

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07/01/2021 **and ending** 06/30/2022

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WHYY, INC.				D Employer identification number 23-1438083	
	Doing business as				E Telephone number (215) 351-1200	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	150 NORTH SIXTH STREET City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19106				G Gross receipts \$ 61,384,713.	
F Name and address of principal officer: WILLIAM J. MARRAZZO, CEO 150 NORTH SIXTH STREET, PHILADELPHIA, PA 19106				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				If "No," attach a list. See instructions		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ▶		
J Website: ▶ HTTP://WWW.WHYY.ORG						
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1953 M State of legal domicile: PA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>WHYY IS THE PHILADELPHIA REGION'S LEADING PUBLIC MEDIA PROVIDER, SERVING SOUTHEASTERN PENNSYLVANIA, SOUTHERN NEW JERSEY, AND ALL OF DELAWARE.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	269
	6 Total number of volunteers (estimate if necessary)	6	187
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,776.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	31,813,729.	34,189,289.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,744,042.	15,311,918.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	891,437.	1,018,445.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,334,531.	485,727.
		48,783,739.	51,005,379.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	NONE
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,685,155.	19,932,161.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,475,754.	2,004,371.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,451,023.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,423,175.	15,521,738.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	37,584,084.	37,458,270.
19 Revenue less expenses. Subtract line 18 from line 12	11,199,655.	13,547,109.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	67,419,873.	71,775,127.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,309,448.	5,757,150.
	57,110,425.	66,017,977.	

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	KEVIN A. YOSHIOKA Type or print name and title	VP FINANCE/ANALYSIS			
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	MARC R BERGER CPA	05/04/2023		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				

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021)

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	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	WHYY, INC.	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 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
Form 990-T (corporation)	07		

- The books are in the care of ▶ KEVIN A. YOSHIOKA
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 05/15, 2023, 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, 2021, and ending 06/30, 2022.

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-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	NONE
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 \$	NONE
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 \$	NONE

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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 \$ 13,309,227. including grants of \$ NONE) (Revenue \$ 2,714,641.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 9,869,222. including grants of \$ NONE) (Revenue \$ 12,148,190.)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 3,290,822. including grants of \$ NONE) (Revenue \$ NONE)

SEE SCHEDULE O

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

(Expenses \$ 1,076,560. including grants of \$ NONE) (Revenue \$ 907,007.)

4e Total program service expenses ▶ 27,545,831.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, 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 17 main rows (2a-17) and sub-rows (a-h) for various questions. Includes input fields for values like 269, 4, and 12. Yes/No columns are present.

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 (27), 1b (26), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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

KEVIN A. YOSHIOKA 150 NORTH SIXTH STREET PHILADELPHIA, PA 19106
215-351-1200

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM J. MARRAZZO PRESIDENT AND CEO	40.00 NONE	X		X				770,540.	NONE	35,648.
(2) TERRY GROSS EXE. PRODUCER/HOST - FRESH AIR	40.00 NONE					X		366,923.	NONE	35,492.
(3) KYRA G. MCGRATH PRES, NEW VENTURES/ENTERPRISE	40.00 NONE			X				358,468.	NONE	40,733.
(4) SANDRA CLARK VP, NEWS & CIVIC DIALOGUE	40.00 NONE				X			214,845.	NONE	40,934.
(5) DANIEL B. MILLER EXECUTIVE PRODUCER - FRESH AIR	40.00 NONE					X		225,317.	NONE	30,423.
(6) NANCY STUSKI VP, INSTITUTIONAL ADVANCEMENT	40.00 NONE				X			210,225.	NONE	35,852.
(7) TERRI MURRAY CHIEF CONTENT OFFICER	40.00 NONE				X			183,270.	NONE	38,984.
(8) FRANCIS GLAVIN CHIEF INFORMATION OFFICER	40.00 NONE				X			179,081.	NONE	26,877.
(9) RUTH CLAUSER VP, ADMINISTRATIVE SERVICES	40.00 NONE				X			184,298.	NONE	18,239.
(10) KEVIN YOSHIOKA VP, FINANCE & ANALYSIS	40.00 NONE				X			158,296.	NONE	41,925.
(11) GABRIEL COAN VP, DIGITAL STRATEGIES & SRVC	40.00 NONE				X			153,861.	NONE	32,697.
(12) ARTHUR ELLIS SVP & CHIEF MARKETING OFFICER	40.00 NONE				X			167,384.	NONE	16,989.
(13) LIBING LI CONTROLLER	40.00 NONE					X		139,598.	NONE	36,325.
(14) KAREN PINSKY MANAGER, CORPORATE MARKETING	40.00 NONE					X		143,931.	NONE	28,906.

