032001 12-23-20

Department of the Treasury Internal Revenue Service

### EXTENDED TO NOVEMBER 15, 2021 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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



Α	For the	e 2020 calendar year, or tax year beginning and e	ending	-		
B	Check if applicab	e: C Name of organization		D Employer identifie	cation number	
	Addre	PAVEK MUSEUM OF BROADCASTING				
	Name			41-15738	09	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final return	3515-17 RALEIGH AVENUE		952-926-	8198	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	580,860.	
	Amen return	SI LOUIS PARK, MN 55410		H(a) Is this a group re	turn	
	Applic tion	F Name and address of principal officer: SYLVIE SKOOG		for subordinates	? Yes 🗶 No	
	pendi	3515-17 RALEIGH AVE, ST LOUIS PARK, MN	5541	H(b) Are all subordinates in	cluded? Yes No	
1	Tax-ex	empt status: 🚺 501(c)(3) 🔲 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) o	or 🗌 527	lf "No," attach a	list. See instructions	
		te: WWW.PAVEKMUSEUM.ORG		H(c) Group exemption		
		forganization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year (	of formation: 1986 N	State of legal domicile: MN	
Pa	art I	Summary				
ė	1	Briefly describe the organization's mission or most significant activities: TO B			NITY AT	
Governance		LARGE A BROADER KNOWLEDGE OF HOW PIONEERS				
ern		Check this box 🕨 🛄 if the organization discontinued its operations or dispos				
Š		Number of voting members of the governing body (Part VI, line 1a)			16	
ళ		Number of independent voting members of the governing body (Part VI, line 1b) $\ _{\cdot}$			16	
Activities		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			8	
tivit	6	Total number of volunteers (estimate if necessary)		6	5	
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
ne		Contributions and grants (Part VIII, line 1h)		4,450,938.	378,000.	
Revenue		Program service revenue (Part VIII, line 2g)		<u>25,054</u> . 12,302.	<u>    15,068.</u> 47,820.	
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		35,745.	100,622.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,524,039.	541,510.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,524,059.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	4 -	Benefits paid to or for members (Part IX, column (A), line 4)		353,362.	408,292.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . Professional fundraising fees (Part IX, column (A), line 11e)		0.	400,292.	
Expenses	loa b	Total fundraising expenses (Part IX, column (A), line 11e)	73	• 0	0.	
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		207,083.	260,679.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		560,445.	668,971.	
		Revenue less expenses. Subtract line 18 from line 12		3,963,594.	-127,461.	
or				ginning of Current Year	End of Year	
lanc	20	Total assets (Part X, line 16)		5,500,235.	5,968,706.	
Ass Ba	21	Total liabilities (Part X, line 26)		27,671.	67,998.	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		5,472,564.	5,900,708.	
Pa	art II	Signature Block				
Unc	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	/ knowledge and belief, it is	
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.		
Sig	In	Signature of officer		Date		
He	re	SYLVIE SKOOG, MANAGING DIRECTOR				
		Type or print name and title	[	Date Chack		
				Idle Chook		

	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	ADAM KELLERHALS	ADAM KELLERHALS	11/15/21 self-employed P01568272
Preparer	Firm's name 🕒 SMITH, SCHAFER &	ASSOCIATES, LTD.	Firm's EIN 🕨 41-1489071
Use Only	Firm's address 7500 HIGHWAY 55,	SUITE 350	
	MINNEAPOLIS, MN	55427	Phone no.952-920-1455
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	m 990 (2020) PAVEK MUSEUM OF BROADCASTING	41-1573809	Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	E OF HOW DIONE	ס מקו
	TO BRING TO THE COMMUNITY AT LARGE A BROADER KNOWLEDG IN ELECTRONIC COMMUNICATIONS CREATED ENORMOUS IMPACT		
	SOCIETY, AND TO STIMULATE IN YOUNG PEOPLE A NEW RECOG		/
	PRACTICAL AND	NIIION OF THE	
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		XNo
	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 servic	ces?	XNo
U	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	s as measured by expense	\$
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.		und
4a		Revenue \$ 112,	919.)
	MUSEUM IS OPEN TO THE PUBLIC OFFERING TOURS, WORKSHOP		
	STUDENTS AND PRESERVATION OF THE COLLECTION.	<u> </u>	
			<u>.</u>
4b	(Code:) (Expenses \$ including grants of \$) (F	Daveaue ¢	)
40	(Code:) (Expenses \$) (noticiting grants or \$) (noticiting grants or \$) (noticiting grants or \$)	revenue \$	)
			<u> </u>
4c	(Code:) (Expenses \$) (F	Revenue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e			
		Form	<b>990</b> (2020)

# Form 990 (2020) PAVEK MUSEUM OF BROADCASTING Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10	v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Δ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	1/1		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		Δ
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			- 11
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		- 11
13	complete Schedule G, Part III	19		Х
20a		19 20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form	990	(2020)	1
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#### PAVEK MUSEUM OF BROADCASTING Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
00	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		~
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
U	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		- 23
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	01		
52	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		_	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	5		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10	- 23	
	to file Form 8282?	7c		х
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		- 23
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		
	Did the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
	If the organization received a contribution of qualified intellectual property, did the organization life rorm 1098 as required ?	7g 7h		
		/11		
	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	•		
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	0.0		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
	Section 501(c)(7) organizations. Enter:	90		
	Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b	-		
		-		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders       11a         Gross income from other sources (Do not net amounts due or paid to other sources against       1	-		
b				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-		
		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand		<u> </u>	v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	┝───	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	├──	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

PAVEK MUSEUM OF BROADCASTING

Form **990** (2020)

41-1573809 Page 5

Form 990 (2020)

