

Form **990**

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning** 10/01, 2017, **and ending** 09/30, 2018

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> KQED INC. <b>Doing Business As</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2601 MARIPOSA STREET City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94110-1400 <b>F Name and address of principal officer:</b> JOHN BOLAND SAME AS C ABOVE	<b>D Employer identification number</b> 94-1241309 <b>E Telephone number</b> (415) 864-2000 <b>G Gross receipts \$</b> 95,914,468. <b>H(a) Is this a group return for subordinates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b) Are all subordinates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		
<b>J Website:</b> WWW.KQED.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> 1954 <b>M State of legal domicile:</b> CA		

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO PROVIDE INFORMATIVE, EDUCATIONAL, ENGAGING AND ENTERTAINING PUBLIC MEDIA.																	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b> 30.																
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b> 30.																
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a) . . . . .	<b>5</b> 549.																
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b> 2,364.																
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b> 833,145.																
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b> 185,570.																
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . . <b>9</b> Program service revenue (Part VIII, line 2g) . . . . . <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th align="center" colspan="2">Prior Year</th> <th align="center" colspan="2">Current Year</th> </tr> </thead> <tbody> <tr> <td align="right">65,525,980.</td> <td align="right">66,991,558.</td> <td align="right">17,017,231.</td> <td align="right">16,531,415.</td> </tr> <tr> <td align="right">2,647,363.</td> <td align="right">5,426,482.</td> <td align="right">95,957,052.</td> <td align="right">502,182.</td> </tr> <tr> <td align="right">181,147,626.</td> <td align="right">89,451,637.</td> <td align="right">181,147,626.</td> <td align="right">89,451,637.</td> </tr> </tbody> </table>	Prior Year		Current Year		65,525,980.	66,991,558.	17,017,231.	16,531,415.	2,647,363.	5,426,482.	95,957,052.	502,182.	181,147,626.	89,451,637.	181,147,626.	89,451,637.
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181,147,626.	89,451,637.	181,147,626.	89,451,637.															
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . . <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . . <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . . <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,373,193. <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . . <b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td align="right">0.</td> <td align="right">0.</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td align="right">45,226,200.</td> <td align="right">47,787,514.</td> <td align="right">1,511,347.</td> <td align="right">1,407,083.</td> </tr> <tr> <td align="right">34,531,804.</td> <td align="right">46,346,406.</td> <td align="right">81,269,351.</td> <td align="right">95,541,003.</td> </tr> <tr> <td align="right">99,878,275.</td> <td align="right">-6,089,366.</td> <td align="right">99,878,275.</td> <td align="right">-6,089,366.</td> </tr> </tbody> </table>	0.	0.	0.	0.	45,226,200.	47,787,514.	1,511,347.	1,407,083.	34,531,804.	46,346,406.	81,269,351.	95,541,003.	99,878,275.	-6,089,366.	99,878,275.	-6,089,366.
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<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . . <b>21</b> Total liabilities (Part X, line 26) . . . . . <b>22</b> Net assets or fund balances. Subtract line 21 from line 20. . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th align="center" colspan="2">Beginning of Current Year</th> <th align="center" colspan="2">End of Year</th> </tr> </thead> <tbody> <tr> <td align="right">249,062,282.</td> <td align="right">246,449,309.</td> <td align="right">16,606,343.</td> <td align="right">18,389,020.</td> </tr> <tr> <td align="right">232,455,939.</td> <td align="right">228,060,289.</td> <td align="right">232,455,939.</td> <td align="right">228,060,289.</td> </tr> </tbody> </table>	Beginning of Current Year		End of Year		249,062,282.	246,449,309.	16,606,343.	18,389,020.	232,455,939.	228,060,289.	232,455,939.	228,060,289.				
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### Part II Signature Block

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

<b>Sign Here</b>	Signature of officer: MITZIE KELLEY Type or print name and title	Date: 8.12.19 CFO
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: QI WEN LIANG Preparer's signature: Date: 08/09/19 Check <input type="checkbox"/> if self-employed PTIN: P01270238 Firm's name: GRANT THORNTON LLP Firm's EIN: 36-6055558 Firm's address: 101 CALIFORNIA STREET, SUITE 2700 SAN FRANCISCO, CA 94111 Phone no.: 415-986-3900	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Form **8868**

(Rev. January 2017)

Department of the Treasury  
Internal Revenue Service**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

► **File a separate application for each return.**  
 ► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

**Automatic 6-Month Extension of Time. Only submit original (no copies needed).**

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	KQED INC.	94-1241309
	Number, street, and room or suite no. If a P.O. box, see instructions. 2601 MARIPOSA STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94110-1400	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MITZIE KELLEY, KQED CFO

- The books are in the care of ► 2601 MARIPOSA STREET SAN FRANCISCO CA 94110

Telephone No. ► 415 864-2000

Fax No. ► 415 553-2247

- If the organization does not have an office or place of business in the United States, check this box . . . . . ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is for the whole group, check this box . . . . . ☐ . If it is for part of the group, check this box . . . . . ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 08/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20\_\_ or  
 ► ☒ tax year beginning 10/01, 2017, and ending 09/30, 2018.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2017)

**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:

SEE SCHEDULE O

**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 ☒ 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 ☒ 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 \$ 22,015,511. including grants of \$ ) (Revenue \$ 2,041,119. )  
TELEVISION: SEE SCHEDULE O**4b** (Code: ) (Expenses \$ 19,270,755. including grants of \$ ) (Revenue \$ 333,937. )  
MULTIPLATFORM CONTENT - NEWS, ARTS AND SCIENCE: SEE SCHEDULE O**4c** (Code: ) (Expenses \$ 11,005,357. including grants of \$ ) (Revenue \$ 12,654,942. )  
FM RADIO: SEE SCHEDULE O**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 8,127,347. including grants of \$ ) (Revenue \$ 672,353. )

**4e** Total program service expenses ► 60,418,970.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	<b>21</b>	X
<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> . . . . .	<b>22</b>	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> . . . . .	<b>23</b>	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> . . . . .	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<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>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b> <b>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> . . . . .	<b>25a</b>	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> . . . . .	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>29</b>	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> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .	<b>31</b>	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> . . . . .	<b>32</b>	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> . . . . .	<b>33</b>	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> . . . . .	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	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>35b</b>	X
<b>36</b> <b>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> . . . . .	<b>36</b>	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> . . . . .	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	X

Form 990 (2017)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck 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>1a</b> 412		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .	<b>2a</b> 549		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. . . . .	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). . . . .			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b> 9		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	X	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. . . . .	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		



**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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒ X

**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 . . . . . <b>1a</b> 30 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 in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 30		
<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? . . . . . <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>		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? . . . . . <b>7a</b>		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? . . . . . <b>7b</b>		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? . . . . . <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	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 in Schedule O . . . . . <b>9</b>		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? . . . . . <b>10a</b>		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? . <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>	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 . . . . . <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization . . . . . <b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16a</b>	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>	X	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 1

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)

**19** Describe in 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: ►  
 MITZIE KELLEY, KQED CFO 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110 415-864-2000

