

WHYY, INC.

Income Tax Return For Year Ended June 30, 2021

Public Disclosure Copy

Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 20 21

Form sections B through K: B Check if applicable; C Name of organization WHY, INC.; D Employer identification number 23-1438083; E Telephone number (215) 351-1200; F Name and address of principal officer: WILLIAM J. MARRAZZO, CEO; G Gross receipts \$ 49,396,093; H(a) Is this a group return for subordinates? Yes No; H(b) Are all subordinates included? Yes No; I Tax-exempt status: X 501(c)(3); J Website: HTTP://WWW.WHY.ORG; K Form of organization: X Corporation; L Year of formation: 1953; M State of legal domicile: PA

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

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.

Signature block form: Sign Here (Signature of officer KEVIN A. YOSHIOKA, VP FINANCE/ANALYSIS); Paid Preparer Use Only (Print/Type preparer's name MARC R BERGER CPA, Preparer's signature, Date 05/03/2022, Check self-employed, PTIN P01871563, Firm's name BDO USA, LLP, Firm's EIN 13-5381590, Firm's address 1801 MARKET STREET SUITE 1700 PHILADELPHIA, PA 19103, Phone no. 215-564-1900)

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

For Paperwork Reduction Act Notice, see the separate instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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 File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. WHYY, INC. | Taxpayer identification number (TIN) 23-1438083 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 150 NORTH SIXTH STREET | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHILADELPHIA, PA 19106 | |

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

| 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 |

KEVIN A. YOSHIOKA

• The books are in the care of ▶ 150 NORTH SIXTH STREET PHILADELPHIA PA 19106

Telephone No. ▶ 215 351-1200 Fax No. ▶

• 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/16, 2022, 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 07/01, 2020, and ending 06/30, 2021.

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 Balance due. 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.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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 \$ 13,979,398. including grants of \$) (Revenue \$ 3,431,126.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 10,063,711. including grants of \$) (Revenue \$ 12,175,188.)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 2,963,036. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ 831,277. including grants of \$) (Revenue \$ 280,420.)

4e Total program service expenses ▶ 27,837,422.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (24), 1b (23), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ, PA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below 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) WILLIAM J. MARRAZZO PRESIDENT AND CEO | 40.00 0. | X | | X | | | 691,900. | 0. | 34,706. | |
| (2) TERRY GROSS HOST - FRESH AIR | 40.00 0. | | | | | X | 380,654. | 0. | 35,262. | |
| (3) KYRA G. MCGRATH PRESIDENT, VENTURES/ENTERPRISE | 40.00 0. | | | X | | | 341,925. | 0. | 40,264. | |
| (4) SANDRA CLARK VP, NEWS & CIVIC DIALOGUE | 40.00 0. | | | | X | | 210,623. | 0. | 41,991. | |
| (5) DANIEL B. MILLER EXECUTIVE PRODUCER - FRESH AIR | 40.00 0. | | | | | X | 220,093. | 0. | 29,366. | |
| (6) NANCY STUSKI VP, INSTITUTIONAL ADVANCEMENT | 40.00 0. | | | | X | | 204,061. | 0. | 36,767. | |
| (7) FRANCIS GLAVIN CHIEF INFORMATION OFFICER | 40.00 0. | | | | X | | 168,212. | 0. | 26,760. | |
| (8) KEVIN YOSHIOKA VP, FINANCE & ANALYSIS | 40.00 0. | | | | X | | 151,919. | 0. | 38,448. | |
| (9) TERRI MURRAY VP, PROGRAM PRODUCTION | 40.00 0. | | | | | X | 145,166. | 0. | 36,362. | |
| (10) ARTHUR ELLIS VP, COMMS & MEMBER RELATIONS | 40.00 0. | | | | X | | 162,298. | 0. | 16,785. | |
| (11) GABRIEL COAN VP, DIGITAL STRATEGIES & SERVI | 40.00 0. | | | | | X | 146,094. | 0. | 31,572. | |
| (12) RUTH CLAUSER VP, ADMINISTRATIVE SERVICES | 40.00 0. | | | | X | | 157,084. | 0. | 16,822. | |
| (13) MARJORIE MOSS-COANE HOST - RADIO TIMES | 40.00 0. | | | | | X | 147,497. | 0. | 17,207. | |
| (14) JOHN F. SALVESON CHAIRMAN OF THE BOARD | 1.00 0. | X | | 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) BARBARA C. BISGAIER SECRETARY | 1.00 0. | X | | X | | | | 0. | 0. | 0. |
| (16) BARBARA A. AUSTELL TREASURER | 1.00 0. | X | | X | | | | 0. | 0. | 0. |
| (17) L. FREDERICK SUTHERLAND DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (18) LARRY WEISS DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (19) STEVEN SCOTT BRADLEY DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (20) BENITO CACHINERO-SANCHEZ DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (21) THE HONORABLE MICHAEL CASTLE DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (22) FLORA M. CASTILLO DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (23) WALTER D'ALESSIO DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (24) NINA GUSSACK DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (25) LA-TOYA P. HACKNEY DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 3,127,526. | 0. | 402,312. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 3,127,526. | 0. | 402,312. |

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 **▶ 27**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 1 | | |
| | | |
| | | |
| | | |

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 **▶ 24**

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) ERIC G. HELT ----- DIRECTOR | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (27) CHRISTOPHER LUKACH ----- DIRECTOR | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (28) CHERYL D. MADDOX ----- DIRECTOR | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (29) RALPH MULLER ----- DIRECTOR | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (30) WILLIAM B. PETERSEN ----- DIRECTOR | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (31) WENDELL E. PRITCHETT ----- DIRECTOR | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (32) JENNIFER ROBERTS ----- DIRECTOR | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (33) MICHAEL SNEED ----- DIRECTOR | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (34) HELEN STIMSON ----- DIRECTOR | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (35) STEPHANIE ZARUS ----- DIRECTOR | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (36) ROBERT D. AURITT ----- DIRECTOR | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| 1b Sub-total | | | | | | | 0. | 0. | 0. | |
| 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 **▶** 27