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) MARJORIE MOSS-COANE EXE. PRODUCER/HOST - RADIO TIM	32.00 NONE					X	149,494.	NONE	8,579.	
(16) JOHN F. SALVESON CHAIRMAN OF THE BOARD	1.00 NONE	X		X			NONE	NONE	NONE	
(17) BARBARA C. BISGAIER VICE CHAIR	1.00 NONE	X		X			NONE	NONE	NONE	
(18) BARBARA A. AUSTELL TREASURER	1.00 NONE	X		X			NONE	NONE	NONE	
(19) STEVEN SCOTT BRADLEY SECRETARY	1.00 NONE	X		X			NONE	NONE	NONE	
(20) ROBERT D. AURITT DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(21) DURGA BPBBA DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(22) BENITO CACHINERO-SANCHEZ DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(23) FLORA M. CASTILLO DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(24) THE HONORABLE MICHAEL CASTLE DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(25) WALTER D'ALESSIO DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total							3,605,531.	NONE	468,603.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							3,605,531.	NONE	468,603.	

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 ► 29

	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>		
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>		
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>		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) NINA GUSSACK DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(27) LA-TOYA P. HACKNEY DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(28) ERIC G. HELT DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(29) MICHELLE HONG DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(30) PEGGY LEIMKUHLER DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(31) CHRISTOPHER LUKACH DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(32) CHERYL D. MADDOX DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(33) RALPH MULLER DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(34) WILLIAM B. PETERSEN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(35) WENDELL E. PRITCHETT DIRECTOR THRU 12/2021	NONE NONE	X					NONE	NONE	NONE	
(36) JENNIFER ROBERTS DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) JENNIFER RODRIGUEZ DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(38) MICHAEL SNEED DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(39) HELEN STIMSON DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(40) L. FREDERICK SUTHERLAND DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(41) LARRY WEISS DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(42) STEPHANIE ZARUS DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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
SEE SCHEDULE O		

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 ▶ 17

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	21,876,072.				
	c	Fundraising events	1c	172,949.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	4,825,053.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	7,315,215.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 632,022.				
	h	Total. Add lines 1a-1f ▶			34,189,289.			
	Program Service Revenue	2a	PROGRAM CONTRACTS & OTHER PROJECTS	Business Code	515100	15,311,918.	15,309,142.	2,776.
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶			15,311,918.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			452,789.		452,789.	
	4	Income from investment of tax-exempt bond proceeds . ▶			NONE			
	5	Royalties ▶			27,807.		27,807.	
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	NONE	NONE			
	d	Net rental income or (loss) ▶				NONE		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						10,929,947.		
	b	Less: cost or other basis and sales expenses . .	7b	10,364,291.				
c	Gain or (loss)	7c	565,656.					
d	Net gain or (loss) ▶				565,656.			
8a	Gross income from fundraising events (not including \$ 172,949. of contributions reported on line 1c). See Part IV, line 18	8a		15,043.				
			8b	15,043.				
			8c	Net income or (loss) from fundraising events ▶				
9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE				
			9b	NONE				
			9c	Net income or (loss) from gaming activities ▶		NONE		
10a	Gross sales of inventory, less returns and allowances	10a		NONE				
			10b	NONE				
			10c	Net income or (loss) from sales of inventory ▶		NONE		
Miscellaneous Revenue	11a	CHANNEL SHARING INCOME	Business Code	515100	441,494.	441,494.		
	b	OTHER INCOME		515100	16,426.	16,426.		
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶			457,920.			
12	Total revenue. See instructions ▶			51,005,379.	15,767,062.	2,776.	1,046,252.	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	2,949,642.	2,156,189.	112,086.	681,367.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	13,375,824.	9,937,646.	610,945.	2,827,233.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	617,541.	454,230.	35,002.	128,309.
9 Other employee benefits	1,845,613.	1,309,577.	244,428.	291,608.
10 Payroll taxes	1,143,541.	841,535.	62,636.	239,370.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	243,586.	200,692.	42,894.	
c Accounting	85,899.	62,267.	9,753.	13,879.
d Lobbying	18,744.	18,744.		
e Professional fundraising services. See Part IV, line 17	2,004,371.			2,004,371.
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	269,211.	202,592.	29,446.	37,173.
12 Advertising and promotion	1,147,105.	1,014,949.	21,157.	110,999.
13 Office expenses	399,640.	276,959.	56,296.	66,385.
14 Information technology.	724,036.	551,516.	30,868.	141,652.
15 Royalties.	NONE			
16 Occupancy	598,834.	508,916.	29,933.	59,985.
17 Travel	95,770.	59,623.	13,744.	22,403.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	601,307.	72,673.	65,259.	463,375.
21 Payments to affiliates.	NONE			
22 Depreciation, depletion, and amortization	1,465,548.	1,465,548.		
23 Insurance	215,219.	127,367.	59,463.	28,389.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PRODUCTION/ACQUISITION COSTS	7,177,705.	7,177,510.	NONE	195.
b MEMBERSHIP & DEVELOPMENT EXP	1,171,635.	NONE	NONE	1,171,635.
c TRANSMITTER/STUDIO MAINT	925,592.	925,592.	NONE	NONE
d POSTAGE & DELIVERY	94,039.	2,749.	821.	90,469.
e All other expenses	287,868.	178,957.	36,685.	72,226.
25 Total functional expenses. Add lines 1 through 24e	37,458,270.	27,545,831.	1,461,416.	8,451,023.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