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE AVIS	.90									
COMMITTEE CHAIR	0.	X						0.	0.	0.
(2) LARRY BAER	.70									
BOARD MEMBER (THRU 12/31/17)	0.	X						0.	0.	0.
(3) HANK BARRY (AS OF 01/01/18)	1.30									
EXEC COMM, COMM CHAIR, TF CHAIR	0.	X		X				0.	0.	0.
(4) RAY BINGHAM	.90									
NOMINATING COMMITTEE	0.	X						0.	0.	0.
(5) MIKE BLACH	.90									
TASK FORCE CHAIR	0.	X						0.	0.	0.
(6) STEVE BOCHNER	.90									
EXECUTIVE COMMITTEE	0.	X						0.	0.	0.
(7) JOHN BUOYMASTER	1.10									
VICE CHAIR (THRU 12/31/2017)	0.	X		X				0.	0.	0.
(8) BRIAN CHEU	.70									
TREASURER (AS OF 01/01/2018)	0.	X		X				0.	0.	0.
(9) BRUCE CHIZEN	.90									
NOMINATING COMM THRU 12/31/17	0.	X						0.	0.	0.
(10) SIMONE OTUS COXE	.90									
SECRETARY (THRU 12/31/2017)	0.	X						0.	0.	0.
(11) KAREN EDWARDS	.70									
BOARD MEMBER	0.	X						0.	0.	0.
(12) JUDY ESTRIN	.90									
TASK FORCE CHAIR THRU 12/31/17	0.	X						0.	0.	0.
(13) NANCY FARESE	.90									
NOMINATING COMMITTEE	0.	X						0.	0.	0.
(14) MEG GARLINGHOUSE	.90									
COMMITTEE CHAIR	0.	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) CHUCK KISSNER BOARD CHAIR	10.00 0.	X		X				0.	0.	0.
( 16 ) DAPHNE LI BOARD MEMBER (THRU 12/31/17)	.70 0.	X						0.	0.	0.
( 17 ) EDWARD LICHTY VICE CHAIR	1.10 0.	X		X				0.	0.	0.
( 18 ) JULIA LOPEZ EXECUTIVE COMMITTEE	.90 0.	X						0.	0.	0.
( 19 ) KAY MATHEWS BOARD MEMBER	.70 0.	X						0.	0.	0.
( 20 ) ANN O'LEARY NOMINATING COMMITTEE	.90 0.	X						0.	0.	0.
( 21 ) MARK PERRY COMM CHAIR & NOMIN COMM	1.10 0.	X						0.	0.	0.
( 22 ) RAJ PHERWANI COMMITTEE CHAIR	.90 0.	X						0.	0.	0.
( 23 ) NANCY SERRURIER SECRETARY	1.30 0.	X		X				0.	0.	0.
( 24 ) CAMILLA SMITH BOARD MEMBER	.70 0.	X						0.	0.	0.
( 25 ) JAIMIE STUDLEY BOARD MEMBER	.70 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								3,939,953.	0.	457,833.
<b>d Total (add lines 1b and 1c)</b>								3,939,953.	0.	457,833.

**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 **121**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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
ATTACHMENT 2		

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

**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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) ROSELYNE SWIG BOARD MEMBER	.70 0.	X						0.	0.	0.
(27) JAY YAMADA COMMITTEE CHAIR	.90 0.	X						0.	0.	0.
(28) MALLUN YEN BOARD MEMBER	.70 0.	X						0.	0.	0.
(29) JOHN YOST BOARD MEMBER (THRU 12/31/17)	.70 0.	X						0.	0.	0.
(30) TOM CHAVEZ BOARD MEMBER (AS OF 01/01/18)	.70 0.	X						0.	0.	0.
(31) SHADI ELKARRA (AS OF 01/01/18) NOMINATING COMMITTEE	.90 0.	X						0.	0.	0.
(32) SARAH KUNST BOARD MEMBER (AS OF 01/01/18)	.70 0.	X						0.	0.	0.
(33) LISA SOBRATO SONSINI BOARD MEMBER (AS OF 01/01/18)	.70 0.	X						0.	0.	0.
(34) MATTHEW ZINN BOARD MEMBER (AS OF 01/01/18)	.70 0.	X						0.	0.	0.
(35) ALEXANDRA VAN HELDEN BOARD MEMBER (AS OF 01/01/18)	.70 0.	X						0.	0.	0.
(36) JOHN BOLAND PRESIDENT & CEO	50.00 0.			X				495,234.	0.	96,321.

**1b Sub-total****c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

**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 **121**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**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

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

**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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) MICHAEL ISIP EXECUTIVE VP & COO	55.00 0.			X				290,123.	0.	15,773.
( 38) MITZIE KELLEY CHIEF FINANCIAL OFFICER	45.00 0.			X				232,446.	0.	32,373.
( 39) WILLIAM LOWERY GEN. COUNSEL & CORP. SECRETARY	45.00 0.			X				224,059.	0.	24,428.
( 40) DANIEL MANSERGH CHIEF TECHNOLOGY OFFICER	55.00 0.				X			225,412.	0.	31,009.
( 41) JO ANNE WALLACE GM KQED RADIO, VP TV & RADIO	40.00 0.				X			208,567.	0.	22,448.
( 42) HOLLY KERNAN VP NEWS	60.00 0.				X			202,575.	0.	27,216.
( 43) DELINDA MROWKA VP OF MARKETING	45.00 0.				X			200,726.	0.	12,732.
( 44) GEORGANNA KELLY VP DEVELOPMENT	55.00 0.				X			197,813.	0.	23,025.
( 45) TIM OLSON CHIEF DIGITAL OFFICER	50.00 0.				X			191,564.	0.	28,087.
( 46) MARIA MILLER VP, HR&CHIEF LABOR, EMPL COUNSEL	50.00 0.				X			184,447.	0.	34,974.
( 47) SARAH SAWYER LOCAL MARKETING DIRECTOR	50.00 0.					X		402,958.	0.	15,022.

**1b Sub-total****c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

**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 **121**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**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

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

[illegible]

**d Total (add lines 1b and 1c) . . . . .**

	Yes	No
3		X
4	X	
5		X

(A) Name and business address	(B) Description of services	(C) Compensation

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**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . . . . .	1e	6,243,489.			
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	60,748,069.			
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .		3,806,304.			
	h	<b>Total. Add lines 1a-1f . . . . .</b>		66,991,558.			
<b>Program Service Revenue</b>	2a	UNDERWRITING	Business Code 515100	16,003,640.		829,064.	15,174,576.
	b	PRESENTING STATION FEE	515100	233,430.	233,430.		
	c	SERVICE CONTRACTS	515100	144,977.	144,977.		
	d	PROGRAM SALES	515100	125,368.	125,368.		
	e	PRODUCTION REVENUE	515100	24,000.	24,000.		
	f	All other program service revenue . . . . .					
	g	<b>Total. Add lines 2a-2f . . . . .</b>		16,531,415.			
	<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts). . . . .		3,395,091.		
4		Income from investment of tax-exempt bond proceeds . . . . .		0.			
5		Royalties . . . . .		19,701.			19,701.
6a		Gross rents . . . . .	(i) Real 132,907.				
b		Less: rental expenses . . . . .					
c		Rental income or (loss) . . . . .	132,907.				
d		Net rental income or (loss) . . . . .		132,907.	3,885.	129,022.	
7a		Gross amount from sales of assets other than inventory . . . . .	(i) Securities 8,494,221.				
b		Less: cost or other basis and sales expenses . . . . .		6,462,831.			
c		Gain or (loss) . . . . .	2,031,390.				
d		Net gain or (loss) . . . . .		2,031,391.		2,031,391.	
8a		Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18 . . . . .	a				
b		Less: direct expenses . . . . .	b				
c		Net income or (loss) from fundraising events . . . . .		0.			
9a		Gross income from gaming activities. See Part IV, line 19 . . . . .	a				
b		Less: direct expenses . . . . .	b				
c		Net income or (loss) from gaming activities . . . . .		0.			
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
b	Less: cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory . . . . .		0.				
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
11a	PARKING REVENUE	900099	119,624.		196.	119,428.	
b	MISCELLANEOUS REVENUE	900099	99,575.			99,575.	
c	LIST SALES	900099	19,457.			19,457.	
d	All other revenue . . . . .	900099	110,918.			110,918.	
e	<b>Total. Add lines 11a-11d . . . . .</b>		349,574.				
12	<b>Total revenue. See instructions. . . . .</b>		89,451,637.	527,775.	833,145.	21,099,159.	