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

Section B. Independent Contractors

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

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

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 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 | | | |
|---|--|--|------------------------------------|--|--|--------------------------------------|---|------------|----------|----|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | | | | |
| | b | Membership dues | 1b | 22,523,456. | | | | | | |
| | c | Fundraising events | 1c | 552,564. | | | | | | |
| | d | Related organizations | 1d | | | | | | | |
| | e | Government grants (contributions) . . | 1e | 968,632. | | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above . | 1f | 7,769,077. | | | | | | |
| | g | Noncash contributions included in lines 1a-1f. | 1g | \$ 1,012,848. | | | | | | |
| | h | Total. Add lines 1a-1f | | | 31,813,729. | | | | | |
| | Program Service Revenue | 2a | PROGRAM CONTRACTS & OTHER PROJECTS | Business Code | 515100 | 14,744,042. | 14,743,967. | 75. | | |
| b | | | | | | | | | | |
| c | | | | | | | | | | |
| d | | | | | | | | | | |
| e | | | | | | | | | | |
| f | | All other program service revenue | | | | | | | | |
| g | | Total. Add lines 2a-2f | | | 14,744,042. | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts). | | | 354,575. | | 354,575. | | | |
| | 4 | Income from investment of tax-exempt bond proceeds . | | | 0. | | | | | |
| | 5 | Royalties | | | 175,592. | | 175,592. | | | |
| | 6a | Gross rents | 6a | (i) Real | | | | | | |
| | | | | (ii) Personal | | | | | | |
| | | | | | 16,247. | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | |
| | c | Rental income or (loss) | 6c | 16,247. | | | | | | |
| | d | Net rental income or (loss) | | | 16,247. | | 16,247. | | | |
| | 7a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | | | |
| | | | | (ii) Other | | | | | | |
| | | | | | 1,125,114. | | | | | |
| | | | | | | | | | | |
| | b | Less: cost or other basis and sales expenses . . | 7b | 588,252. | | | | | | |
| | c | Gain or (loss) | 7c | 536,862. | | | | | | |
| d | Net gain or (loss) | | | 536,862. | | 536,862. | | | | |
| 8a | Gross income from fundraising events (not including \$ 552,564. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 24,102. | | | | | | |
| | | | b | Less: direct expenses | 8b | 24,102. | | | | |
| | | | c | Net income or (loss) from fundraising events. | | | 0. | | | |
| | | | 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | 0. | | | |
| | | | | | | b | Less: direct expenses | 9b | 0. | |
| | | | | | | c | Net income or (loss) from gaming activities. | | | 0. |
| | | | 10a | Gross sales of inventory, less returns and allowances | 10a | | 0. | | | |
| | | | | | | b | Less: cost of goods sold | 10b | 0. | |
| | | | | | | c | Net income or (loss) from sales of inventory. | | | 0. |
| | | | Miscellaneous Revenue | 11a | FCC REPACK FUNDING | Business Code | 515100 | 639,734. | 639,734. | |
| b | CHANNEL SHARING INCOME | | | 515100 | 428,635. | 428,635. | | | | |
| c | OTHER INCOME | | | 515100 | 74,323. | 74,323. | | | | |
| d | All other revenue | | | | | | | | | |
| e | Total. Add lines 11a-11d | | | | 1,142,692. | | | | | |
| 12 | Total revenue. See instructions | | | 48,783,739. | 15,886,659. | 75. | 1,083,276. | | | |

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Advertising, and Total functional expenses.

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|------------------------|
| Assets | 1 Cash - non-interest-bearing | 5,389,701. | 1 | 7,598,747. |
| | 2 Savings and temporary cash investments | 1,079,405. | 2 | 479,705. |
| | 3 Pledges and grants receivable, net | 6,018,049. | 3 | 2,001,212. |
| | 4 Accounts receivable, net. | 807,248. | 4 | 1,079,742. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0. | 5 | 0. |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0. | 6 | 0. |
| | 7 Notes and loans receivable, net | 0. | 7 | 0. |
| | 8 Inventories for sale or use | 54,168. | 8 | 38,320. |
| | 9 Prepaid expenses and deferred charges | 196,217. | 9 | 269,077. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 45,236,943. | | |
| | b Less: accumulated depreciation | 10b 29,265,829. | 16,289,061. | 10c 15,971,114. |
| | 11 Investments - publicly traded securities | 21,386,457. | 11 | 33,746,691. |
| | 12 Investments - other securities. See Part IV, line 11 | 0. | 12 | 0. |
| | 13 Investments - program-related. See Part IV, line 11. | 0. | 13 | 0. |
| | 14 Intangible assets | 0. | 14 | 0. |
| | 15 Other assets. See Part IV, line 11 | 6,620,821. | 15 | 6,235,265. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 57,841,127. | 16 | 67,419,873. | |
| Liabilities | 17 Accounts payable and accrued expenses | 3,280,403. | 17 | 3,993,154. |
| | 18 Grants payable | 0. | 18 | 0. |
| | 19 Deferred revenue | 1,043,385. | 19 | 626,534. |
| | 20 Tax-exempt bond liabilities | 0. | 20 | 0. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D. | 0. | 21 | 0. |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0. | 22 | 0. |
| | 23 Secured mortgages and notes payable to unrelated third parties | 8,326,057. | 23 | 2,033,688. |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 0. | 25 | 3,656,072. |
| | 26 Total liabilities. Add lines 17 through 25. | 12,649,845. | 26 | 10,309,448. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 34,746,594. | 27 | 42,749,779. |
| | 28 Net assets with donor restrictions | 10,444,688. | 28 | 14,360,646. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 45,191,282. | 32 | 57,110,425. |
| 33 Total liabilities and net assets/fund balances | 57,841,127. | 33 | 67,419,873. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 48,783,739. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 37,584,084. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 11,199,655. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 45,191,282. |
| 5 | Net unrealized gains (losses) on investments | 5 | 4,563,046. |
| 6 | Donated services and use of facilities | 6 | 0. |
| 7 | Investment expenses | 7 | 0. |
| 8 | Prior period adjustments | 8 | -3,972,774. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 129,216. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 57,110,425. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization
WHYY, INC.