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Form	990	(2020)	ł

#### PAVEK MUSEUM OF BROADCASTING

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

X

	• • •				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			
	officer, director, trustee, or key employee?			2	х	
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by tl	ne following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	levenu	e Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	ore filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					37
12a				12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			10		
10	in Schedule O how this was done			12c		v
13 14	Did the organization have a written whistleblower policy?			13		X X
14 15	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approv		ndependent			
~	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15a	X	<u> </u>
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a			
.54	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					_
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MN					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	ind 99	0-T (Section 501(c)(3	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	n on Se	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy, ar	nd finar	ncial	
	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 bo	oks a	nd records 🕨			
	<u>SYLVIE SKOOG - 952-926-8198</u>					
	3515-17 RALEIGH AVE, ST LOUIS PARK, MN 55416					

Form 990 (2020	0) PAVEK MUSEUM OF BROADCASTING	<u>11-1573809</u>	Page 7
Part VII Co	ompensation of Officers, Directors, Trustees, Key Employees, Highest Compen	sated	
En	mployees, and Independent Contractors		
Che	neck if Schedule O contains a response or note to any line in this Part VII		
Section A. Of	officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete th	this table for all persons required to be listed. Report compensation for the calendar year ending with or w	vithin the organization'	s tax year.
<ul> <li>List all of</li> </ul>	f the organization's current officers, directors, trustees (whether individuals or organizations), regardless o	of amount of compens	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

X 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	box.	not cł , unles cer an	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JEFFREY T. BAKKEN <u>CHAIR</u>	5.00	х		x				0.	0.	0.
(2) STEVE WOODBURY SECRETARY	2.00	х		x				0.	0.	0.
(3) ERIN BAKKEN TREASURER	2.00	х		х				0.	0.	0.
(4) ELIZABETH A. AMBROSE DIRECTOR	2.00	x						0.	0.	0.
(5) GEORGINE L. BUSCH DIRECTOR	2.00	х						0.	0.	0.
(6) ED DE LA HUNT DIRECTOR	2.00	x						0.	0.	0.
(7) JIM DU BOIS DIRECTOR	2.00	x						0.	0.	0.
(8) MARK DURENBERG DIRECTOR	2.00	х						0.	0.	0.
(9) WAYNE EDDY DIRECTOR	2.00	x						0.	0.	0.
(10) SANDY ELLIS DIRECTOR	2.00	x						0.	0.	0.
(11) TOM GAVARAS DIRECTOR (10) DOWN WITHOUT	2.00	х						0.	0.	0.
(12) PAUL HEDBERG DIRECTOR	2.00	х						0.	0.	0.
(13) STEVE LINDER DIRECTOR	2.00	х						0.	0.	0.
(14) TOM OSZMAN <u>DIRECTOR</u> (15) RICHARD A. SALITERMAN	2.00	x						0.	0.	0.
(15) RICHARD A. SALITERMAN DIRECTOR (16) DAN SEEMAN	2.00	х						0.	0.	0.
DIRECTOR		х						0.	0.	0.

Form 990 (2020) PAVEK MUS									41-157	3809	) F	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghes	st C		es (continued)			
(A)	(B)			(C Posi				(D)	(E)		(F)	
Name and title	Average hours per		not c	heck	more	than o		Reportable compensation	Reportable		stimat mount	
	week					is both pr/trus		from	compensation from related	a	other	
	(list any	ector						the	organizations	cor	npensa	ation
	hours for related	or dir	ee			sated		organization	(W-2/1099-MISC)		rom th	
	organizations	rustee	ıl trustee		ee	mpens		(W-2/1099-MISC)			ganiza 1d rela	
	below	Individual trustee or director	Institutional 1	ar	Key employee	Highest compensated employee	ler				anizat	
	line)	Indiv	Instit	Officer	Key e	High empl	Former			_		
										_		
										-		
										_		
1b Subtotal							•	0.	0			0.
c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c)								0.	0			0.
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed at	oove	e) wh	o re	eceived more than \$100	,000 of reportable			
compensation from the organization											1	0
											Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,												37
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150			-						-	4		x
5 Did any person listed on line 1a receive or a										4		
rendered to the organization? If "Yes," com										5		х
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated ind	depe	ende	ent c	ontr	acto	rs t	hat received more than	\$100,000 of compe	nsation	from	
the organization. Report compensation for	the calendar y	ear e	endi	ng w	/ith (	or wi	thir	n the organization's tax	year.			
(A)				_				(B)			C)	
Name and business	address	NC	ONE	5				Description of s	ervices	Compe	ensatio	n
-												
							Ì					
<ol> <li>Total number of independent contractors (ii \$100,000 of compensation from the organiz</li> </ol>	•	ot III	nite	u t0	thos (	-	ted	above) who received m	iore than			