**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 . . . . .	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	3,215,753.	1,324,398.	1,402,620.	488,735.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	32,426,524.	20,199,871.	4,813,184.	7,413,469.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,527,715.	934,936.	268,522.	324,257.
9 Other employee benefits . . . . .	7,672,866.	4,797,534.	1,374,797.	1,500,535.
10 Payroll taxes . . . . .	2,944,656.	1,802,081.	517,573.	625,002.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	447,597.	73,864.	364,294.	9,439.
c Accounting . . . . .	89,462.		89,462.	
d Lobbying . . . . .	57,275.		14,900.	42,375.
e Professional fundraising services. See Part IV, line 17.	1,407,083.			1,407,083.
f Investment management fees . . . . .	310,917.		310,917.	
9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	4,312,779.	2,374,428.	1,059,347.	879,004.
12 Advertising and promotion . . . . .	1,213,128.	551,358.		661,770.
13 Office expenses . . . . .	3,492,770.	1,143,766.	296,245.	2,052,759.
14 Information technology . . . . .	2,036,763.	1,289,303.	322,436.	425,024.
15 Royalties . . . . .	117,329.	116,306.		1,023.
16 Occupancy . . . . .	3,691,674.	2,997,579.	455,759.	238,336.
17 Travel . . . . .	617,258.	455,067.	66,849.	95,342.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	278,539.	190,778.	22,077.	65,684.
20 Interest . . . . .	3,716.		3,716.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	4,959,813.	4,140,466.	357,468.	461,879.
23 Insurance . . . . .	227,442.	154,258.	47,872.	25,312.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a WRITE OFF FOR BLDG TRANSITIO . . . . .	11,480,938.	8,538,865.	1,632,600.	1,309,473.
b PROGRAM ACQUISITIONS & DUES . . . . .	8,930,571.	8,930,571.		
c PREMIUMS, MAILING, POSTAGE . . . . .	2,733,157.			2,733,157.
d SMALL EQUIPMENTS . . . . .	161,372.	109,975.	49,362.	2,035.
e All other expenses . . . . .	1,183,906.	293,566.	278,840.	611,500.
25 Total functional expenses. Add lines 1 through 24e . . . . .	95,541,003.	60,418,970.	13,748,840.	21,373,193.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			



**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 . . . . .	900.	<b>1</b>	900.
	<b>2</b> Savings and temporary cash investments . . . . .	35,434,194.	<b>2</b>	39,537,645.
	<b>3</b> Pledges and grants receivable, net . . . . .	7,586,657.	<b>3</b>	6,389,501.
	<b>4</b> Accounts receivable, net . . . . .	2,672,632.	<b>4</b>	3,173,584.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	129,071.	<b>8</b>	167,800.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,162,927.	<b>9</b>	1,579,573.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 91,361,901.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 65,677,909.	<b>10c</b>	25,683,992.
	<b>11</b> Investments - publicly traded securities . . . . .	161,901,038.	<b>11</b>	166,879,734.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	681,297.	<b>12</b>	891,369.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	2,171,797.	<b>14</b>	2,086,002.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	56,292.	<b>15</b>	59,209.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	249,062,282.	<b>16</b>	246,449,309.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	8,540,812.	<b>17</b>	10,009,991.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	538,607.	<b>19</b>	337,627.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<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 . . . . .	7,526,924.	<b>25</b>	8,041,402.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	16,606,343.	<b>26</b>	18,389,020.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	185,089,343.	<b>27</b>	181,125,199.
	<b>28</b> Temporarily restricted net assets . . . . .	28,097,699.	<b>28</b>	27,147,421.
	<b>29</b> Permanently restricted net assets . . . . .	19,268,897.	<b>29</b>	19,787,669.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	232,455,939.	<b>33</b>	228,060,289.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	249,062,282.	<b>34</b>	246,449,309.

Form **990** (2017)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☒ X

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	89,451,637.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	95,541,003.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-6,089,366.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	232,455,939.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,717,896.
<b>6</b>	Donated services and use of facilities	<b>6</b>	-24,180.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	228,060,289.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

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

Form **990** (2017)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

KQED INC.

Employer identification number

94-1241309

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations. . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2017

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**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	49,151,040.	59,821,473.	63,108,662.	65,525,980.	66,991,558.	304,598,713.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	49,151,040.	59,821,473.	63,108,662.	65,525,980.	66,991,558.	304,598,713.
<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). . . . .						0.
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						304,598,713.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4. . . . .	49,151,040.	59,821,473.	63,108,662.	65,525,980.	66,991,558.	304,598,713.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,758,882.	2,106,200.	1,868,313.	2,051,247.	3,547,699.	11,332,341.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	121,356.	122,679.	128,182.	95,583,054.	119,623.	96,074,894.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						412,005,948.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	81,671,197.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	73.93%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	73.18%
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</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 - 2017.</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 - 2016.</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"/>

Schedule A (Form 990 or 990-EZ) 2017

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b> Total. Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8</b> Public support. (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . .						<input type="checkbox"/>

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15. . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<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)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</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</b> <b>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? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<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)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**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>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

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

**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)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8</b> Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d</b> Total (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e</b> Discount claimed for blockage or other factors (explain in detail in Part VI):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8</b> Minimum Asset Amount (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6</b> Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

  

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2017		
a			
b	From 2013 . . . . .		
c	From 2014 . . . . .		
d	From 2015 . . . . .		
e	From 2016 . . . . .		
f	<b>Total</b> of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2017 distributable amount		
i	Carryover from 2012 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2017 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2017 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2013 . . . .		
b	Excess from 2014 . . . .		
c	Excess from 2015 . . . .		
d	Excess from 2016 . . . .		
e	Excess from 2017 . . . .		

Schedule A (Form 990 or 990-EZ) 2017

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

## ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
PARKING REVENUE	121,536.	122,679.	128,182.	123,945.	119,428.	615,770.
SPECTRUM AUCTION				95,459,109.		95,459,109.
MISCELLANEOUS REVENUE					210,493.	210,493.
LIST SALE					19,457.	19,457.
TOTALS	<u>121,536.</u>	<u>122,679.</u>	<u>128,182.</u>	<u>95,583,054.</u>	<u>349,378.</u>	<u>96,304,829.</u>

# Schedule of Contributors

OMB No. 1545-0047

**2017**

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

Name of the organization  
KQED INC.

Employer identification number  
94-1241309

**Organization type (check one):**

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization **KQED INC.**Employer identification number  
94-1241309**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		\$ 6,243,489.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization **KQED INC.**

Employer identification number

94-1241309

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

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

Name of organization KQED INC.

Employer identification number

94-1241309

**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 information once. See instructions.) ► \$ \_\_\_\_\_

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

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization

KQED INC.

Employer identification number

94-1241309

**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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**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-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2017

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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					

Schedule C (Form 990 or 990-EZ) 2017

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		11,703.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		57,275.
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			68,978.
<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?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**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	<b>1</b>	
<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	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## PAID STAFF OR MANAGEMENT

SCHEDULE C, PART II-B, LINE 1B:

THE DIRECTOR OF EXTERNAL AFFAIRS FOR KQED SILICON VALLEY ATTENDED THE APTS SUMMIT IN WASHINGTON, D.C. AND MET WITH LEGISLATORS TO DISCUSS FEDERAL FUNDING FOR PUBLIC MEDIA.

## DIRECT CONTACT

SCHEDULE C, PART II-B, LINE 1G:

MEETINGS WERE HELD WITH SENATORS AND CONGRESSIONAL REPRESENTATIVES WHO REPRESENT KQED'S SERVICE AREA TO DISCUSS THE IMPORTANCE OF CONTINUED FUNDING FOR CORPORATION FOR PUBLIC BROADCASTING, READY TO LEARN, AND INTERCONNECTION.

RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES OR OTHER MEANS

SCHEDULE C, PART II-B, LINE 1H:

KQED IS A DUES-PAYING MEMBER OF THE ASSOCIATION OF AMERICA'S PUBLIC TELEVISION STATIONS (APTS).

THE ASSOCIATION OF PUBLIC TELEVISION STATIONS (APTS) IS A NONPROFIT MEMBERSHIP ORGANIZATION ESTABLISHED IN 1979. THE MISSION OF APTS IS TO CONDUCT IN-CONCERT WITH MEMBER STATIONS-ADVOCACY, PLANNING, RESEARCH AND COMMUNICATIONS ACTIVITIES IN ORDER TO ACHIEVE STRONG AND FINANCIALLY SOUND NONCOMMERCIAL TELEVISION AND ADVANCED DIGITAL SERVICES FOR THE AMERICAN PEOPLE. APTS PROVIDES CONSISTENT LEADERSHIP AND INFORMATION THAT HELPS THEIR MEMBERS BETTER ACCOMPLISH THEIR OWN MISSIONS AND GOALS. APTS PROMOTES THE LEGISLATIVE AND REGULATORY

**Part IV** Supplemental Information (continued)

INTERESTS OF NONCOMMERCIAL TELEVISION STATIONS AT THE NATIONAL LEVEL  
THROUGH DIRECT ADVOCACY, AND GRASS-TOPS AND GRASSROOTS CAMPAIGNS TO  
GARNER CONGRESSIONAL SUPPORT.

DURING THE TAX YEAR ENDING SEPTEMBER 30, 2018, KQED PAID \$57,275 OF DUES  
TO APTS AND SENT TWO PAID EMPLOYEES TO ATTEND THE ANNUAL APTS CONFERENCE.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

KQED INC.

Employer identification number

94-1241309

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

**Part II Conservation Easements.**

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2017



**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 are a 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 programs  
 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	140,424,425.	61,227,599.	56,616,773.	57,253,306.	51,815,085.
b Contributions	4,682,857.	74,220,046.	1,575,445.	3,021,398.	2,895,514.
c Net investment earnings, gains, and losses	6,521,054.	7,839,899.	5,712,519.	-1,341,482.	4,557,627.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,031,893.	2,863,119.	2,677,138.	2,316,449.	2,014,920.
f Administrative expenses					
g End of year balance	148,596,443.	140,424,425.	61,227,599.	56,616,773.	57,253,306.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☒ 79.2900 %  
 b Permanent endowment ☒ 12.9200 %  
 c Temporarily restricted endowment ☒ 7.7900 %

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	3a(i)	X
(ii) related organizations	3a(ii)	X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ 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		1,269,691.		1,269,691.
b Buildings		36,232,773.	27,149,788.	9,082,985.
c Leasehold improvements				
d Equipment		52,426,731.	38,528,121.	13,898,610.
e Other		1,432,706.		1,432,706.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				25,683,992.

Schedule D (Form 990) 2017

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIAB. TO BENEFICIARIES OF	
(3) CHARITABLE GIFT ANNUITIES & TRUST	4,222,690.
(4) DEFERRED COMPENSATION OBLIGATION	2,371,333.
(5) ACCRUED BROADCAST RIGHTS	1,447,379.
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	
	8,041,402.

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 FIN 48 (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	92,284,495.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	1,717,896.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	1,416,006.
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	3,133,902.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	89,150,593.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	310,917.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-9,873.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	301,044.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	89,451,637.

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	96,680,146.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	1,440,187.
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	9,873.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,450,060.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	95,230,086.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	310,917.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	310,917.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	95,541,003.

**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.

SEE PAGE 5

**Part XIII Supplemental Information (continued)**

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4:

THE ORGANIZATION'S PRIMARY LONG-TERM MANAGEMENT OBJECTIVE IS TO PROVIDE GENERAL SUPPORT IN MEETING THE NEEDS OF KQED; PROVIDED THAT A DONOR MAKING A CONTRIBUTION TO THE PERMANENT ENDOWMENT MAY IMPOSE SPECIFIC USE RESTRICTIONS ON THE DONOR'S CONTRIBUTION.

SCHEDULE D, PART X, LINE 2:

THE CORPORATION IS A TAX EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE CALIFORNIA TAX CODE. THE CORPORATION'S CURRENT ACCOUNTING POLICY IS TO EVALUATE UNCERTAIN TAX POSITIONS. ACCORDINGLY, A LOSS CONTINGENCY IS RECOGNIZED WHEN IT IS PROBABLE THAT A LIABILITY HAS BEEN INCURRED AS OF THE DATE OF THE FINANCIAL STATEMENTS AND THE AMOUNT OF THE LOSS CAN BE REASONABLY ESTIMATED. MANAGEMENT EVALUATED THE CORPORATION'S TAX POSITION AND CONCLUDED THAT THE CORPORATION HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS.

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH RETURN

SCHEDULE D, PART XI, LINE 4B:

LOSS ON INVESTMENTS RECLASSIFIED TO REVENUE	-\$9,873
---	----------

SCHEDULE D, PART XII, LINE 2D:

LOSS ON INVESTMENTS RECLASSIFIED TO REVENUE	\$9,873
---	---------

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

KQED INC.

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

94-1241309

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events                       |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				7,774,830.	1,407,083.	6,367,747.

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL,  
KS, KY, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, ND, OH,  
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts . . . . .				
	2 Less: Contributions . . . . .				
	3 Gross income (line 1 minus line 2). . . . .				
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .				
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				
	11 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))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				

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

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

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

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

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

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** 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 explanation 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).

KOED INC.

94-1241309

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
CARL BLOOM ASSOCIATES, INC. 81 MAIN STREET, FIRST FLOOR WHITE PLAINS NY 10601	FUNDRAISING	X	7,754,273.	1,390,726.	6,363,547.
INFOCISION, INC. P.O. BOX 932441 CLEVELAND OH 44193	TELEMRKTG	X	20,557.	16,357.	4,200.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

KQED INC.

Employer identification number

94-1241309

**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.

☐  
☐  
☐  
☐

First-class or charter travel  
Travel for companions  
Tax indemnification and gross-up payments  
Discretionary spending account

☐  
☐  
☐  
☐

Housing allowance or residence for personal use  
Payments for business use of personal residence  
Health or social club dues or initiation fees  
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 filing 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.

☐  
☒  
☐

Compensation committee  
Independent compensation consultant  
Form 990 of other organizations

☐  
☒  
☒

Written employment contract  
Compensation survey or study  
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>		
<b>2</b>		
<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>		