Employer identification number
23-1438083

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) | | | | | | |
| Total | | | | | | |

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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (94.63%); 15 Public support percentage from 2019 Schedule A, Part II, line 14 (95.57%); 16a 33 1/3% support test - 2020 (checked); 16b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; 17b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2020, 2019. Row 15: Public support percentage for 2020; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2020, 2019. Row 17: Investment income percentage for 2020; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, 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.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | 1e | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990 or 990-EZ) 2020

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

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

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

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

Schedule of Contributors

2020

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

| | |
|--|--|
| Name of the organization WHYY, INC. | Employer identification number 23-1438083 |
|--|--|

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(03) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

Name of organization **WHYY, INC.**

Employer identification number
23-1438083

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 | N/A | \$ 4,201,656. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | N/A | \$ 1,515,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | N/A | \$ 1,047,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | N/A | \$ 935,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | N/A | \$ 783,315. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization **WHYY, INC.**

Employer identification number

23-1438083

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 **WHYY, INC.**

Employer identification number

23-1438083

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 |
| _____ _____ | _____ _____ |

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

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 WHYY, INC. | Employer identification number 23-1438083 |
|------------------------------------|--|

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) 2020

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

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | | |
| <table border="1"> <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. | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)

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

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

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

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

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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

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

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."

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

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.

FORM 990, SCHEDULE C, PART II-B, LINE 1G

THE LOBBYISTS FOR WHYY INC. AIM TO MAINTAIN AND INCREASE ANNUAL SUPPORT

FROM THE STATE OF DELAWARE AND COMMONWEALTH OF PENNSYLVANIA.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

WHYY, INC.

23-1438083

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, Amount. Includes rows for art/historical treasures held for public service and financial gain.

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

Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment 84.0000 %
b Permanent endowment 10.9000 %
c Term endowment 5.1000 %

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:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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) UNBILLED PROJECT REVENUES | 4,473,175. |
| (2) BROADCAST LICENSES | 1,012,009. |
| (3) BENEFICIAL INTEREST TRUST | 691,326. |
| (4) DEFERRED PROJECT COSTS | 58,755. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 6,235,265. |

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) PAYCHECK PROTECTION PROGRAM LOAN | 3,656,072. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 3,656,072.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 48,783,739.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 37,584,084.

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

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUNDS ARE USED TO SUPPORT PROGRAMMING AND EDUCATIONAL PROGRAMS OF WHYY.

FORM 990, SCHEDULE D, PART X, LINE 2

WHYY IS AN ORGANIZATION DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS THEREFORE EXEMPT UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE.

AS OF JUNE 30, 2021 AND 2020, WHYY DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN WHICH WOULD REQUIRE ADJUSTMENT TO ITS FINANCIAL STATEMENTS. IN ADDITION, WHYY BELIEVES IT HAS NOT ENGAGED IN ANY ACTIVITIES FOR WHICH ITS TAX-EXEMPT STATUS WOULD NOT BE SUSTAINED UNDER INTERNAL REVENUE SERVICE EXAMINATION. WHYY'S INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION BY U.S. FEDERAL AND STATE TAXING AUTHORITIES FOR THE PAST THREE YEARS. THE CORPORATION IS NOT CURRENTLY UNDER EXAMINATION BY ANY U.S. FEDERAL OR STATE INCOME TAXING AUTHORITY.

WHYY ENGAGES IN CERTAIN ACTIVITIES UNRELATED TO ITS TAX-EXEMPT PURPOSE. THESE ACTIVITIES RESULT IN UNRELATED BUSINESS INCOME THAT IS TAXABLE AT NORMAL CORPORATE RATES. THERE WAS NO INCOME TAX PROVISION OR BENEFIT RECORDED FOR THE YEARS ENDED JUNE 30, 2021 AND 2020. AS OF JUNE 30, 2021, WHYY HAS NET OPERATING LOSS CARRY FORWARDS, EXPIRING AT VARIOUS DATES THROUGH 2038. THE DEFERRED TAX ASSET RESULTING FROM THE NET OPERATING LOSS CARRYFORWARD HAS BEEN FULLY RESERVED SINCE ITS USE IS NOT CONSIDERED MORE-LIKELY-THAN-NOT.

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART XI, LINE 2D

CHANGE IN BENEFICIAL INTEREST: \$129,216

FUNDRAISING EXPENSE: \$24,102

TOTAL: \$153,318

FORM 990, SCHEDULE D, PART XII, LINE 2D

FUNDRAISING EXPENSE: \$24,102

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

WHYY, INC.

Employer identification number

23-1438083

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

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 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 | | | | | | |
| Total | | | | 3,605,571. | 1,529,968. | 2,075,603. |

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.

DE, NJ, PA,

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 |
|--|---|-----------------------------|--------------|------------------|---------------------------------|
| | | PRES DINNER (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 576,666. | | | 576,666. |
| | 2 Less: Contributions | 552,564. | | | 552,564. |
| | 3 Gross income (line 1 minus line 2) | 24,102. | | | 24,102. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 101. | | | 101. |
| | 7 Food and beverages | 445. | | | 445. |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 23,556. | | | 23,556. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 24,102. |
| 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:

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

Name ▶ _____

Address ▶ _____

- 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).