Table with columns for (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33). Includes sub-rows 10a, 10b, 10c and checkboxes for FASB ASC 958 compliance.

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	51,005,379.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,458,270.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,547,109.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	57,110,425.
5	Net unrealized gains (losses) on investments	5	-4,522,166.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-117,391.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	66,017,977.

Part XII Financial Statements and Reporting

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

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

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

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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).)
- 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 on 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						

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

Schedule A (Form 990) 2021

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) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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. Do not include gain or loss from the sale of capital assets; 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 2021 (line 6, column (f), divided by line 11, column (f)) 96.12%; 15 Public support percentage from 2020 Schedule A, Part II, line 14 94.63%; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]; 16b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

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

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

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

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

WHYY, INC.

23-1438083

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization <p style="text-align: center;">WHYY, INC.</p>	Employer identification number <p style="text-align: center;">23-1438083</p>
-----------------------------------------------------------------------	---------------------------------------------------------------------------------

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 <hr/> <hr/> <hr/>	\$ 2,897,352.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 886,294.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 3,383,166.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	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 <p style="text-align:center;">WHYY, INC.</p>	Employer identification number <p style="text-align:center;">23-1438083</p>
----------------------------------------------------------------------	--------------------------------------------------------------------------------

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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

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) 2021

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) 2018	(b) 2019	(c) 2020	(d) 2021	(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 3 main columns: Description, (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...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912...; c If "Yes," enter the amount of any tax incurred by organization managers...; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?...

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

Table with 3 columns: Question, 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 2 main columns: Description and Amount. 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); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

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.

Blank lines for providing supplemental information as requested in the instructions above.

Part IV Supplemental Information (continued)

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

THE LOBBYISTS FOR WHY INC. AIM TO MAINTAIN AND INCREASE ANNUAL SUPPORT FROM THE STATE OF DELAWARE AND COMMONWEALTH OF PENNSYLVANIA.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

Schedule D (Form 990) 2021

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	32,732,156.	21,294,954.	18,518,341.	17,472,145.	16,486,393.
b Contributions	14,215,555.	7,371,195.	1,983,492.		
c Net investment earnings, gains, and losses	-3,248,963.	5,167,117.	1,242,756.	1,417,813.	1,178,672.
d Grants or scholarships					
e Other expenditures for facilities and programs	912,099.	1,101,110.	449,635.	371,617.	192,920.
f Administrative expenses					
g End of year balance	42,786,649.	32,732,156.	21,294,954.	18,518,341.	17,472,145.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 89.6000 %
 - b Permanent endowment 8.6000 %
 - c Term endowment 1.8000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,543,979.		1,543,979.
b Buildings		20,842,922.	11,751,641.	9,091,281.
c Leasehold improvements				
d Equipment		23,278,760.	18,979,736.	4,299,024.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,934,284.

