobile telecommunication services subject to the 2.9% rate	31.	<input type="text"/>	<input type="text"/>
32	Total excise tax on telecommunication services	32.	<input type="text"/>	<input type="text"/>
33	Tax on gross income - NYS	33.	<input type="text"/>	<input type="text"/>
34	MTA surcharge related to non-mobile telecommunication services	34.	<input type="text"/>	<input type="text"/>
35	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	35.	<input type="text"/>	<input type="text"/>
36	Total MTA surcharge related to telecommunication services	36.	<input type="text"/>	<input type="text"/>
37	MTA surcharge on gross income	37.	<input type="text"/>	<input type="text"/>
38	Balance due - NYS	38.	<input type="text"/>	<input type="text"/>
39	Balance due - MTA	39.	<input type="text"/>	<input type="text"/>
40	Provided telecommunication services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	40.	<input type="text"/>	<input type="text"/>
41	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	41.	<input type="text"/>	<input type="text"/>
42	Overpayment credited to next year's tax - NYS	42.	<input type="text"/>	<input type="text"/>
43	Overpayment credited to next year's tax - MTA	43.	<input type="text"/>	<input type="text"/>
44	Refund of overpayment - NYS	44.	<input type="text"/>	<input type="text"/>
45	Refund of overpayment - MTA	45.	<input type="text"/>	<input type="text"/>
46	Refund of unused tax credits - NYS	46.	<input type="text"/>	<input type="text"/>
47	Refund of unused tax credits - MTA	47.	<input type="text"/>	<input type="text"/>
48	Refundable tax credits to be credited to next year's tax - NYS	48.	<input type="text"/>	<input type="text"/>
49	Refundable tax credits to be credited to next year's tax - MTA	49.	<input type="text"/>	<input type="text"/>

541002211019





# CT-13

Department of Taxation and Finance

## Unrelated Business Income Tax Return

All filers enter tax period:

beginning **07-01-21** ending **06-30-22**

Recommended return

Tax Law - Article 13

Employer identification number (EIN) <b>16-0838086</b>	File number <b>MM5</b>	Business telephone number <b>585-325-7500</b>	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation <b>WXXI PUBLIC BROADCASTING COUNCIL</b>		Trade name/DBA	
Mailing address Care of (c/o)		State or country of incorporation <b>NEW YORK</b>	
Number and street or PO Box <b>280 STATE STREET</b>		Date of incorporation <b>03-28-58</b>	Foreign corporations: date began business in NYS <b>12-30-13</b>
City <b>ROCHESTER, NY</b>	U.S. state/Canadian province <b>NY</b>	ZIP/Postal code <b>14614</b>	Country (if not United States)
NAICS business code number (from federal return) <b>511190</b>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.		
Principal unrelated business activity (see instructions) <b>EQUIPMENT RENTAL</b>		For office use only	

### Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit

Organization - Have you filed this New York State application for exemption? (see instructions) ..... Yes  No

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) .....

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions) .....

<b>A.</b> Pay amount shown on line 22. Make payable to: <i>New York State Corporation Tax</i> Attach your payment here. Detach all check stubs. (See instructions for details.)	<b>A</b>	Payment enclosed
--	----------	------------------

### Computation of income and tax

1	Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1	25,176.
2	New York State Article 13 and Article 23 tax deducted on federal return	2	
3	Additions required for shareholders of federal S corporations (see instructions)	3	
4	Grossed-up taxes for shareholders of New York S corporations (see instructions)	4	
5	Other additions (see instructions)	5	
6	Add lines 1 through 5	6	25,176.
7	Other income (see instructions)	7	
8	Federal S corporation shareholder subtractions (see instructions)	8	
9	Other subtractions (see instructions)	9	
10	Total subtractions (add lines 7, 8, and 9)	10	
11	Taxable income before net operating loss deduction (subtract line 10 from line 6)	11	25,176.
12	New York net operating loss deduction (attach federal and NYS computations; see instructions)	12	25,176.
13	Taxable income (subtract line 12 from line 11)	13	0.
14	Allocated taxable income (multiply line 13 by _____% from line 42; or enter amount from line 13 if allocation is not claimed)	14	
15	Tax based on income (multiply line 14 by 9% (.09))	15	0.
16	Minimum tax	16	250.00
17	Tax (line 15 or line 16, whichever is larger)	17	250.
18	Total prepayments from line 46	18	250.
19	Balance (if line 18 is less than line 17, subtract line 18 from line 17)	19	
20	Interest on late payment (see instructions)	20	
21	Late filing and late payment penalties (see instructions)	21	
22	Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)	22	
23	Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	23	
24	Amount of overpayment on line 23 to be credited to next year	24	
25	Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)	25	

See page 3 for third-party designee, certification, and signature entry areas.