				/EK	MUSEUM	OF BROAD	CASTING		41-1573	809 Page	e 9
Ра	rt V	/111	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a respons	e or note to any lir					
							<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclud	ed
							Total revenue	function revenue		from tax unde	r
										sections 512 - 5	14
s, Grants Amounts	1	а	Federated campaigns		1a						
<u>ou</u>		b	Membership dues		1b						
Åm (		с	Fundraising events		1c						
lar Tar		d	Related organizations		1d						
is,		е	Government grants (contr	ributi	ons) <b>1e</b>						
rs		f	All other contributions, gifts,	grant	s, and						
the			similar amounts not included	abov	'e 1f	378,000.					
Contributions, Gifts, and Other Similar Ar		g	Noncash contributions included in	lines	1a-1f <b>1g</b> \$						
a C		h	Total. Add lines 1a-1f				378,000.				
						<b>Business Code</b>					
9	2	а	MUSEUM RELATE	D	REVENUE	900099	15,068.	15,068.			
و يُز		b									
Se		с									
am eve		d									
Program Service Revenue		е									
۲,		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f				15,068.				
	3		Investment income (inclue	ding	dividends, inte	erest, and					
			other similar amounts)			►	47,411.			47,41	L.
	4		Income from investment of	of tax	-exempt bond	proceeds					
	5		Royalties			<b>&gt;</b>					
					(i) Real	(ii) Personal					
	6	а	Gross rents	6a	1,940						
		b	Less: rental expenses $\dots$	6b	0						
		с	Rental income or (loss)	6c	1,940	•					
		d	Net rental income or (loss	)		<b>&gt;</b>	1,940.			1,940	).
	7	а	Gross amount from sales of		(i) Securities						
			assets other than inventory	7a	37,909	•					
		b	Less: cost or other basis								
nue			and sales expenses		37,500						
evenue		С	Gain or (loss)	7c	409	•					
			Net gain or (loss)			<b>&gt;</b>	409.	409.			
Other R	8	а	Gross income from fundraisi	ng ev	ents (not						
Ó			including \$								
			contributions reported on		-						
			Part IV, line 18								
			Less: direct expenses				1 050			1 0 5 4	
			Net income or (loss) from			<b>▶</b>	-1,850.			-1,850	<u>).</u>
	9	а	Gross income from gamin	-							
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from		-	<b>&gt;</b>					
	10	а	Gross sales of inventory,			2 0 0 0					
			and allowances								
			Less: cost of goods sold			)b 0.	2 000			2 004	
		С	Net income or (loss) from	sales	s of inventory		3,090.			3,090	<u>, ,</u>
sn					mm	Business Code	67.000	67.000			
Miscellaneous Revenue	11		SALE OF DUPLI				67,822.				
ven			EMPLOYEE RETE				29,620.	29,620.			
Sce		с									
ž			All other revenue				07 440				
			Total. Add lines 11a-11d Total revenue. See instruction				<u>97,442.</u> 541,510.	112,919.	0.	50,593	1
	12		I ULAI IEVEILUE. OUU IIISU UUUU	112			- フォエ・フエリ・	· · · · · · · · · · · · · · · · · · ·	U •		

#### Form 990 (2020)

#### PAVEK MUSEUM OF BROADCASTING 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 **(D)** Fundraising (B) Program service (A) Total expenses (C) Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. *expenses* general expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 327,371. 229,160. 49,105. 49,106. 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 14,869. 10,408. 2,231. 2,230. 41,024 28,717. 6,153. 6,154. Other employee benefits 9 25,028. 17,520. 3,754. 3,754. Payroll taxes 10 Fees for services (nonemployees): 11 Management а b Legal 20,278. 3,244. 13,992. 3,042. Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, α 12,763. 2,042. 8,806. 1,915. column (A) amount, list line 11g expenses on Sch 0.) 6,579. 6,579. 12 Advertising and promotion 18,438. 18,438. Office expenses 13 14 Information technology 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings ..... 19 20 Interest Payments to affiliates 21 91,397. 82,257. 9,140. Depreciation, depletion, and amortization 22 10,504. 9,454. 1,050. Insurance 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10<sup>-/</sup>/<sub>2</sub> of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 1,938. 19,382 17,444. UTILITIES а INVESTMENT FEES 16,385, 16,385. h 14,131 14,131. IMPROVEMENTS С 6,052. 12,103. **POSTAGE & SHIPPING** 3,025. 3,026. d 38,719. 4,990. 32,283. 1,446. e All other expenses 668,971. 452,712. 145,586. 70.673. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

2020)	PAVEK	MUSEUM	OF	BROADCASTING	
<b>Balance Sheet</b>					
Check if Schedule	O contains a	a response or r	note to	any line in this Part X	
					Beg

41-1573809 Page 11

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			334,756.	1	206,107.
	2	Savings and temporary cash investments			4,139,686.	2	4,380,796.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			762.	4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualit	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	d in sea	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			2,644.	8	6,799. 5,782.
Ä	9	Prepaid expenses and deferred charges			6,446.	9	5,782.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,748,453.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	615,198.	780,674.	10c	1,133,255.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			235,267.	15	235,967.
	16	Total assets. Add lines 1 through 15 (must equa			5,500,235.	16	5,968,706.
	17	Accounts payable and accrued expenses			27,671.	17	65,194.
	18	Grants payable				18	
	19	Deferred revenue				19	2,804.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to any current or form	ner offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
iabi		controlled entity or family member of any of thes	e pers	ons		22	
	23	Secured mortgages and notes payable to unrela	ited thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pay	yables	to related third			
		parties, and other liabilities not included on lines	17-24	). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			27,671.	26	67,998.
		Organizations that follow FASB ASC 958, che	ck her	e 🕨 X			
čě		and complete lines 27, 28, 32, and 33.					
Ilan	27	Net assets without donor restrictions			5,403,683.	27	5,832,000.
Ba	28	Net assets with donor restrictions			68,881.	28	5,832,000. 68,708.
nnc		Organizations that do not follow FASB ASC 9	58, cho	eck here 🕨 🗌			
يت ب		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
sei	30	Paid-in or capital surplus, or land, building, or eq	uipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
Nei	32	Total net assets or fund balances			5,472,564.	32	5,900,708.
	33	Total liabilities and net assets/fund balances			5,500,235.	33	5,968,706.
							Form <b>990</b> (2020)

Form	1 990 (2020) PAVEK MUSEUM OF BROADCASTING	41-15	73809	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			L
			E 4 1	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		L,510
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,971
3	Revenue less expenses. Subtract line 2 from line 1	3		7,461
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,564
5	Net unrealized gains (losses) on investments	5	555	5,605
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		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
De	column (B))	10	5,900	),708
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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?		<b>2b</b>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit		
	Act and OMB Circular A-133?		3a	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			Form	<b>990</b> (2020