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

| NAME AND ADDRESS OF FUNDRAISER | ACTIVITY | DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? | | GROSS RECEIPTS FROM ACTIVITY | AMOUNT PAID TO (OR RETAINED BY FUNDRAISER | AMOUNT PAID TO (OR RETAINED BY ORGANIZATION |
|---|---------------------|--|----|---------------------------------|---|---|
| | | YES | NO | | | |
| NEXT GENERATION FUNDRAISING, INC. 1235 WESTLAKES DR. BERWYN PA 19312 | DIRECT MARKETING | | X | 2,621,744. | 848,443. | 1,773,301. |
| ALLEGIANCE FUNDRAISING LLC 3490 US HIGHWAY 1 PRINCETON NJ 08540 | DIRECT MARKETING | | X | 536,224. | 488,616. | 47,608. |
| DONOR DEVELOPMENT STRATEGIES, LLC 141 UNION BOULEVARD, SUITE 300 LOS ANGELES CA 90045 | CANVASSING | | X | 80,980. | 53,550. | 27,430. |
| SD&A TELESERVICES, INC. 5757 W CENTURY BLVD #300 LOS ANGELES CA 90045 | TELE- MARKETING | | X | 366,623. | 139,359. | 227,264. |

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

WHYY, INC.

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

23-1438083

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2020

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 WILLIAM J. MARRAZZO PRESIDENT AND CEO | (i) | 611,055. | 68,547. | 12,298. | 14,271. | 20,435. | 726,606. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 KYRA G. MCGRATH PRESIDENT, VENTURES/ENTERPRISE | (i) | 305,565. | 29,238. | 7,122. | 13,452. | 26,812. | 382,189. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 SANDRA CLARK VP, NEWS & CIVIC DIALOGUE | (i) | 192,166. | 15,623. | 2,834. | 10,384. | 31,607. | 252,614. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 NANCY STUSKI VP, INSTITUTIONAL ADVANCEMENT | (i) | 162,956. | 3,536. | 37,569. | 7,010. | 29,757. | 240,828. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 FRANCIS GLAVIN CHIEF INFORMATION OFFICER | (i) | 161,082. | 7,130. | 0. | 0. | 26,760. | 194,972. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 6 ARTHUR ELLIS VP, COMMS & MEMBER RELATIONS | (i) | 144,425. | 12,018. | 5,855. | 7,305. | 9,480. | 179,083. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 7 RUTH CLAUSER VP, ADMINISTRATIVE SERVICES | (i) | 144,231. | 12,853. | 0. | 7,307. | 9,515. | 173,906. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 KEVIN YOSHIOKA VP, FINANCE & ANALYSIS | (i) | 140,524. | 10,678. | 717. | 2,596. | 35,852. | 190,367. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 9 TERRY GROSS HOST - FRESH AIR | (i) | 357,814. | 15,276. | 7,564. | 14,263. | 20,999. | 415,916. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 10 DANIEL B. MILLER EXECUTIVE PRODUCER - FRESH AIR | (i) | 213,598. | 273. | 6,222. | 10,936. | 18,430. | 249,459. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 11 MARJORIE MOSS-COANE HOST - RADIO TIMES | (i) | 140,989. | 146. | 6,362. | 7,183. | 10,024. | 164,704. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 12 GABRIEL COAN VP, DIGITAL STRATEGIES & SERVI | (i) | 145,351. | 293. | 450. | 7,626. | 23,946. | 177,666. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 13 TERRI MURRAY VP, PROGRAM PRODUCTION | (i) | 144,880. | 286. | 0. | 6,406. | 29,956. | 181,528. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

WHYY, INC.

Employer identification number

23-1438083

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 | 676. | 715,895. | AUCTION |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 35. | 296,953. | STOCK QUOTES |
| 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 ▶ () | | | | |
| 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 V, Donee Acknowledgement **29**

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

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

Schedule M (Form 990) 2020

JSA

OE1298 1.000

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.

FORM 990, SCHEDULE M, LINE 32B

WHYY USES BROKER UBS TO RECEIVE AND SELL DONATED STOCK.

IAA, INC. AND CHARITABLE ADULT RIDES AND SERVICES (CARS) PROCESS VEHICLE
DONATIONS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

WHYY, 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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

23-1438083

ORGANIZATION'S MISSION-FORM 990, PART III, LINE 1

WHYY IS THE PHILADELPHIA REGION'S LEADING PUBLIC MEDIA PROVIDER, SERVING SOUTHEAST PENNSYLVANIA, SOUTHERN NEW JERSEY, AND ALL OF DELAWARE. WHY PRODUCES AND DISTRIBUTES NEWS AND INFORMATION, ARTS AND CULTURE, AND EDUCATION PROGRAMS ON TELEVISION, RADIO, THE WEB AND MOBILE DEVICES. WHY REACHES AND ENGAGES ABOUT 616,000 TELEVISION VIEWERS AND 478,000 RADIO LISTENERS A WEEK AND NEARLY 2 MILLION UNIQUE MONTHLY WEBSITE VISITORS TO WHYY.ORG. IN ADDITION, WHY REACHES A NATIONAL AUDIENCE IN EXCESS OF 5.4 MILLION LISTENERS A WEEK PRIMARILY THROUGH DISTRIBUTION OF "FRESH AIR".

FRESH AIR WITH TERRY GROSS, WHICH COVERS POPULAR CULTURE AND PUBLIC AFFAIRS, IS NOW HEARD BY OVER 5.4 MILLION PEOPLE EACH WEEK ON SOME 654 PUBLIC RADIO STATIONS. FRESH AIR RECEIVES IN EXCESS OF 3.9 MILLION DOWNLOADS PER WEEK.