400001211019



Have you been audited by the Internal Revenue Service in the past 5 years? Yes  No  If Yes, list years: \_\_\_\_\_

Federal return was filed on: 990-T  Other:  Attach a complete copy of your federal return.

**Schedule A - Unrelated business allocation**

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:	A New York State	B Everywhere	
26 Real estate owned (see instructions) .....	26		
27 Gross rents (attach list; see instructions) .....	27		
28 Inventories owned .....	28		
29 Other tangible personal property owned (see instructions) .....	29		
30 Total (add lines 26 through 29) .....	30		
31 Percentage in New York State (divide line 30, column A, by line 30, column B) .....	31		%

**Receipts in the regular course of business from:**

32 Sales of tangible personal property shipped to points within New York State .....	32		
33 All sales of tangible personal property .....	33		
34 Services performed .....	34		
35 Rentals of property .....	35		
36 Other business receipts .....	36		
37 Total (add lines 32 through 36) .....	37		
38 Percentage in New York State (divide line 37, column A, by line 37, column B) .....	38		%
39 Wages, salaries, and other compensation of employees (except general executive officers; see instructions) .....	39		
40 Percentage in New York State (divide line 39, column A, by line 39, column B) .....	40		%
41 Total of New York State percentages (add lines 31, 38, and 40) .....	41		%
42 Business allocation percentage (divide line 41 by three or by the number of percentages) .....	42		%

**Composition of prepayments claimed on line 18\***

		Date paid	Amount
43 Payment with extension request, Form CT-5, line 5 .....	43	11-15-22	250.
44a Second installment from Form CT-400 .....	44a		
44b Third installment from Form CT-400 .....	44b		
44c Fourth installment from Form CT-400 .....	44c		
45 Amount of overpayment credited from prior years .....	45		
46 Total prepayments (add lines 43 through 45; enter here and on line 18) .....	46		250.

\* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

**Amended return information**

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination .....  If marked, enter date of determination: • \_\_\_\_\_

Capital loss carryback .....  Federal return filed ..... Form 1139 •

Amended Form 990-T .....

400002211019



<b>Third - party designee</b> (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number
	Designee's email address		PIN

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

<b>Authorized person</b>	Printed name of authorized person <b>NORM SILVERSTEIN</b>	Signature of authorized person	Official title <b>PRESIDENT</b>	
	Email address of authorized person <b>NSILVERSTEIN@WXXI.ORG</b>		Telephone number <b>585-258-0211</b>	Date <b>03-04-23</b>

<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed) <b>BONADIO &amp; CO., LLP</b>		Firm's EIN <b>16-1131146</b>	Preparer's PTIN or SSN <b>P02064655</b>
	Signature of individual preparing this return	Address <b>171 SULLY'S TRAIL, SUITE 201</b>		State ZIP code
	Email address of individual preparing this return <b>ADELLASALA@BONADIO.COM</b>		Preparer's NYTPRIN or Excl. code <b>03</b>	Date

See instructions for where to file.

400003211019



FORM CT-13

NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/00	28,646.	27,745.	901.	901.
06/30/01	94,059.	0.	94,059.	94,059.
06/30/12	681.	0.	681.	681.
06/30/14	18,592.	0.	18,592.	18,592.
06/30/21	18,193.	0.	18,193.	18,193.
TOTAL NOL CARRYOVER AVAILABLE THIS YEAR			132,426.	132,426.
AMOUNT OF NOL APPLIED THIS YEAR			25,176.	
NOL CARRYOVER TO NEXT YEAR			107,250.	

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/00	28,646.	27,745.	901.	901.
06/30/01	94,059.	0.	94,059.	94,059.
06/30/12	681.	0.	681.	681.
06/30/14	18,592.	0.	18,592.	18,592.
NOL CARRYOVER AVAILABLE THIS YEAR			114,233.	114,233.