(Form S	DULE A 990 or 990-EZ) t of the Treasury		Public Cha omplete if the organ 49	OMB No. 1545-0047 <b>2020</b> Open to Public					
	venue Service		Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	nformation.	Frankassan	
Name of	f the organization			F BROADCASTI	NC				identification number 1-1573809
Part I	Reason f			(All organizations must c		his part.) S	See instructior		1-1373009
The orga				(For lines 1 through 12, c					
1 Ľ	A church, cor	vention of ch	urches, or association	on of churches described	d in sectio	on 170(b)(	1)(A)(i).		
2	A school deso	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
з 🔄	A hospital or a	a cooperative	hospital service org	anization described in <b>se</b>	ection 170	)(b)(1)(A)(i	ii).		
4		-	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
-	city, and state								a al im
5 💷			or the benefit of a co Complete Part II.)	ollege or university owned	a or opera	ted by a g	overnmental l	init describ	bed in
6	· ۲			nental unit described in s	section 1	70(b)(1)(A)	(v)		
7 X	-	· -	-	antial part of its support f			.,	he general	public described in
	-		omplete Part II.)		Ũ			U	
8				(1)(A)(vi). (Complete Par	t II.)				
9	An agricultura	al research org	ganization described	l in section 170(b)(1)(A)(	<b>ix)</b> operate	ed in conju	unction with a	land-grant	college
	or university o	or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or
	university:								
10	-		•	than 33 1/3% of its sup				-	•
				ct to certain exceptions; e (less section 511 tax) fro					-
			mplete Part III.)			sses acqu		yanization	
11 🗌	1		· · · · · · · · · · · · · · · · · · ·	ively to test for public sa	fety. See	section 50	09(a)(4).		
12	-	-	-	ively for the benefit of, to	•			arry out the	purposes of one or
	more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	5 <b>09(a)(3).</b> C	Check the box in
_	lines 12a thro	ugh 12d that	describes the type o	of supporting organizatio	n and con	nplete line:	s 12e, 12f, an	d 12g.	
a	Type I. A su	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	giving
	the support	ed organizatio	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	upporting
. г			complete Part IV, So					( ) I I	
b∟				d or controlled in connec			-		-
		-	it complete Part IV,	anization vested in the s	ame perso	ons that co	ontroi or mana	ige the sup	poned
<b>c</b> [	~	. ,	• •	g organization operated	in connec	tion with	and functiona	llv integrate	ed with
• _		-	•	s). You must complete I					
d 🗌				oorting organization oper				rted organi	zation(s)
	that is not f	unctionally int	egrated. The organi	zation generally must sat	isfy a dist	ribution re	quirement an	d an attenti	iveness
_	requiremen	t (see instruct	ions). <b>You must co</b> r	nplete Part IV, Sections	A and D	, and Part	<b>V</b> .		
e∟		•		written determination fro			а Туре I, Туре	II, Type III	
6 F.				onally integrated support					
	ter the number of the following the second sec			ad arganization(a)					
<b>y</b> P1	(i) Name of suppo		n about the supporte (ii) EIN	(iii) Type of organization	(IV) Is the orga	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
					<u> </u>				<u> </u>
Total									
	Paperwork Red	duction Act N	lotice, see the Inst	ructions for Form 990 o	r 990-F7.	032021 01		dule A (For	m 990 or 990-EZ) 2020

Tetai							
LHA For Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	r 990-EZ.	032021 01-	25-21	Schedule A (For	rm 990 or 990-EZ) 202

	edule A (Form 990 or 990-EZ) 2020 P						3809 Page 2
Pa	rt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(v	i)
	(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I o	r if the organizatio	n failed to qualify (	under Part III. If the	organization
	fails to qualify under the tests	s listed below, plea	se complete Part I	II.)			
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	253,139.	266,704.	256,199.	450,938.	378,000.	1,604,980.
2	Tax revenues levied for the organ-			•			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
л	Total. Add lines 1 through 3	253,139.	266,704.	256,199.	450,938.	378,000.	1,604,980.
- 5	The portion of total contributions	255,155.	200,7040	250,155.	430,330.	570,000.	1,004,980.
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the amount shown on line 11,						
	a a luvra a (f)						
•	······						1,228,663.
	Public support. Subtract line 5 from line 4.						376,317.
-		( ) 00/0	(1) 00 ( <b>T</b>	( ) 00/0	(	( ) 0000	(n = 1 )
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	253,139.	266,704.	256,199.	450,938.	378,000.	1,604,980.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	455.	1,394.	6,118.	14,442.	49,760.	72,169.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	36,087.	50,980.	89,112.	58,659.	113,750.	<u>348,588.</u>
11	Total support. Add lines 7 through 10						2,025,737.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, r	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (I	line 6, column (f), d	livided by line 11, o	column (f))			18.58 %
15	Public support percentage from 2019						29.94 %
16a	33 1/3% support test - 2020. If the c	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te				-	Ū	N 37
b	10% -facts-and-circumstances tes	-		• • • •	-		
~	more, and if the organization meets th						
	organization meets the facts-and-circl				•		
18	Private foundation. If the organizatio						s <b>&gt;</b>
						edule A (Form 990	

#### 41-1573809 Page 3

## Schedule A (Form 990 or 990-EZ) 2020 PAVEK MUSEUM OF BROADCASTING Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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 $\dots$						
6	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(-) 2020	(f) Total
		<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
100	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						_
k	• 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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	e organization's fi	irst second third	fourth or fifth tax	vear as a section	501(c)(3) organiza	ation
••		•			-		
Se	ction C. Computation of Publi	c Support Pe					
	Public support percentage for 2020 (li			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						<u>,,,</u>
-	Investment income percentage for 202					17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2020. If the						
130	more than 33 1/3%, check this box ar						
	<b>33 1/3% support tests - 2019.</b> If the	•					
Ľ							
20	line 18 is not more than 33 1/3%, cher Private foundation. If the organization		-				·
20	I IIVALE IVAIIVALIVII. II LIE UIVAIIIZALIVI	I GIG HOL UNCON a					