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page 2

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN BOLAND 1 PRESIDENT & CEO	(i) 431,590. (ii) 0.	62,920. 0.	724. 0.	94,850. 0.	1,471. 0.	591,555. 0.	0.
MICHAEL ISIP 2 EXECUTIVE VP & COO	(i) 270,649. (ii) 0.	19,294. 0.	180. 0.	14,850. 0.	923. 0.	305,896. 0.	0.
MITZIE KELLEY 3 CHIEF FINANCIAL OFFICER	(i) 214,515. (ii) 0.	17,415. 0.	516. 0.	13,364. 0.	19,009. 0.	264,819. 0.	0.
WILLIAM LOWERY 4 GEN. COUNSEL & CORP. SECRETARY	(i) 206,982. (ii) 0.	16,285. 0.	792. 0.	12,441. 0.	11,987. 0.	248,487. 0.	0.
DANIEL MANSEIGH 5 CHIEF TECHNOLOGY OFFICER	(i) 207,778. (ii) 0.	17,454. 0.	180. 0.	12,849. 0.	18,160. 0.	256,421. 0.	0.
JO ANNE WALLACE 6 GM KQED RADIO, VP TV & RADIO	(i) 192,340. (ii) 0.	15,609. 0.	618. 0.	11,602. 0.	10,846. 0.	231,015. 0.	0.
HOLLY KERNAN 7 VP NEWS	(i) 187,772. (ii) 0.	14,527. 0.	276. 0.	11,566. 0.	15,650. 0.	229,791. 0.	0.
DELINDA MROWKA 8 VP OF MARKETING	(i) 186,580. (ii) 0.	13,966. 0.	180. 0.	11,083. 0.	1,649. 0.	213,458. 0.	0.
GEORGANNA KELLY 9 VP DEVELOPMENT	(i) 197,633. (ii) 0.	0. 0.	180. 0.	11,178. 0.	0. 0.	220,838. 0.	0.
TIM OLSON 10 CHIEF DIGITAL OFFICER	(i) 177,629. (ii) 0.	13,755. 0.	180. 0.	10,968. 0.	17,119. 0.	219,651. 0.	0.
MARIA MILLER 11 VP, HR&CHIEF LABOR, EMPL COUNSEL	(i) 184,267. (ii) 0.	0. 0.	180. 0.	10,722. 0.	24,252. 0.	219,421. 0.	0.
SARAH SAWYER 12 LOCAL MARKETING DIRECTOR	(i) 380,687. (ii) 0.	22,270. 0.	1. 0.	14,850. 0.	172. 0.	417,980. 0.	0.
MICHAEL BLACK 13 DIRECTOR OF SALES	(i) 270,666. (ii) 0.	30,000. 0.	74. 0.	0. 0.	16,799. 0.	317,539. 0.	0.
ELIZABETH SEITMARCO 14 LOCAL MARKETING DIRECTOR	(i) 218,151. (ii) 0.	500. 0.	6. 0.	12,955. 0.	25,165. 0.	256,777. 0.	0.
SCOTT SHAFFER 15 SR. EDITOR CA GOV'T DESK	(i) 170,131. (ii) 0.	12,354. 0.	516. 0.	10,083. 0.	8,536. 0.	201,620. 0.	0.
DAVID HANSEN 16 EXEC.DIR.MEDIA OPS&FACILITIES	(i) 180,661. (ii) 0.	790. 0.	180. 0.	10,101. 0.	10,786. 0.	202,518. 0.	0.

Schedule J (Form 990) 2017

JSA

7E1291 1,000

6560MV 700W

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B:

JOHN BOLAND, PRESIDENT & CEO, PARTICIPATED IN A 457 (F) NONQUALIFIED

DEFERRED COMPENSATION AGREEMENT. THE AMOUNT DEFERRED WAS \$80,000.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

KQED INC.

Employer identification number

94-1241309

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods. . . . .				
6 Cars and other vehicles . . . . .	X	4,866.	2,505,040.	FAIR MARKET VALUE
7 Boats and planes. . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded. . . . .	X	149.	838,974.	FAIR MARKET VALUE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures. . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles. . . . .				
19 Food inventory. . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>ATCH 1</u> ) . . . . .		84.	462,290.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 9.

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

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

Schedule M (Form 990) (2017)

JSA

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6560MV 700W

0196238.00002

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTORS REFLECTS THE NUMBER OF DONORS, NOT THE  
NUMBER OF ITEMS DONATED.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES AN UNRELATED THIRD PARTY, CHARITABLE AUTO  
RESOURCES INC (CARS), TO ADMINISTER ITS VEHICLE DONATION PROGRAM. CARS  
ACCEPTS VEHICLE DONATIONS ON KQED'S BEHALF AND SENDS A LETTER TO THE  
DONOR ACKNOWLEDGING THE DONATION. THE CHARITABLE DONATIONS ARE THEN  
RECEIVED AT KQED, NET OF CARS' SERVICE FEE.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
PRIZES/TICKETS/FOOD	X	84.	462,290.	FAIR MARKET VALUE
TOTALS		<u>84.</u>	<u>462,290.</u>	

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

KQED INC.

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

94-1241309

DESCRIPTION OF ORGANIZATION MISSION

FORM 990, PART III, LINE 1:

KQED IS FOR EVERYONE WHO WANTS TO BE MORE. OUR TELEVISION, RADIO, DIGITAL  
MEDIA AND EDUCATIONAL SERVICES CHANGE LIVES FOR THE BETTER AND HELP  
INDIVIDUALS AND COMMUNITIES ACHIEVE THEIR FULL POTENTIAL.

KQED SERVES THE PEOPLE OF NORTHERN CALIFORNIA WITH A COMMUNITY-SUPPORTED  
ALTERNATIVE TO COMMERCIAL MEDIA, PROVIDING CITIZENS WITH THE KNOWLEDGE  
THEY NEED TO MAKE INFORMED DECISIONS; CONVENING COMMUNITY DIALOGUE;  
BRINGING THE ARTS TO EVERYONE; AND ENGAGING AUDIENCES TO SHARE THEIR  
STORIES. KQED HELPS STUDENTS AND TEACHERS THRIVE IN 21ST-CENTURY  
CLASSROOMS AND TAKES PEOPLE OF ALL AGES ON JOURNEYS OF EXPLORATION -  
EXPOSING THEM TO NEW PEOPLE, PLACES AND IDEAS.

WE CELEBRATE DIVERSITY, EMBRACE INNOVATION, VALUE LIFELONG LEARNING AND  
PARTNER WITH THOSE WHO SHARE OUR PASSION FOR PUBLIC SERVICE.

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4A:

KQED 9 AND KQED PLUS ARE AMONG THE NATION'S MOST-WATCHED PUBLIC  
TELEVISION STATIONS WITH AN AVERAGE OF 789,900 WEEKLY VIEWERS IN THE SAN  
FRANCISCO-OAKLAND-SAN JOSE MARKET. KQED OWNS AND OPERATES PUBLIC  
TELEVISION STATIONS KQED-TV/DT CHANNEL 9 (SAN FRANCISCO), KQEH-TV/DT  
CHANNEL 54 (SAN JOSE), AND KQET-TV/DT CHANNEL 25 (WATSONVILLE/MONTEREY).

Name of the organization

KQED INC.

Employer identification number

94-1241309

KQED'S DIGITAL TELEVISION CHANNELS INCLUDE KQED 9, KQED PLUS, KQED WORLD, KQED KIDS AND KQED V-ME, AND ARE AVAILABLE 24/7 OVER THE AIR AND ON COMCAST.

SINCE FIRST GOING ON THE AIR IN 1954, KQED HAS BEEN AN INTEGRAL PART OF THE BAY AREA'S MEDIA AND CULTURAL LANDSCAPE. THE STATION PRODUCES ITS OWN UNIQUE LOCAL AND NATIONAL PROGRAMS AND COLLABORATES WITH FILMMAKERS AND DOCUMENTARY PRODUCERS TO PRESENT MORE INDEPENDENT PROGRAMMING THAN ANY OTHER PUBLIC TELEVISION STATION IN THE NATION.

KQED PUBLIC TELEVISION IS COMMITTED TO PRODUCING, CO-PRODUCING AND PRESENTING CONTENT THAT SERVES THE PEOPLE OF NORTHERN CALIFORNIA AND BEYOND. IN 2018, KQED CONTINUED TO BROADCAST LOCALLY PRODUCED SERIES SHOWCASING DIFFERENT ASPECTS OF LIFE IN THE BAY AREA. PROGRAMS INCLUDED CHECK, PLEASE! BAY AREA, WHERE LOCAL DINERS REVIEW THEIR FAVORITE BAY AREA RESTAURANTS, IN ITS 13TH SEASON, AND THE INAUGURAL CHECK, PLEASE! BAY AREA KIDS SERIES; KQED NEWSROOM, A WEEKLY MULTIPLATFORM NEWS PROGRAM ON TELEVISION, RADIO AND ONLINE, IN ITS FIFTH SEASON; AND THE DOCUMENTARY SERIES TRULY CA, WHICH PRESENTED A DOZEN INDEPENDENTLY-PRODUCED FILMS IN ITS 13TH SEASON. KQED WAS ALSO A LEADER IN PRESENTING INDEPENDENT PRODUCTIONS TO NATIONWIDE AUDIENCES.