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	3,455,343.
(2) BROADCAST LICENSES	1,011,859.
(3) BENEFICIAL INTEREST TRUST	573,935.
(4) DEFERRED PROJECT COSTS	456,093.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	5,497,230.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part 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, 2022 AND 2021, 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, 2022 AND 2021. AS OF JUNE 30, 2022, WHYY HAS NET OPERATING LOSS CARRY FORWARDS, EXPIRING AT VARIOUS DATES THROUGH 2038. OF APPROXIMATELY \$11,000 AND A NET OPERATING LOSS

Part XIII Supplemental Information *(continued)*

CARRYFORWARD, WITH NO EXPIRATION, OF APPROXIMATELY \$ 7,000. THE DEFERRED TAX ASSET RESULTING FROM THE NET OPERATING LOSS CARRY FORWARD HAS BEEN FULLY RESERVED SINCE ITS USE IS NOT CONSIDERED MORE-LIKELY-THAN-NOT.

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

CHANGE IN BENEFICIAL INTEREST:	\$ (117,391)
FUNDRAISING EXPENSE:	\$15,043
TOTAL:	\$ (102,348)

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

FUNDRAISING EXPENSE:	\$ 15,043
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**SCHEDULE G
(Form 990)**

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.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ 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 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			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				3,719,141.	1,975,952.	1,743,189.

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)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	187,992.		187,992.
	2	Less: Contributions	172,949.		172,949.
	3	Gross income (line 1 minus line 2)	15,043.		15,043.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	15,043.		15,043.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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).

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

NEXT GENERATION FUNDRAISING, INC.

ADDRESS:

1235 WESTLAKES DR
BERWYN, PA 19312

ACTIVITY :

DIRECT MARKETING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	2,566,261.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	830,861.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	1,735,400.

NAME:

ALLEGIANCE FUNDRAISING LLC

ADDRESS:

3490 US HIGHWAY 1
PRINCETON, NJ 08540

ACTIVITY :

DIRECT MARKETING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	592,079.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	418,394.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	173,685.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

SD&A TELESERVICES, INC.

ADDRESS:

5757 W CENTURY BLVD #300
LOS ANGELES, CA 90045

ACTIVITY :

TELE- MARKETING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	325,066.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	128,767.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	196,299.

NAME:

DONOR DEVELOPMENT STRATEGIES, LLC

ADDRESS:

141 UNION BLVD, STE 300
LOS ANGELES, CA 90045

ACTIVITY :

CANVASSING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	235,735.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	597,930.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	-362,195.

**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

2021

**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) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM J. MARRAZZO PRESIDENT AND CEO	(i)	602,922.	155,095.	12,523.	14,500.	21,148.	806,188.	
	(ii)							
2 KYRA G. MCGRATH PRES, NEW VENTURES/ENTERPRISE	(i)	303,462.	48,148.	6,858.	14,500.	26,233.	399,201.	
	(ii)							
3 SANDRA CLARK VP, NEWS & CIVIC DIALOGUE	(i)	191,179.	20,863.	2,803.	10,271.	30,663.	255,779.	
	(ii)							
4 NANCY STUSKI VP, INSTITUTIONAL ADVANCEMENT	(i)	163,660.	5,272.	41,293.	10,730.	25,122.	246,077.	
	(ii)							
5 RUTH CLAUSER VP, ADMINISTRATIVE SERVICES	(i)	164,021.	17,163.	3,114.	8,297.	9,942.	202,537.	
	(ii)							
6 TERRI MURRAY CHIEF CONTENT OFFICER	(i)	171,742.	10,890.	638.	9,266.	29,718.	222,254.	
	(ii)							
7 FRANCIS GLAVIN CHIEF INFORMATION OFFICER	(i)	161,181.	16,232.	1,668.		26,877.	205,958.	
	(ii)							
8 ARTHUR ELLIS SVP & CHIEF MARKETING OFFICER	(i)	146,608.	14,888.	5,888.	7,412.	9,577.	184,373.	
	(ii)							
9 KEVIN YOSHIOKA VP, FINANCE & ANALYSIS	(i)	142,713.	14,878.	705.	7,813.	34,112.	200,221.	
	(ii)							
10 GABRIEL COAN VP, DIGITAL STRATEGIES & SRVC	(i)	144,527.	8,886.	448.	7,650.	25,047.	186,558.	
	(ii)							
11 TERRY GROSS EXE. PRODUCER/HOST - FRESH AIR	(i)	354,743.	276.	11,904.	14,500.	20,992.	402,415.	
	(ii)							
12 DANIEL B. MILLER EXECUTIVE PRODUCER - FRESH AIR	(i)	213,724.	5,273.	6,320.	10,969.	19,454.	255,740.	
	(ii)							
13 MARJORIE MOSS-COANE EXE. PRODUCER/HOST - RADIO TIM	(i)	143,148.	146.	6,200.	7,166.	1,413.	158,073.	
	(ii)							
14 KAREN PINSKY MANAGER, CORPORATE MARKETING	(i)	69,930.	291.	73,710.	7,560.	21,346.	172,837.	
	(ii)							
15 LIBING LI CONTROLLER	(i)	133,995.	5,291.	312.	6,485.	29,840.	175,923.	
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2021