#### Schedule A (Form 990 or 990 EZ) 2020 PAVEK MUSEUM OF BROADCASTING

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	1	
	Yes	No
1		
2		
2		
3a		
3b		
3c		
4a		
4b		
4c		
10		
5a		
5b		
5c		
6		
0		
7		
8		
9a		
9b		
0-		
9c		
10a		
100		
10b		

### Schedule A (Form 990 or 990 EZ) 2020 PAVEK MUSEUM OF BROADCASTING Part IV Supporting Organizations (continued)

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

#### Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of 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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		ĺ
ec	tion C. Type II Supporting Organizations			
			Yes	No

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

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

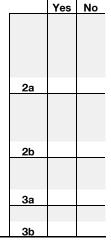
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1
	supported organizations played in this regard.	3		

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

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** \_\_\_\_\_ The organization is the parent of each of its supported organizations. Complete line 3 below.

с	The organization support	ed a governmental entit	y. Describe in Part VI how	you supported a q	overnmental entity	(see instruction:

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



Sche Pa	dule A (Form 990 or 990-EZ) 2020 PAVEK MUSEUM OF BROADC			41-1573809 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	0		Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations must		(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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		
Sect	ion 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-function	ally integrate	ed Type III supporting or	ganization (see
	instructions).	-	-	

Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990-EZ) 2020 PAVEK MUSEUM OF BROADCASTING

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	1					
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns <b>3</b>				
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )	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 t	he organization is responsive	e				
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2020 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount	r	10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable			
			Pre-2020	Amount for 2020			
_1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2020						
а	From 2015						
b	From 2016						
с	From 2017						
d	From 2018						
е	From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)						
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, <i>explain in</i>						
·	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2016						
	Excess from 2017						
-	Excess from 2018						
	Excess from 2019						
e	Excess from 2020						

Schedule A (Form 990 or 990-EZ) 2020

<ul> <li>Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)</li> <li>PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:</li> <li>OPENED IN 1988, THE PAVEK MUSEUM IS AN ORGANIZATION THAT AIMS TO PRESERVE</li> <li>THE HISTORY OF ELECTRONIC COMMUNICATION AND PROVIDES A LEARNING</li> <li>ENVIRONMENT FOR THOSE INTERESTED IN THE SCIENCE OF ELECTROMAGNETISM AND</li> </ul>
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THE HISTORY OF ELECTRONIC COMMUNICATION AND PROVIDES A LEARNING
ENVIRONMENT FOR THOSE INTERESTED IN THE SCIENCE OF ELECTROMAGNETISM AND
SOUND. IT IS OPEN TO THE GENERAL PUBLIC WEDNESDAYS THROUGH SATURDAYS
10:00AM - 5:00PM. IT BOASTS A LARGE PERMANENT COLLECTION OF ELECTRONIC
COMMUNICATION DEVICES, AUDIO, AND BROADCAST EQUIPMENT THAT CAN BE VIEWED
BY THE GENERAL PUBLIC IN THE EXHIBIT HALLS. THE MUSEUM ALSO HAS A SMALL
TEMPORARY EXHIBIT SPACE, WHICH IS ROTATED QUARTERLY, DESIGNED TO PROVIDE
THE PUBLIC WITH A NEW EXPERIENCE EACH VISIT. IN ADDITION TO PUBLIC WALK-IN
VISITS, THE MUSEUM HAS WELCOMED OVER 100,000 SCHOOL STUDENTS AND CONTINUES
TO HOST FIELDTRIPS FOR LOCAL SCHOOLS. THE MUSEUM'S EDUCATIONAL PROGRAMS
INCLUDE THE BROADCAST WORKSHOP, ELECTROMAGNETISM WORKSHOP, AND SPY RADIO
SUMMER CAMP. ALONG WITH SCHOOL-AGED PROGRAMS, THE MUSEUM HAS DEVELOPED A
VINTAGE RADIO SERVICE COURSE WHICH IS OPEN FOR PARTICIPATES OF ALL AGES.
FOR THIS SPECIFIC COURSE, THE MUSEUM WELCOMES MEMBERS OF THE PUBLIC WHO
HAVE EXPERTISE IN THE RADIO REPAIR FIELD TO PARTICIPATE AS VOLUNTEERS. THE
MUSEUM PROVIDES GUIDED TOURS FOR HIGH SCHOOL GROUPS, AS WELL AS TOURS FOR
ADULTS AND SENIORS. ON OCCASION, PAVEK STAFF MEMBERS HAVE GIVEN
PRESENTATIONS AT LOCAL LIBRARIES AND NURSING HOMES. THE PAVEK MUSEUM IS
ALSO HOME TO THE MINNESOTA BROADCASTING HALL OF FAME, WHICH HONORS THE
INDUSTRY'S SKILLED INDIVIDUALS AND PRESERVES THE LEGACY OF THEIR CAREERS.
THE HALL OF FAME CAN BE VIEWED WITHIN THE MUSEUM DURING OPEN HOURS.
LASTLY, THE MUSEUM HAS A RESEARCH LIBRARY IN WHICH THE PUBLIC, UPON
APPOINTMENT, MAY USE ITS RESOURCES.