PROGRAM SERVICES-FORM 990, PART III, LINE 4A

TELEVISION PROGRAMMING:

WHYY PROVIDES NEWS AND INFORMATION, ARTS AND CULTURE AND CHILDREN'S PROGRAMMING ON THREE 24/7 BROADCAST CHANNELS AS WELL AS ONLINE, VIA CABLE, ON-DEMAND SERVICES AND ON MOBILE DEVICES. WHY-TV OFFERS A VARIED BLEND OF THE BEST NATIONAL PROGRAMMING ALONG WITH WHY'S LOCAL CONTENT. LOCAL WHY VIDEO PRODUCTIONS INCLUDE YOU OUGHTA KNOW, A GUIDE TO PEOPLE, PLACES AND EVENTS YOU MIGHT NOT KNOW ABOUT IN THE PHILADELPHIA REGION; ON STAGE AT CURTIS, PRESENTING STUDENT RECITALS TAPED AT THE WORLD-RENOWNED

| | |
|--|--|
| Name of the organization WHYY, INC. | Employer identification number 23-1438083 |
|--|--|

CURTIS INSTITUTE OF MUSIC; MOVERS & MAKERS, INTRODUCES FASCINATING PEOPLE AND INTERESTING PLACES IN THE GREATER PHILADELPHIA REGION THAT EXPLORES THE VIBRANT LOCAL ARTS SCENE AND CREATORS MAKING AN IMPACT ON OUR COMMUNITY; YOUNG CREATORS STUDIO, SPOTLIGHTS A COLLECTION OF YOUTH-CREATED FILMS FROM STUDENTS IN PENNSYLVANIA, NEW JERSEY, AND DELAWARE; CHECK PLEASE! PHILLY AND DELISHTORY, WHERE KAE LANI PALMISANO, EXPLORES LOCAL EATERIES AND FAVORITE FOOD OBSESSIONS AND FLICKS WHICH PROVIDES UP-TO-THE-MINUTE COVERAGE OF TOP FILMS, STARS AND MOVIEMAKERS.

PROGRAM SERVICES-FORM 990, PART III, LINE 4B

RADIO PROGRAMMING:

WHYY-FM'S NEWS AND INFORMATION FORMAT OFFERS THE REGION A COMPREHENSIVE RADIO SERVICE. WHYY-FM HAS A WELL-DESERVED REPUTATION AS A TRUSTED SOURCE OF NEWS AND INFORMATION, COMBINING SUCH NPR PROGRAMS AS MORNING EDITION AND ALL THINGS CONSIDERED WITH REPORTS FROM WHYY'S LOCAL NEWS TEAM. WHYY IS ALSO THE PRODUCER OF RADIO TIMES, AN ENGAGING AND THOUGHT-PROVOKING INTERVIEW PROGRAM THAT EXAMINES REGIONAL, NATIONAL, AND INTERNATIONAL NEWS; FRESH AIR WITH TERRY GROSS, WHICH COVERS POPULAR CULTURE AND PUBLIC AFFAIRS AND IS NOW HEARD BY OVER 5 MILLION PEOPLE EACH WEEK ON SOME 657 PUBLIC RADIO STATIONS; AS WELL AS THE PULSE, A WEEKLY PROGRAM FEATURING REPORTING AND STORYTELLING AROUND HEALTH, SCIENCE AND INNOVATION. PODCASTS SUCH AS HALF VAXXED, A.I. NATION, FAMILY FAVORITE ELEANOR AMPLIFIED AND THE LIMITED SERIES SCHOOLED, OFFER CONTENT ONLINE TO FULFILL WHYY'S STRATEGIC FOCUS ON DELIVERING CONTENT ACROSS MULTIPLE PLATFORMS. ALL OF WHYY'S AUDIO PROGRAMMING IS ALSO AVAILABLE ON WHYY.ORG AS STREAMING CONTENT AND PODCAST.

| | |
|--|--|
| Name of the organization WHYY, INC. | Employer identification number 23-1438083 |
|--|--|

PROGRAM SERVICES-FORM 990, PART III, LINE 4C

ONLINE SERVICES:

WHYY.ORG IS THE ORGANIZATION'S ONLINE HOME DELIVERING NEWS AND DIALOGUE TO NEARLY 1.6 MILLION UNIQUE USERS EACH MONTH. SPECIAL SECTIONS ARE DEVOTED TO ARTS AND CULTURE, HEALTH AND SCIENCE AND SPECIAL INTEREST BLOGS. WHYY CONTENT IS ALSO WIDELY DISTRIBUTED THROUGH SOCIAL MEDIA.

WHYY.ORG PROVIDES ACCESS TO ON-DEMAND PROGRAM CONTENT, FM AND TV SCHEDULES AND GENERAL INFORMATION ABOUT WHYY.

ALL OTHER PROGRAMS-FORM 990, PART III, LINE 4D

WHYY CONTINUES TO HELP INCREASE STUDENT ENGAGEMENT WITH WIDELY SUCCESSFUL VIDEO AND AUDIO PRODUCTION CLASSES, AFTERSCHOOL PROGRAMS, SUMMER CAMPS AND IN-SCHOOL MEDIA LABS. FOR OVER A DECADE, WHYY PROGRAMMING HAS TAUGHT YOUNG PEOPLE TO EXPLORE THEIR ENVIRONMENT, PROBLEM SOLVE, TELL STORIES AND SUCCEED IN CREATIVE PROFESSIONS. WHYY ENGAGED 3,500 STUDENTS, TEACHERS AND COMMUNITY MEMBERS IN FY21 IN HANDS-ON MEDIA ARTS TRAINING THROUGH THE PROGRAM. WHYY NOW PROVIDES 50 MEDIA LABS IN PHILADELPHIA SCHOOLS.

IMPACT & COMMUNITY FEEDBACK

PARTICIPANT SURVEYS FOUND THAT THE STUDENTS AND TEACHERS LEARN VIDEO AND AUDIO PRODUCTION, CRITICAL THINKING, STEM EDUCATION SKILLS AND PROBLEM SOLVING, RESEARCH, DEVELOP A STRONG SENSE OF SELF-EFFICACY AND ARE BETTER PREPARED FOR A WIDE VARIETY OF WORKPLACES. STUDENTS ARE ALSO LEARNING VALUABLE LIFE SKILLS LIKE HOW TO WORK IN TEAMS, HOW TO PLAN PROJECTS AND

| | |
|--|--|
| Name of the organization WHYY, INC. | Employer identification number 23-1438083 |
|--|--|

HOW TO SOLVE DIFFICULT PROBLEMS.