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**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

Employer identification number

WHYY, INC.

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	X	1	4,095.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.	X	391	377,657.	AUCTION
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	41	250,271.	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** 4

	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) 2021

JSA

1E1298 1.000

01830D 702J

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

2021

**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 478,000 TELEVISION VIEWERS AND 482,000 RADIO LISTENERS A WEEK AND NEARLY 1.6 MILLION UNIQUE MONTHLY WEBSITE VISITORS TO WHYY.ORG AND BILLYPENN.COM. IN ADDITION, WHY REACHES A NATIONAL AUDIENCE IN EXCESS OF 4.9 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 4.9 MILLION PEOPLE EACH WEEK ON SOME 658 PUBLIC RADIO STATIONS. FRESH AIR PODCAST RECEIVES BETWEEN 4.5 TO 4.9 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

**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

2021

**Open to Public
Inspection**

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 4.9 MILLION PEOPLE WEEKLY ON 659 NPR PUBLIC RADIO STATIONS IN THE US AND EUROPE; AS WELL AS THE PULSE, A WEEKLY PROGRAM FEATURING REPORTING AND STORYTELLING AROUND HEALTH, SCIENCE AND INNOVATION. PODCASTS SUCH AS MARCH ON, 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

**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

2021

**Open to Public
Inspection**

Employer identification number

23-1438083

WHYY.ORG AS STREAMING CONTENT AND PODCAST.

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

ONLINE SERVICES:

WHYY.ORG IS THE ORGANIZATION'S ONLINE HOME DELIVERING NEWS AND DIALOGUE WITH AN AVERAGE OF 1,239,059 MONTHLY USERS. SPECIAL SECTIONS ARE DEVOTED TO ARTS AND CULTURE, HEALTH AND SCIENCE AND SPECIAL INTEREST BLOGS. WHYY.ORG ALSO PROVIDES ACCESS TO ON-DEMAND PROGRAM CONTENT, FM AND TV SCHEDULES AND GENERAL INFORMATION ABOUT WHYY. WHYY ONLINE PROPERTIES BILLY PENN AND PLAN PHILLY (WITH 373,742 AND 85,160 AVERAGE MONTHLY VISITORS RESPECTIVELY) PROVIDE IN-DEPTH COVERAGE OF PHILADELPHIA AND ITS NEIGHBORHOODS. WHYY CONTENT IS ALSO WIDELY DISTRIBUTED THROUGH SOCIAL MEDIA AND ON YOUTUBE.

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

WHYY CONTINUES TO HELP INCREASE STUDENT ENGAGEMENT WITH WIDELY SUCCESSFUL AFTERSCHOOL PROGRAMS, SUMMER CAMPS AND IN-SCHOOL MEDIA LABS. WHYY EDUCATIONAL PROGRAMMING HAS TAUGHT YOUNG PEOPLE TO EXPLORE THEIR ENVIRONMENT, PROBLEM SOLVE, TELL STORIES AND SUCCEED IN CREATIVE PROFESSIONS. WHYY PROVIDED INSTRUCTION IN MULTIMEDIA PRODUCTION TO THOUSANDS OF TEACHERS AND COMMUNITY MEMBERS THIS YEAR. SINCE WHYY'S MEDIA LAB PROGRAM LAUNCH IN 2014, WHYY HAS BROUGHT THE NUMBER OF MEDIA LABS PARTNERSHIPS WITH SCHOOLS THROUGHOUT THE REGION TO NEARLY 50.