ROADTRIP NATION, JOSEPH ROSENDO'S TRAVELSCOPE, AND TASTE OF MALAYSIA WITH MARTIN YAN WERE SOME OF THE PROGRAMS THAT KQED SUPPORTED IN FINDING DISTRIBUTION AND NATIONAL AUDIENCES.



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IN 2018, KQED PUBLIC TELEVISION RECEIVED SIX NORTHERN CALIFORNIA EMMY AWARDS.

## PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4B:

KQED'S MULTIDISCIPLINARY CONTENT TEAMS - FOCUSING ON NEWS, ARTS AND FOOD, AND SCIENCE - WORK TO EXPAND REGIONAL COVERAGE AND ENSURE OUR CONTENT IS AVAILABLE VIA MOBILE, SOCIAL AND INTERACTIVE MEDIA AS WELL AS ON RADIO AND TELEVISION.

NEW MULTIMEDIA PROJECTS INCLUDED KQED ARTS' IF CITIES COULD DANCE AND KQED NEWS' NEW PODCAST THE BAY.

THE ONLINE VIDEO SERIES IF CITIES COULD DANCE FEATURES DANCERS FROM ACROSS THE COUNTRY WHO EMBODY THEIR CITIES AND COMMUNITIES WITH A POP, A TWIRL AND A DEAD DROP. PERFORMING IN UNCONVENTIONAL URBAN SETTINGS - EACH EPISODE TELLS AN INTIMATE, PERSONAL STORY ABOUT THE ARTISTS AND THEIR DEEP-ROOTED CONNECTIONS TO COMMUNITY. KQED ARTS IDENTIFIED AND BUILT RELATIONSHIPS WITH MORE THAN 100 ARTISTS, ORGANIZATIONS AND STAKEHOLDERS IN SAN FRANCISCO, DETROIT, NEW ORLEANS, LOS ANGELES, PORTLAND, BALTIMORE, SAN JOSE AND OAKLAND WHO ARE ON THE FRONTLINES OF ART AND SOCIAL JUSTICE.

KQED NEWS' NEW PODCAST THE BAY STEMS FROM THE IDEA THAT EVERY GOOD STORY STARTS LOCAL. HOST DEVIN KATAYAMA TALKS WITH THE REPORTERS AND PEOPLE

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DIRECTLY AFFECTED BY THE NEWS TO GO DEEPER INTO THE STORIES THAT HELP TO DEFINE THE BAY AREA. PUBLISHED THREE TIMES PER WEEK, THE BAY MINES THE PERSONAL IMPACT OF THE STORIES TO REVEAL THE HUMANITY BEHIND THE HEADLINES. THE SHOW RELIES ON KQED REPORTERS WHO ARE OUT IN THE FIELD COLLECTING INTERVIEWS AND SOUNDS TO BRING LISTENERS CLOSER TO THE PLACES AND PEOPLE WE REPORT ON. THE BAY PEELS BACK THE LAYERS OF REPORTING TO OFFER MORE TRANSPARENCY TO THE JOURNALISM PROCESS AND ALLOWS REPORTERS TO SHARE THEIR EXPERTISE AND EXPERIENCES IN A NEW WAY FOR OUR AUDIENCES. STORIES RANGE IN BOTH GEOGRAPHY AND CONTENT, FROM THE UNDERBELLY OF SILICON VALLEY'S RACIST PAST AND ACTIVIST FUTURE, TO THE WAVES OF DISPLACEMENT FROM CALIFORNIA WILDFIRES AND THE BAY AREA'S POLITICAL PROTESTS.

EACH YEAR, KQED CELEBRATES THE DIVERSITY OF OUR COMMUNITY WITH A SPECIAL LINEUP OF PROGRAMS, INCLUDING EVENTS AND FILM SCREENINGS DURING BLACK HISTORY, WOMEN'S HISTORY, ASIAN PACIFIC AMERICAN HERITAGE, LESBIAN GAY BISEXUAL TRANSGENDER PRIDE (LGBT), LATINO HERITAGE, AMERICAN INDIAN HERITAGE AND DISABILITY CULTURE AWARENESS MONTHS. KQED HAS LONG RECOGNIZED THE IMPORTANT CONNECTION BETWEEN CULTURAL HERITAGE AND THE ARTS AND HAS MADE LIVE PERFORMANCES AN INTEGRAL PART OF OUR HERITAGE MONTH CELEBRATIONS.

## PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4C:

KQED PUBLIC RADIO IS AMONG THE MOST-LISTENED-TO PUBLIC RADIO STATIONS IN THE NATION, WITH AN AVERAGE OF 896,600 WEEKLY RADIO LISTENERS IN THE SAN

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FRANCISCO METRO SURVEY AREA, AND AN ADDITIONAL 28,800 IN THE SACRAMENTO AREA. KQED OWNS AND OPERATES PUBLIC RADIO 88.5 FM SAN FRANCISCO AND 89.3 FM SACRAMENTO. ITS AWARD-WINNING NEWS AND PUBLIC AFFAIRS PROGRAM SERVICE CAN BE HEARD ON 88.5 FM OR COMCAST CHANNEL 960 IN SAN FRANCISCO, KQEI 89.3 FM IN SACRAMENTO, 88.3 FM IN SANTA ROSA AND 88.1 FM IN MARTINEZ.

KQED PUBLIC RADIO BROADCASTS MANY OF NPR'S STELLAR PROGRAMS. KQED PUBLIC RADIO ALSO PRODUCES A SIGNIFICANT NUMBER OF LOCAL PROGRAMS AND SERIES, INCLUDING THE AWARD-WINNING FORUM; THE CALIFORNIA REPORT, THE STATEWIDE WEEKDAY MORNING NEWS REPORT, AND THE CALIFORNIA REPORT MAGAZINE, A WEEKLY 30-MINUTE NEWS MAGAZINE, CARRIED BY MORE THAN 30 STATIONS IN CALIFORNIA; THE DO LIST, A WEEKLY LOOK AT UPCOMING ARTS OFFERINGS AND EVENTS; WEEKLY KQED SCIENCE RADIO REPORTS, AND 18 WEEKDAY KQED NEWS REPORTS.

KQED PUBLIC RADIO PRESENTED CONTENT FROM THE COMMONWEALTH CLUB OF CALIFORNIA, THE WORLD AFFAIRS COUNCIL, CITY ARTS AND LECTURES AND THE COMPUTER HISTORY MUSEUM. IT ALSO BROADCASTS RADIO VERSIONS OF TWO KQED TELEVISION PROGRAMS - CHECK, PLEASE! BAY AREA AND KQED NEWSROOM.

KQED PUBLIC RADIO CONTINUED TO EMBRACE 21ST-CENTURY MEDIA TECHNIQUES IN 2018, SERVING THE SAN FRANCISCO BAY AREA WITH CONTENT THROUGH A WIDE ARRAY OF ON-DEMAND ONLINE SERVICES, INCLUDING A COMPREHENSIVE VOTER GUIDE FOR THE 2018 ELECTIONS, AS WELL AS ACCOMPANYING SLIDE SHOWS, INTERACTIVE MAPS, VIDEO FEATURES, BLOGS, PODCASTS AND A LIVE AUDIO STREAM, ALL AVAILABLE FREE ON KQED.ORG. SOME KQED PUBLIC RADIO BROADCASTS ARE ALSO

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PART OF THE SIRIUS SATELLITE NETWORK.