FORM 990 REVIEW PROCESS--FORM 990, PART VI, SECTION B, LINE 11B
THE FORM 990 WAS REVIEWED PRIOR TO FILING AT A MEETING OF THE FINANCE
COMMITTEE OF THE BOARD. WHY Y PROVIDED A COPY OF THE FORM 990 TO ALL BOARD
MEMBERS IMMEDIATELY AFTER THE REVIEW BY THE FINANCE COMMITTEE VIA A
SECURED PORTAL. THE FORM 990 WAS AVAILABLE ON THE PORTAL UNTIL WHY Y FILED
THE RETURN.

CONFLICT OF INTEREST POLICY--FORM 990, PART VI, SECTION B, LN 12C
MEMBERS OF THE WHY Y BOARD OF DIRECTORS COMPLETE AN ANNUAL SURVEY TO
DETERMINE, AMONG OTHER ISSUES, IF THEY HAVE AN INTEREST IN ANOTHER MEDIA
ORGANIZATION, OR AN INTEREST IN AN ORGANIZATION WHOSE APPLICATION WAS
DISMISSED OR DENIED BY THE FCC FOR PREJUDICE OR DUE TO A CHARACTER ISSUE.
IF A CONFLICT WERE TO ARISE, IT WOULD BE REVIEWED BY THE CEO IN
CONSULTATION WITH THE BOARD CHAIRMAN (OR VICE CHAIRMAN IF THE CHAIRMAN
WERE THE PARTY TO THE CONFLICT). IF IT IS DETERMINED THAT A CONFLICT
EXISTS, THAT MEMBER OF THE BOARD WOULD BE ASKED TO RECUSE HIM OR HERSELF
FROM ANY RELATED MATTERS.

DETERMINING COMP OF THE CEO--FORM 990, PART VI, SECTION B, LN 15A
THE WHY Y BOARD FOLLOWS BEST PRACTICES IN ESTABLISHING ITS EXECUTIVE
COMPENSATION PROGRAM, DEPENDING EXCLUSIVELY UPON ADVICE AND ANALYSIS FROM
RECOGNIZED INDEPENDENT CONSULTANTS. THE RESULTANT EXECUTIVE COMPENSATION
ARRANGEMENTS CONTAIN AN APPROPRIATE MIX OF BASE SALARY AS WELL AS
VARIABLE SHORT AND LONG-TERM BENEFITS TIED TO PERFORMANCE METRICS.

| | |
|--|--|
| Name of the organization WHYY, INC. | Employer identification number 23-1438083 |
|--|--|

COMPENSATION DESIGN IS THEREFORE DRIVEN TO BE COMPETITIVE WITH OTHER REGIONAL FOR- AND NOT-FOR-PROFITS OF SIMILAR SIZE AND COMPLEXITY IN AND OUT OF THE MEDIA SECTOR.

PUBLIC AVAIL OF FINANCIALS-FORM 990, PART VI, SECTION C, LINE 19 UPON REQUEST OF A MEMBER OF THE PUBLIC, ALL SUCH POLICIES AND STATEMENTS ARE AVAILABLE FOR INSPECTION. ALL ARE HOUSED IN EITHER WHYY'S PUBLIC FILES OR THE LEGAL OR HUMAN RESOURCES DEPARTMENT.

PRIOR PERIOD ADJUSTMENT, FORM 990, PART XI, LINE 8 ON JULY 1, 2020, MANAGEMENT CHANGED THE ACCOUNTING POLICY FOR SUSTAINER PLEDGES WHEREBY REVENUE IS RECOGNIZED WHEN THE CASH IS RECEIVED RATHER THAN AN ESTIMATED COMMITMENT DUE TO THE UNPREDICTABLE NATURE AND HIGH DEGREE OF DIFFICULTY IN ESTIMATING THE LONGEVITY OF SUSTAINER PLEDGES THAT ARE CANCELLABLE AT ANY TIME. THE FISCAL YEAR 2020 FINANCIAL STATEMENTS HAVE BEEN ADJUSTED TO APPLY THE NEW METHOD RETROSPECTIVELY.

OTHER CHANGES IN NET ASSETS, FORM 990, PART XI, LINE 9
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS: \$129,216

ATTACHMENT 1

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

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| NEXT GENERATION FUNDRAISING, INC. 1235 WESTLAKES DRIVE, SUITE 130 BERWYN, PA 19312 | DIRECT RESPONSE MKTG | 862,320. |

| | |
|--|--|
| Name of the organization WHYY, INC. | Employer identification number 23-1438083 |
|--|--|

ATTACHMENT 1 (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> |
|---|--------------------------------|---------------------|
| ALLEGIANCE FUNDRAISING LLC 3064 49TH STREET SOUTH FARGO, ND 58104 | DIRECT RESPONSE MKTG | 411,726. |
| ROI SOLUTIONS, INC. 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 | CRM SYSTEM | 407,434. |
| FOREST INCENTIVES 790 JACKSONVILLE ROAD WARMINSTER, PA 18974 | PREMIUM FULFILLMENT | 311,896. |
| DUANE MORRIS LLP 30 SOUTH 17TH STREET PHILADELPHIA, PA 19103 | LEGAL SERVICES | 249,257. |