SC	HEDULE D	Supplementa	al Financial Statements			OMB No. 1545-0047
	n 990)	Complete if the org	anization answered "Yes" on Form 990.			2020
-	-	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12́b Attach to Form 990.			Open to Public
	ment of the Treasury I Revenue Service		90 for instructions and the latest informa	ation.		Inspection
Nam	e of the organizati	ion		1		identification number
_		PAVEK MUSEUM OF BR				<u>1-1573809</u>
Pa		ations Maintaining Donor Advise		or Ac	counts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lir				
			(a) Donor advised funds	(b)	Funds an	d other accounts
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4	Aggregate value a					
5	-	on inform all donors and donor advisors in	-			
-		on's property, subject to the organization's				Yes No
6	•	on inform all grantees, donors, and donor a	• •			
		boses and not for the benefit of the donor o	, , , , ,		ig	
Pa	impermissible priv	ration Easements. Complete if the org	appization answered "Vee" on Form 000 D			Yes No
1		servation easements held by the organizat		art iv, iii		
		n of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	bistoria		tant land area
		of natural habitat	Preservation of a			
		n of open space		a certine		Siluciale
2		through 2d if the organization held a quali	fied conservation contribution in the form o	of a cons	envation e	assement on the last
2	day of the tax year	• •				at the End of the Tax Year
а		onservation easements			2a	
b					2b	
c	•	vation easements on a certified historic str			2c	
d		vation easements included in (c) acquired				
	listed in the Nation		,,,		2d	
3		vation easements modified, transferred, re		organiza	ation durir	ng the tax
	year 🕨			C		•
4	Number of states	where property subject to conservation ea	sement is located			
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of			
	violations, and enf	forcement of the conservation easements i	t holds?			Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing const	ervation	easemen	ts during the year
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion ease	ements du	ring the year
	►\$					
8		vation easement reported on line 2(d) abov				
		ı)(4)(B)(ii)?				Yes No
9		be how the organization reports conservat				
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the					
Do		counting for conservation easements. ations Maintaining Collections o	f Art Historical Tracquires or Ot	har Si	milor A	
га		f the organization answered "Yes" on Form				55015.
4 -	-	*				
па	-	elected, as permitted under FASB ASC 95				
		easures, or other similar assets held for pul Part XIII the text of the footnote to its fina				, ,
h	•	elected, as permitted under FASB ASC 95			shoot worl	/c of
b	-	sures, or other similar assets held for public				
		ing amounts relating to these items:				
	-	ided on Form 990, Part VIII, line 1		1	► <u>\$</u>	
					► \$ <u></u>	235,967.
2		received or held works of art, historical tre				200,001.
2		unts required to be reported under FASB A		gan, pr	GVIGG	
•	-	l on Form 990, Part VIII, line 1	-	1	▶ \$	
a h	Assets included in	E 000 D 1 Y			► <u></u>	
		eduction Act Notice, see the Instruction			- ¥ Sche	dule D (Form 990) 2020

		USEUM OF B						41-15			<u>age <b>2</b></u>
Pa	rt III Organizations Maintaining C									nued)	
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other record	ds, check a	any of the	following tha	t make s	significa	nt use of its			
а	X Public exhibition d Loan or exchange program										
b	Scholarly research	e									
c	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how the	v further t	he organizati	on's exe	mpt pui	pose in Par	t 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?										
Pa	<b>Part IV</b> 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.										
10	Is the organization an agent, trustee, custod		diany for or	optribution	o or other on	ooto not	include	d			
Id			-						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							····· └──			
D		and complete the it	bilowing ta	DIE.					Amoun	+	
-	Paginning balance						10		Amoun	<u>.</u>	
	Beginning balance										
	Additions during the year Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • •	L			]
	rt V Endowment Funds. Complete										<u> </u>
		(a) Current year		or year	(c) Two year			e vears back	(e) Fou	r vears	hack
1a	Beginning of year balance	(u) ourient your	(5) * **	or your		o buon	( <b>u</b> ) 1110	o youro buon	(6) + 64	youro	buon
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
Ũ	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		ce (line 1a.	column (a	a)) held as:				1		
	Board designated or quasi-endowment		%		,,,						
	Permanent endowment	%									
		%									
Ŭ	The percentages on lines 2a, 2b, and 2c sho	· -									
3a	Are there endowment funds not in the posse	•	ration that	are held a	ind administe	red for t	he orga	nization			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Pa	rt VI Land, Buildings, and Equipn										
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV,	line 11a. S	See Form 990	, Part X	line 10				
	Description of property	(a) Cost or c			or other		ccumula		(d) Boo	k valu	e
		basis (investi		. ,	(other)	• • •	preciatio		.,		
1a	Land			7	5,000.				7	5,0	00.
	Buildings				0,766.		570,	069.	1,02		
	Leasehold improvements										
	Equipment			8	2,687.		45,	129.	3	7,5	58.
	Other										
Tota	Add lines 1a through 1e (Column (d) must e	oual Form 990 Part	X colum	n (R) line 1	10c)				1 13	3 2	55.

Schedule D (Form 990) 2020

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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

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

#### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(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.