KQED PUBLIC RADIO STAFF RECEIVED NUMEROUS AWARDS IN 2018, INCLUDING 8 FROM THE SOCIETY OF PROFESSIONAL JOURNALISTS OF NORTHERN CALIFORNIA, 2 RADIO TELEVISION DIGITAL NEWS ASSOCIATION EDWARD R. MURROW REGIONAL AWARDS AND FIVE PUBLIC RADIO NEWS DIRECTORS INCORPORATED AWARDS.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D:

KQED INTERACTIVE, WHICH INCLUDES KQED.ORG AND KQEDNEWS.ORG, DEVELOPS CONTENT AND APPLICATIONS FOR DIGITAL PLATFORMS AND MOBILE DEVICES, HOSTS ONLINE SERVICES FOR KQED PUBLIC TELEVISION, PUBLIC RADIO AND KQED LEARNING, AND SERVES AS A COMMUNITY CONVENER, PROVIDING EVENT LISTINGS, RESOURCES, ONLINE POLLS, PODCASTS, BLOGS AND OTHER ITEMS OF TIMELY INTEREST. KQED.ORG FUNCTIONS AS KQED'S THIRD MEDIA PLATFORM, DELIVERING CONTENT SPECIFICALLY ACQUIRED AND PRODUCED FOR THE WEB.

SERIES AND BLOGS INCLUDE DEEP LOOK, A REMARKABLE SCIENCE VIDEO SERIES ON THE PBS DIGITAL STUDIOS NETWORK; ABOVE THE NOISE, A VIDEO SERIES THAT INVESTIGATES CONTROVERSIAL SUBJECT MATTER TO HELP YOUNG VIEWERS DRAW INFORMED CONCLUSIONS, ALSO ON THE PBS DIGITAL STUDIOS NETWORK; MINDSHIFT, A BLOG AND A PODCAST - EXPLORING THE FUTURE OF LEARNING IN ALL ITS DIMENSIONS; THE NEWS PODCAST THE BAY, WHICH LAUNCHED IN 2018. BAY AREA BITES, A POPULAR FOOD BLOG; BAY CURIOUS, A PODCAST ABOUT THE UNEXPLORED SAN FRANCISCO BAY AREA; AND KQED POP, WHICH EXAMINES THE SOCIAL AND CULTURAL IMPACT OF MUSIC, MEDIA AND OTHER POP

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CULTURAL EXPERIENCES.

KQED INTERACTIVE IS A LEADER IN THE NATIONAL PUBLIC BROADCASTING ARENA THROUGH ITS EXPERIMENTATION WITH NEW PROJECTS INCLUDING MOBILE APPS, INTERACTIVE PRODUCTS, COMMUNITY BLOGGERS AND MORE. KQED.ORG'S AUDIENCE CONTINUES TO GROW, AND IS ONE OF THE MOST-TRAFFICKED PUBLIC MEDIA WEBSITES IN THE UNITED STATES. IN 2018, KQED.ORG SERVED AN AVERAGE OF 2.3 MILLION UNIQUE USERS EACH MONTH AND AN AVERAGE OF 4.9 MILLION MONTHLY PAGE VIEWS OF ITS ONLINE CONTENT.

KQED RECEIVED PROMINENT AWARDS FOR MULTIMEDIA/WEB CONTENT IN 2018, INCLUDING THREE AWARDS FROM THE SOCIETY OF PROFESSIONAL JOURNALISTS OF NORTHERN CALIFORNIA AND A NORTHERN CALIFORNIA EMMY® AWARD AND A SOCIETY OF PROFESSIONAL JOURNALISTS OF NORTHERN CALIFORNIA AWARD FOR DEEP LOOK.

KQED EDUCATION PRODUCES AND DISTRIBUTES FREE, MEDIA-RICH EDUCATIONAL RESOURCES TO ENGAGE LEARNERS WITH REAL-WORLD EXAMPLES. KQED TEACH LEADS IN ENGAGING WITH COMMUNITY AND EDUCATIONAL ORGANIZATIONS TO CREATE CUTTING-EDGE LEARNING MEDIA, PARTICULARLY IN STEM; OFFERING TRAINING IN DIGITAL LEARNING TOOLS; DISTRIBUTING CONTENT TO CLASSROOMS; AND PROVIDING UP-TO-DATE ONLINE EDUCATIONAL MATERIALS. IN FY18, KQED EDUCATION REACHED MORE THAN 3,000 BAY AREA RESIDENTS WHO ATTENDED A KQED WORKSHOP, WEBINAR OR CONFERENCES.

LAUNCHED IN 2018, KQED LEARN IS A NEW COLLABORATIVE PLATFORM TO

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STRENGTHEN MEDIA-LITERACY SKILLS AMONG YOUNG PEOPLE. THE ONLINE PLATFORM DIRECTLY ENGAGES MIDDLE AND HIGH SCHOOL STUDENTS TO PRACTICE INQUIRY-BASED LEARNING AND MEDIA LITERACY SKILL-BUILDING, AND TO IMPROVE THEIR CIVIC ENGAGEMENT. THE PLATFORM IS THE CLASSROOM IMPLEMENTATION COMPLEMENT TO KQED TEACH AND IS FREE FOR CLASSROOMS EVERYWHERE. AS OF THE END OF FISCAL YEAR, KQED LEARN HAD REACHED MORE THAN 24,400 WEBSITE VISITORS (INCLUDES FOUR MONTHS IN BETA AND TWO-AND-A-HALF WEEKS AFTER LAUNCH), 1,740 REGISTERED TEACHERS, 5,460 REGISTERED MIDDLE AND HIGH SCHOOL STUDENTS AND 500 ON-SITE WORKSHOP ATTENDEES AT CONFERENCES AND BAY AREA SCHOOLS.

UNDER KQED'S LEADERSHIP, CALIFORNIA'S PRE-K-12 EDUCATORS CONTINUE TO HAVE FREE ACCESS TO TENS OF THOUSANDS OF DIGITAL ASSETS FROM KQED AND PBS, INCLUDING VIDEOS, GAMES, AUDIO, PHOTOS, IN-DEPTH LESSON PLANS AND EVEN DISCUSSION QUESTIONS.

ADDITIONALLY, KQED IS HELPING STUDENTS BUILD DIGITAL LITERACY SKILLS AND FORM EVIDENCE-BASED ARGUMENTS WITH EDUCATION PROPERTIES ABOVE THE NOISE, THE LOWDOWN AND DO NOW. THIS CONTENT DIRECTLY ENGAGES STUDENTS AND TEACHERS FROM AROUND THE BAY AREA AND ACROSS THE COUNTRY IN PUBLIC DISCOURSE OF ISSUES IMPORTANT TO THE LIVES OF YOUTH.

## FORM 990 REVIEW PROCESS

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

THE PROCESS FOR REVIEWING THE KQED FORM 990 PRIOR TO FILING INCLUDED A LIVE MEETING AND PRESENTATION BY THE ORGANIZATION'S CPA FIRM TO THE AUDIT

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COMMITTEE, A REVIEW BY THE CONTROLLER, CFO, AND THE AUDIT COMMITTEE OF THE BOARD. AFTER THE AUDIT COMMITTEE APPROVES THE FORM 990, THE FORM 990 IS PROVIDED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING.

MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY  
FORM 990, PART VI, SECTION B, LINE 12C:

IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, ALL DIRECTORS, OFFICERS, AND KEY EMPLOYEES FILL OUT AND SIGN A CONFLICT OF INTEREST DISCLOSURE FORM, WHICH IS REVIEWED AND MAINTAINED IN THE GENERAL COUNSEL'S OFFICE. KEY EMPLOYEES AND OFFICERS FILL OUT THE CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY. BOARD OF DIRECTORS FILL OUT THE CONFLICT OF INTEREST DISCLOSURE FORM WHEN THEIR INITIAL TERM COMMENCES, AND THEN ARE ASKED ANNUALLY TO REPORT ANY CHANGES THAT WOULD GIVE RISE TO A CONFLICT OF INTEREST. IF A CONFLICT OF INTEREST WERE TO ARISE, THE KEY EMPLOYEE, OFFICER OR BOARD MEMBER WITH THE CONFLICT WOULD BE RECUSED FROM DECISION MAKING PROCESS.

PROCESS FOR DETERMINING COMPENSATION OF OFFICERS & KEY EMPLOYEES  
FORM 990, PART VI, SECTION B, LINES 15A & 15B:

THE EXECUTIVE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR REVIEWING THE COMPENSATION OF THE PRESIDENT/CEO, AND IT MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS, WHO APPROVED ANY SUCH COMPENSATION. THE PRESIDENT/CEO IS RECUSED FROM ANY DISCUSSION AND VOTE. THE PROCESS FOLLOWED BY THE BOARD TO DEVELOP AND APPROVE THE COMPENSATION PACKAGE FOR THE PRESIDENT/CEO INCLUDED THE REVIEW OF DATA ON COMPARABLE COMPENSATION PACKAGES AND RECOMMENDATIONS, PREPARED BY AN OUTSIDE CONSULTANT. BASED ON

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THE DATA AND RECOMMENDATIONS FROM THE CONSULTANT AS WELL AS AN EVALUATION OF THE PRESIDENT/CEO'S PERFORMANCE AGAINST PREVIOUSLY SET GOALS, THE EXECUTIVE COMMITTEE DELIBERATED AND AGREED UPON RECOMMENDATIONS TO THE BOARD. THE FULL BOARD DELIBERATED ABOUT THE COMPENSATION PACKAGE BASED ON THE RECOMMENDATIONS FROM THE EXECUTIVE COMMITTEE AND APPROVED THE SALARY FOR THE PRESIDENT/CEO.

IN DETERMINING SALARIES FOR OTHER OFFICERS AND KEY EMPLOYEES, KQED'S PRESIDENT/CEO AND ITS VP OF HUMAN RESOURCES AND LABOR RELATIONS, ANALYZE DATA FROM RELEVANT COMPENSATION SURVEYS, INCLUDING THE EXECUTIVE COMPENSATION SURVEY SPONSORED BY WETA, AND THE EXECUTIVE COMPENSATION FOR PBS STATION SURVEY. IN ADDITION, THEY HAVE DISCUSSIONS WITH CONTEMPORARIES AT SIMILARLY SITUATED PUBLIC BROADCASTING STATIONS CONCERNING COMPENSATION FOR KEY EMPLOYEES IN COMPARABLE POSITIONS. FINALLY, THEY CONSIDER THE HISTORICAL AND CURRENT COMPENSATION PAID BY KQED FOR COMPARABLE POSITIONS, AS WELL AS THE SKILLS AND EXPERIENCE OF THE INDIVIDUAL EMPLOYEE.

DOCUMENTS MADE AVAILABLE TO THE PUBLIC  
FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF TIME SET FORTH IN 26 U.S. CODE 6104(D). CONDENSED FINANCIAL INFORMATION IS ALSO MADE AVAILABLE TO THE PUBLIC VIA THE ANNUAL KQED REPORT TO THE COMMUNITY, WHICH IS POSTED ON THE ORGANIZATION'S WEBSITE IN ADDITION TO ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS.



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CONTRIBUTIONS RECEIVED AS GOVT. GRANTS

FORM 990, PART VIII, LINE 1E:

CORPORATION FOR PUBLIC BROADCASTING IS A PRIVATE, NOT-FOR-PROFIT CORPORATION WHICH RECEIVES APPROPRIATIONS FROM CONGRESS WHICH IT DISTRIBUTES TO SUPPORT A NATIONAL POLICY FOR GROWTH AND DEVELOPMENT OF RADIO AND TELEVISION BROADCASTING.

FORM 990, PART IX, LINE 24A

AS PART OF THE ANNOUNCED RECONSTRUCTION OF KQED'S HEADQUARTERS AT 2601 MARIPOSA STREET, SAN FRANCISCO, CA, THE ORGANIZATION IDENTIFIED ASSETS THAT WOULD BE IMPAIRED DURING THE BUILDING'S DEMOLITION AND RECONSTRUCTION AND REDUCED THE USEFUL LIVES OF SEVERAL ASSETS FROM 55 TO 27 YEARS. THE IMPAIRMENT VALUE OF THE ASSETS TO BE DISPOSED IS \$11,480,938, WHICH RESULTED IN A WRITE OFF FOR BUILDING TRANSITION.

ATTACHMENT 1FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,  
DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,  
MN, MS, MO, NV, NH, NJ, NM, NY, OH, OK, OR, PA,  
RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORSNAME AND ADDRESS

CARL BLOOM ASSOCIATES, INC.  
81 MAIN ST, SUITE 1269  
WHITE PLAINS, NY 10601-1711

FUNDRAISING SVC

1,516,150.

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ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NIELSEN MEDIA RESEARCH P.O. BOX 88961 CHICAGO, IL 60695	VIEWERS PROFILE RPT	446,607.
MWI WEB, INC. 4900 SUPERIOR STREET LINCOLN, NE 68504	PRINTING & MAILING	406,174.
ACD DIRECT, INC. 520 N MARKETPLACE DRIVE, SUITE 200 CENTERVILLE, UT 84014	PLEDGE CALL CENTER	323,422.
NEW LEAF PRESS 701 ANACAPA STREET SUITE C SANTA BARBARA, CA 93101	PRINTING & MAILING	208,303.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

▶ 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  
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**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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**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)(3) controlled entity?
							Yes No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

**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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**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
(1) CHARITABLE REMAINDER ANNUITY TRUST (1)	INVESTMENT	CA	N/A	TRUST				X
(2) CHARITABLE REMAINDER UNITRUST (11)	INVESTMENT	CA	N/A	TRUST				X
(3)								
(4)								
(5)								
(6)								
(7)								

**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?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. . . . .
- b** Gift, grant, or capital contribution to related organization(s). . . . .
- c** Gift, grant, or capital contribution from related organization(s). . . . .
- d** Loans or loan guarantees to or for related organization(s). . . . .
- e** Loans or loan guarantees by related organization(s). . . . .

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X

- f** Dividends from related organization(s). . . . .
- g** Sale of assets to related organization(s). . . . .
- h** Purchase of assets from related organization(s). . . . .
- i** Exchange of assets with related organization(s). . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s). . . . .

<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X

- k** Lease of facilities, equipment, or other assets from related organization(s). . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s). . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s). . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). . . . .
- o** Sharing of paid employees with related organization(s). . . . .
- p** Reimbursement paid to related organization(s) for expenses. . . . .
- q** Reimbursement paid by related organization(s) for expenses. . . . .

<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X

- r** Other transfer of cash or property to related organization(s). . . . .
- s** Other transfer of cash or property from related organization(s). . . . .
- 2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<b>1r</b>		X
<b>1s</b>		X

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

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

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

(1) Name, address, and EIN of entity	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(5) Are all partners section 501(c)(3) organizations?		(6) Share of total income	(7) Share of end-of-year assets	(8) Disproportionate allocations?		(9) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(10) General or managing partner?		(11) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

JSA

Schedule R (Form 990) 2017

**Part VII Supplemental Information**

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