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

For calendar year 2020 or other tax year beginning 07/01, 2020, and ending 06/30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

| | | | |
|---|------------------------------|--|---|
| A <input type="checkbox"/> Check box if address changed. | | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) WHYY, INC. | D Employer identification number 23-1438083 |
| B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A | Print or Type | Number, street, and room or suite no. If a P.O. box, see instructions. 150 NORTH SIXTH STREET | E Group exemption number (see instructions) |
| | | City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19106 | |
| | | C Book value of all assets at end of year ▶ 67,419,873. | F <input type="checkbox"/> Check box if an amended return. |
| G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity | | | |
| H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439 | | | |
| I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/> | | | |
| J Enter the number of attached Schedules A (Form 990-T) ▶ 1 | | | |
| K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶ | | | |
| L The books are in care of ▶ KEVIN A. YOSHIOKA Telephone number ▶ 215-351-1200 | | | |

150 NORTH SIXTH STREET
PHILADELPHIA PA 19106

Part I Total Unrelated Business Taxable Income

| | | |
|--|----|-------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). | 1 | -178. |
| 2 Reserved | 2 | |
| 3 Add lines 1 and 2 | 3 | -178. |
| 4 Charitable contributions (see instructions for limitation rules) | 4 | |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | -178. |
| 6 Deduction for net operating loss. See instructions. | 6 | |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 | -178. |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) | 8 | |
| 9 Trusts. Section 199A deduction. See instructions. | 9 | |
| 10 Total deductions. Add lines 8 and 9 | 10 | |
| 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. | 11 | 0. |

Part II Tax Computation

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

For Paperwork Reduction Act Notice, see instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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 File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. WHYY, INC. | Taxpayer identification number (TIN) 23-1438083 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 150 NORTH SIXTH STREET | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHILADELPHIA, PA 19106 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

| 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 |

KEVIN A. YOSHIOKA

• The books are in the care of ▶ 150 NORTH SIXTH STREET PHILADELPHIA PA 19106

Telephone No. ▶ 215 351-1200 Fax No. ▶ _____

• 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/16, 2022, 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 07/01, 2020, and ending 06/30, 2021.

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 Balance due. 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.

Part III Tax and Payments

| | | | |
|---|-----------|--|----|
| 1 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | | |
| b Other credits (see instructions) | 1b | | |
| c General business credit. Attach Form 3800 (see instructions) | 1c | | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 1d | | |
| e Total credits. Add lines 1a through 1d | 1e | | |
| 2 Subtract line 1e from Part II, line 7 | 2 | | |
| 3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) | 3 | | |
| 4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | 4 | | 0. |
| 5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 | 5 | | |
| 6 a Payments: A 2019 overpayment credited to 2020 | 6a | | |
| b 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | 6b | | |
| c Tax deposited with Form 8868 | 6c | | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | | |
| e Backup withholding (see instructions) | 6e | | |
| f Credit for small employer health insurance premiums (attach Form 8941) | 6f | | |
| g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶ | 6g | | |
| 7 Total payments. Add lines 6a through 6g | 7 | | |
| 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 8 | | |
| 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ▶ | 9 | | |
| 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶ | 10 | | |
| 11 Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ _____ Refunded ▶ _____ | 11 | | |

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

| | Yes | No |
|--|--------------------------|-------------------------------------|
| 1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 a Did the organization change its method of accounting? (see instructions) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V | <input type="checkbox"/> | <input type="checkbox"/> |

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

| | | | | | |
|-------------------------------|--|--------------------------------|------------|---|-----------|
| Sign Here ▶ | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Signature of officer | Date | Title | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | MARC R BERGER CPA | | 05/03/2022 | | P01871563 |
| | Firm's name ▶ BDO USA, LLP | Firm's EIN ▶ 13-5381590 | | Phone no. 215-564-1900 | |
| | Firm's address ▶ 1801 MARKET STREET SUITE 1700, PHILADELPHIA, PA 19103 | | | | |

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

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

OMB No. 1545-0074

2020

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

| | |
|---|---|
| A Name of the organization WHYY, INC. | B Employer identification number 23-1438083 |
| C Unrelated business activity code (see instructions) ▶ 515100 | D Sequence: 1 of 1 |

E Describe the unrelated trade or business ▶ MEDIA SERVICES

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|--|-----------|------------|--------------|---------|
| 1a Gross receipts or sales _____ 75. | | | | |
| b Less returns and allowances _____ c Balance ▶ | 1c | 75. | | |
| 2 Cost of goods sold (Part III, line 8) | 2 | | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | 75. | | 75. |
| 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) | 4a | | | |
| b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) | 4b | | | |
| c Capital loss deduction for trusts | 4c | | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | 5 | | | |
| 6 Rent income (Part IV) | 6 | | | |
| 7 Unrelated debt-financed income (Part V) | 7 | | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | | |
| 10 Exploited exempt activity income (Part VIII) | 10 | | | |
| 11 Advertising income (Part IX) | 11 | | | |
| 12 Other income (see instructions; attach statement) | 12 | | | |
| 13 Total. Combine lines 3 through 12 | 13 | 75. | | 75. |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income | | | | |
|---|-----------|--|----------|-------|
| 1 Compensation of officers, directors, and trustees (Part X) | 1 | | | |
| 2 Salaries and wages | 2 | | | 55. |
| 3 Repairs and maintenance | 3 | | | |
| 4 Bad debts. | 4 | | | |
| 5 Interest (attach statement) (see instructions) | 5 | | | |
| 6 Taxes and licenses | 6 | | | |
| 7 Depreciation (attach Form 4562) (see instructions) | 7 | | | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | | | |
| 9 Depletion | 9 | | | |
| 10 Contributions to deferred compensation plans | 10 | | | |
| 11 Employee benefit programs | 11 | | | |
| 12 Excess exempt expenses (Part VIII) | 12 | | | |
| 13 Excess readership costs (Part IX) | 13 | | | |
| 14 Other deductions (attach statement) | 14 | | ATTCH. 1 | 198. |
| 15 Total deductions. Add lines 1 through 14 | 15 | | | 253. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | | | -178. |
| 17 Deduction for net operating loss (see instructions) | 17 | | | |
| 18 Unrelated business taxable income. Subtract line 17 from line 16. | 18 | | | -178. |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold.