Schedule D (Form 990) 2020

X

Part XI       Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total revenue, gains, and other support per audited financial statements       1       1,082,580.         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a       555,605.         2       Net unrealized gains (losses) on investments       2a       -14,535.         2       Constraine Statements       2a       -14,535.         3       Other (Describe in Part XIII.)       2a       -14,535.         4       Atomust included on Form 990, Part VIII, line 12, but not on line 1:       3       541,510.         3       Nothard lines 2a through 2d       2a       -14,535.         4       Amounts included on Form 990, Part VIII, line 7b       4a       4b       4b         5       Other (Describe in Part XIII.)       4c       0.       5       541,510.         Part XIII Reconciliation of Expenses per Audited Financial statements       1       654,436.         Part XIII Reconciliation answered "Yes" on Form 990, Part I, line 12.       5       541,510.         Part XIII Reconciliation answered "Yes" on Form 990, Part I, line 2a.       1		dule D (Form 990) 2020 PAVER MUSEUM OF BROADCASTIF				15/3809 Page 4	
1       Total revenue, gains, and other support per audited financial statements       1       1,082,580.         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a       555,605.         2       bonated services and use of facilities       2b       2c         2       d Other (Describe in Part XIII.)       2d       -14,535.         2       a dd lines 2a through 2d       3       541,510.         3       Subtract line 2e from line 1       3       541,510.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a Investment expenses not included on Form 990, Part VIII, line 7b       4a         4       b Other (Describe in Part XIII.)       4a       4c       0.         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       541,510.         Part XIII       Part Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements       1       654,436.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       a Donated services and use of facilities       2a       2b       2c <td and="" colspanet="" disprokes="" facil<="" of="" th="" use=""><th>Pa</th><th> ·</th><th></th><th>i Revenue per R</th><th>eturn</th><th>I.</th></td>	<th>Pa</th> <th> ·</th> <th></th> <th>i Revenue per R</th> <th>eturn</th> <th>I.</th>	Pa	·		i Revenue per R	eturn	I.
2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a       555,605.         a       Net unrealized gains (losses) on investments       2a       555,605.         b       Donated services and use of facilities       2b       2c         c       dother (Describe in Part XIII.)       2d       -14,535.         e       Add lines 2a through 2d       2e       541,070.         3       Subtract line 2e from line 1       2e       541,510.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a       541,510.         a       Andd lines 4a and 4b       4c       0.         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a.       5       541,510.         1       Total expenses and losses per audited financial statements       1       654,436.         2       Amounts included on line 1 but not on Form 990, Part IV, line 25:       2a       2b       -14,535.         2       Amounts included on Form 990, Part IX, line 25:       2a       -14,535.       3       6654,436.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       2a       -14,535.       3       6668,971.         4       Amounts included on Form 990, Part IX, line 25, but no						1 000 500	
a Net unrealized gains (losses) on investments       2a       555,605.         b Donated services and use of facilities       2b         c Recoveries of prior year grants       2c         d Other (Describe in Part XIII.)       2d       -14,535.         e Add lines 2a through 2d       3       541,070.         3 Subtract line 2e from line 1       3       541,510.         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a       4a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a       4c       0.         5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12.)       5       541,510.         Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         1 Total expenses and losses per audited financial statements       1       654,436.         2 Amounts included on line 1 but not on Form 990, Part IV, line 25:       2       2       -14,535.         3 Subtract line 2e from line 1       2a       -14,535.       3       668,971.         4 Add lines 2a through 2d       2e       -14,535.       3       668,971.         4 Add lines 2a through 2d       2e       -14,535.       3					1	1,002,300.	
b       Donated services and use of facilities       2b         c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d       -14,535.         e       Add lines 2a through 2d       3       541,070.         3       Subtract line 2e from line 1       3       541,510.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b       Other (Describe in Part XIII.)       4d       4b       4d         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       541, 510.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       541, 510.         Complete if the organization answerd "Yes" on Form 990, Part IV, line 12a.       1       654, 436.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       1       654, 436.         2       Amounts included on Form 990, Part IX, line 25:       2a       -14, 535.       3       668, 971.         3       Subtract line 2e from line 1       2a       -14, 535.       3       668, 971.       3	_	, ,	1.1				
c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d       -14,535.         e       Add lines 2a through 2d       3       541,070.         3       Subtract line 2e from line 1       3       541,070.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3       541,510.         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b         b       Other (Describe in Part XIII.)       4b       4c       0.         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       541,510.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       541,436.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       654,436.         2       Amounts included on Form 990, Part IX, line 25:       2a       1       654,436.         2       Donated services and use of facilities       2a       -14,535.       2       -14,535.         b       Prior year adjustments       2       2       2       -14,535.       -14,535.         4       Atol lines 2a through 2d       3       668,971.       3<				555,605.			
d Other (Describe in Part XIII.)       2d       -14,535.         e Add lines 2a through 2d       2e       541,070.         3 Subtract line 2e from line 1       3       541,510.         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       c Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.)       5       541,510.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       541,510.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.       5       541,436.         1       Total expenses and losses per audited financial statements       1       654,436.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       654,436.         2       Donated services and use of facilities       2a       2a       2a         b Prior year adjustments       2a       2a       2a       -14,535.         2       Add lines 2a through 2d       3       668,971.       3         3       Subtract line 2e from line 1       3       668,971.       668,971.         4       Amounts included on Form 990, Part IV, line 7b       4a       4a<	b						
e Add lines 2a through 2d       2e       541,070.         3 Subtract line 2e from line 1       3       541,510.         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       4a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b Other (Describe in Part XIII.)       4b       4c       0.         c Add lines 4a and 4b       5       541,510.         5 Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.)       5       541,510.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       541, 436.         1       Total expenses and losses per audited financial statements       1       654, 436.         2       Amounts included on line 1 but not on Form 990, Part IV, line 25:       a       1       654, 436.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2b       2c       2d       -14, 535.         3       Subtract line 2e from line 1       3       668, 971.       3       668, 971.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       668, 971.       4a       4a       4a       4a       4a       4a       4c       0.	С			4.4 5.55			
3 Subtract line 2e from line 1 3 541,510.   4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a   a ho Other (Describe in Part XIII.) 4a 4c   Complete if the organization answered "Yes" on Form 990, Part IV, line 12. 5 541,510.   Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.   Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 654,436.   1 Total expenses and losses per audited financial statements 1 654,436.   2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a   a Other (Describe in Part XIII.) 2a 2a   b Prior year adjustments 2a 2a   c Other (Describe in Part XIII.) 2a 2a   b Prior year adjustments 2a 2a   c Other (Describe in Part XIII.) 2a 2a   d Other (Describe in Part XIII.) 2a 2a   a -14,535. 3 668,971.   4 Amounts included on Form 990, Part IV, line 25, but not on line 1: 3   a Investment expenses not included on Form 990, Part VIII, line 7b 4a   b Other (Describe in Part XIII.) 4a   c Other (Describe in Part XIII.) 4a   d Investment expenses not included on Form 990, Part IV, line 7b 4a   d Ado lines 4a and 4b 4c   b Other	d		2d	-14,535.		F 4 4 0 R 0	