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

Department of the Treasury
Internal Revenue Service

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WHYY, INC.

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▶ 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

2021

**Open to Public
Inspection**

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23-1438083

IMPACT & COMMUNITY

WHYY HAS TRAINED MORE THAN 20,000 STUDENTS IN VIDEO AND AUDIO PRODUCTION IN THE LAST 20 YEARS. STUDENTS USE MEDIA TO TELL STORIES WHILE INCREASING LIFE SKILLS LIKE HOW TO PLAN PROJECTS AND HOW TO SOLVE DIFFICULT PROBLEMS. WHYY HAS NOW PLACED MEDIA LABS IN MORE THAN 50 PHILADELPHIA SCHOOLS AND OPENED ITS FIRST NEW JERSEY MEDIA LAB ON THE CAMDEN HIGH SCHOOL CAMPUS. WHYY'S EDUCATION DEPARTMENT PROVIDES AN ONLINE TOOL KIT TO HELP STATIONS ACROSS THE COUNTY IMPLEMENT THESE TRAININGS INTO THEIR WORK.

TO FURTHER PREPARE MEDIA LAB STUDENTS FOR THE WORKING WORLD, WHYY'S YOUTH EMPLOYMENT PROGRAM ALLOWS STUDENTS A SEVEN-WEEK INTERNSHIP EXPERIENCE. STUDENTS ARE PAID TO WORK AS VIDEO PRODUCERS, REPORTERS, SOCIAL MEDIA PRODUCERS AND MORE. SINCE INCEPTION, COMPANIES SUCH AS COMCAST, AL DIA AND THE PHILADELPHIA MEDIA NETWORK HAVE HELPED STUDENTS GAIN CAREER EXPOSURE AND EXPERIENCE UTILIZING THE SKILLS THEY LEARNED THROUGH OUR PROGRAMS. OUR STUDENTS CREATE VIDEOS AND PUBLISH ARTICLES AND RADIO SEGMENTS INCLUDING A PROMO VIDEO FOR MURAL ARTS AND SEGMENTS FROM THE PULSE'S KIDS AND "MENTAL HEALTH" EPISODE.

WHYY IS COMMITTED TO PROMOTING LITERACY AND EARLY LEARNING PROGRAMS THROUGHOUT THE GREATER PHILADELPHIA REGION. THANKS TO GRANTS FROM THE BARNES FOUNDATION AND PNC, WHYY BEGAN INSTALLING LITTLE LIBRARIES AT SITES THROUGHOUT THE AREA STOCKED WITH PBS KIDS BOOKS, TAKE-HOME ACTIVITY SHEETS AND RESOURCE MATERIALS FAMILIES CAN KEEP. WHYY ALSO CONDUCTS

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ENGAGEMENTS WITH KIDS AND FAMILIES AT THE VARIOUS SITES. AND AS SCHOOLS CONTINUED TO STRUGGLE WITH ISSUES AROUND THE PANDEMIC, WHY Y EXPANDED ITS PBS LEARNING MEDIA WEB OFFERINGS WITH A SUITE OF RESOURCES TO SPARK GENUINE EXCITEMENT AND DRIVE LEARNING BOTH IN- AND OUTSIDE OF THE CLASSROOM SERVING AS A BRIDGE TO LEARNING OPPORTUNITIES.

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

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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.
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.

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

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS: \$ (117,391)

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WHYY, INC.**23-1438083**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CHADWICK SERVICE COMPANY 362 DUNKSFERRY ROAD BENSALEM, PA 19020	HVAC SYSTEM	912,945.
NEXT GENERATION FUNDRAISING, INC. 1235 WESTLAKES DRIVE, SUITE 130 BERWYN, PA 19312	DIRECT RESPONSE MKGT	843,584.
REMEDIUM ADVERTISING INC. 2100 HAVERFORD ROAD ARDMORE, PA 19003	ADVERTISING	551,640.
ALLEGIANCE FUNDRAISING LLC 3064 49TH STREET SOUTH FARGO, ND 58104	DIRECT RESPONSE MKGT	429,528.
FOREST INCENTIVES 790 JACKSONVILLE ROAD WARMINSTER, PA 18974	PREMIUM FULFILMENT	331,223.