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

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

Table with 1 row for Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions). Columns A, B, C, D.

Table with 2 rows for Rent received or accrued. Row 2a: From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%). Row 2b: From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income). Row 2c: Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)

Table with 1 row for Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement). Columns A, B, C, D.

5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

Table with 1 row for Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions). Columns A, B, C, D.

Table with 2 rows for Unrelated Debt-Financed Income. Row 2: Gross income from or allocable to debt-financed property. Row 3: Deductions directly connected with or allocable to debt-financed property. Sub-rows 3a: Straight line depreciation, 3b: Other deductions, 3c: Total deductions. Row 4: Amount of average acquisition debt on or allocable to debt-financed property. Row 5: Average adjusted basis of or allocable to debt-financed property. Row 6: Divide line 4 by line 5. Row 7: Gross income reportable. Multiply line 2 by line 6.

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

Table with 1 row for Allocable deductions. Multiply line 3c by line 6. Columns A, B, C, D.

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 Total dividends-received deductions included in line 10.

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

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Rows (1) through (4).

Totals row with instructions: Add columns 5 and 10. Enter here and on Part I, line 8, column (A). Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

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

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Rows (1) through (4).

Totals row with instructions: Add amounts in column 2. Enter here and on Part I, line 9, column (A). Add amounts in column 5. Enter here and on Part I, line 9, column (B).

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

Table with 7 rows: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected with production of unrelated business income, 4 Net income (loss) from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to income entered on line 5, 7 Excess exempt expenses.

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

| | |
|---|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |
| D | <input type="checkbox"/> |

Enter amounts for each periodical listed above in the corresponding column.

| | A | B | C | D |
|--------------------------------------|---|---|---|---|
| 2 Gross advertising income | | | | |

a Add columns A through D. Enter here and on Part I, line 11, column (A), ▶ _____

| | | | | |
|--|--|--|--|--|
| 3 Direct advertising costs by periodical | | | | |
|--|--|--|--|--|

a Add columns A through D. Enter here and on Part I, line 11, column (B), ▶ _____

| | | | | |
|---|--|--|--|--|
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . | | | | |
| 5 Readership costs | | | | |
| 6 Circulation income | | | | |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero | | | | |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | | | | |

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ▶ _____

Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---------|----------|---|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |

Total. Enter here and on Part II, line 1 ▶ _____

Part XI Supplemental Information (see instructions)

SCHEDULE A: MEDIA SERVICES

PART II LINE 14 - OTHER DEDUCTIONS DETAIL

| | |
|------------------------------|-------------|
| TELEPHONE | 198. |
| TOTAL OTHER DEDUCTIONS | <u>198.</u> |

WHYY, Inc.
 EIN: 23-1438083
 Form 990-T Schedule Attachment
 NOL Statement

****Due to repeal of Section 512(a)(7) on December 20, 2019, this NOL schedule has been revised to remove the amount of NOL used to offset tax attributable to transportation fringe benefits for FY 6.30.18. The removal of taxable fringe benefits for the year ended 6.30.18 resulted in a UBIT loss.**

| Calendar year (or fiscal year beginning in) | WHYY Fiscal year | UBIT (Loss) | Expired NOL Carryovers | Previously Utilized | Carryover from Prior Years | Amount Used in Current Year | Carryover to Next Year | Carryover Period | CY NOL Expires | |
|---|---------------------|----------------|---------------------------|------------------------|-------------------------------|--------------------------------|---------------------------|---------------------|-------------------|--|
| 2000 | 2001 | (172,834) | 40,066 | 132,768 | - | - | - | 20 | 2021 | |
| 2001 | 2002 | (33,950) | | | (33,950) | - | (33,950) | 20 | 2022 | |
| 2002 | 2003 | (5,677) | | | (5,677) | - | (5,677) | 20 | 2023 | |
| 2003 | 2004 | - | | | - | - | - | 20 | 2024 | |
| 2004 | 2005 | - | | | - | - | - | 20 | 2025 | |
| 2005 | 2006 | - | | | - | - | - | 20 | 2026 | |
| 2006 | 2007 | - | | | - | - | - | 20 | 2027 | |
| 2007 | 2008 | - | | | - | - | - | 20 | 2028 | |
| 2008 | 2009 | - | | | - | - | - | 20 | 2029 | |
| 2009 | 2010 | - | | | - | - | - | 20 | 2030 | |
| 2010 | 2011 | - | | | - | - | - | 20 | 2031 | |
| 2011 | 2012 | - | | | - | - | - | 20 | 2032 | |
| 2012 | 2013 | - | | | - | - | - | 20 | 2033 | |
| 2013 | 2014 | - | | | - | - | - | 20 | 2034 | |
| 2014 | 2015 | - | | | - | - | - | 20 | 2035 | |
| 2015 | 2016 | - | | | - | - | - | 20 | 2036 | |
| 2016 | 2017 | - | | | - | - | - | 20 | 2037 | |
| 2017 | 2018 | (4,966) | | | (4,966) | - | (4,966) | 20 | 2038 | |
| Total Pre 2018 NOL : | | | | | | | | (44,593) | | |

Tax Years beginning on or after January 1, 2018:

SILO 1: NAICS CODE 515100

| Calendar year (or fiscal year beginning in) | WHYY Fiscal year | UBIT Income (Loss) | Expired NOL Carryovers | Previously Utilized | Carryover from Prior Years | Amount Used in Current Year | Carryover to Next Year | |
|---|---------------------|--------------------------|---------------------------|------------------------|-------------------------------|--------------------------------|---------------------------|--|
| 2018 | 2019 | - | | | | | | |
| 2019 | 2020 | (6,976) | | | | | (6,976) | |
| 2020 | 2021 | (178) | | | | | (178) | |
| Total Post 2018 NOL: | | | | | | | (7,154) | |