4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4c       0.         c       Add lines 4a and 4b       4c       0.         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I</i> , line 12.)       5       541, 510.         Part XII         Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements       1       654, 436.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       654, 436.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       654, 436.         2       Donated services and use of facilities       2a       2b       2c         2       Other (Describe in Part XIII.)       2a       -14, 535.       2e       -14, 535.         3       Subtract line 2e from line 1       3       668, 971.       3       668, 971.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:		0				541,070.	
a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b         b       Other (Describe in Part XIII.)       4b       4c       0.         c       Add lines 4a and 4b       5       5       541,510.       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       541,510.       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       541,510.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       654,436.         1       Total expenses and losses per audited financial statements       1       654,436.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       654,436.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a         2       Donated services and use of facilities       2a       2a       2a         2       Other (Describe in Part XIII.)       2a       -14,535.       3       668,971.         3       Subtract line 2e from line 1       3       668,971.       4a       4a       4a       4a       4a       4a       4a       4a       4a       4c	3				3	541,510.	
b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c       0.         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       541, 510.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements       1       654, 436.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       a       1       654, 436.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       a       2a       -14, 535.         a       Donated services and use of facilities       2a       -14, 535.       -14, 535.         a       Other (Describe in Part XIII.)       2d       -14, 535.       3       668, 971.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       a       a       668, 971.         4       Amounts included on Form 990, Part VIII, line 7b       4a       4c       0.         5       Total expenses. Add lines 4a and 4b       4c       0.       5       668, 971.	4		1 1				
c       Add lines 4a and 4b       4c       0.         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.)</i> 5       541, 510.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       541, 510.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       654, 436.         1       Total expenses and losses per audited financial statements       1       654, 436.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a         a       Donated services and use of facilities       2a       2a       -14, 535.         b       Prior year adjustments       2c       -14, 535.       2e       -14, 535.         c       Other (Describe in Part XIII.)       2a       -14, 535.       3       668, 971.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a       4b       -14, 535.         3       Subtract line 2e from line 1       4a       4b       -14, 535.         4       Amounts included on Form 990, Part VIII, line 7b       4a       4b       -14, 535.         3       Dother (Describe in Part XIII.)       4a       4b       -14, 535. <t< th=""><th>а</th><th>-</th><th></th><th></th><th></th><th></th></t<>	а	-					
5       Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.)       5       541,510.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       654,436.         1       Total expenses and losses per audited financial statements       1       654,436.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       654,436.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a         3       Donated services and use of facilities       2a       2a       2a         2       Other losses       2c       2d       -14,535.         3       Subtract line 2e from line 1       3       668,971.         4       Amounts included on Form 990, Part VIII, line 7b       4a       4b         b       Other (Describe in Part XIII.)       4b       4c       0.         c       Add lines 4a and 4b       4c       0.       668,971.         5       668,971.       5       668,971.       5	b	Other (Describe in Part XIII.)	4b			_	
Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements       1       654,436.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       1         a       Donated services and use of facilities       2a       2a         b       Prior year adjustments       2b       2c         c       Other losses       2c       2d       -14,535.         d       Other (Describe in Part XIII.)       2d       -14,535.         a       Subtract line 2e from line 1       3       6668,971.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a       4a       4b         b       Other (Describe in Part XIII.)       4a       4b       4c       0.         c       Add lines 4a and 4b       4c       0.       5       668,971.	С				4c		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         f       4c         0.       5	5				-		
1       Total expenses and losses per audited financial statements       1       654,436.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a         a       Donated services and use of facilities       2b       2b         b       Prior year adjustments       2b       2c         c       Other losses       2c       2d       -14,535.         d       Other (Describe in Part XIII.)       2e       -14,535.         e       Add lines 2a through 2d       2e       -14,535.         3       Subtract line 2e from line 1       3       668,971.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       a       1         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b       4c         c       Add lines 4a and 4b       4c       0.         5       668,971.       5       668,971.	Pa		ents Wi	th Expenses per	Retu	rn.	
2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         4a       4a         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         5       Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )					r		
a Donated services and use of facilities       2a         b Prior year adjustments       2b         c Other losses       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c         5 Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )       5	1	Total expenses and losses per audited financial statements			1	654,436.	
b       Prior year adjustments       2b       2c         c       Other losses       2c       2d         d       Other (Describe in Part XIII.)       2d       -14,535.         e       Add lines 2a through 2d       2e       -14,535.         3       Subtract line 2e from line 1       3       668,971.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       668,971.         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b         b       Other (Describe in Part XIII.)       4b       4c       0.         c       Add lines 4a and 4b       4c       0.       0.         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       668, 971.	2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
c Other losses       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5	а	Donated services and use of facilities	2a				
d Other (Describe in Part XIII.)       2d -14,535.         e Add lines 2a through 2d       2e -14,535.         3 Subtract line 2e from line 1       3 668,971.         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       a linvestment expenses not included on Form 990, Part VIII, line 7b         4 Dother (Describe in Part XIII.)       4a         c Add lines 4a and 4b       4c         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5 668, 971.	b	Prior year adjustments	2b				
e Add lines 2a through 2d       2e       -14,535.         3 Subtract line 2e from line 1       3       668,971.         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       a       668,971.         a Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b Other (Describe in Part XIII.)       4b       4c       0.         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       668,971.	С	Other losses	2c				
3       Subtract line 2e from line 1       3       668,971.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b       Other (Describe in Part XIII.)       4b       4c       0.         c       Add lines 4a and 4b       4c       0.         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       668, 971.	d	Other (Describe in Part XIII.)	2d	-14,535.			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5	е	Add lines 2a through 2d			2e		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5	3	Subtract line 2e from line 1			3	668,971.	
b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
c Add lines 4a and 4b       4c       0.         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       668,971.	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 668, 971.	b	Other (Describe in Part XIII.)	4b				
	с	Add lines 4a and 4b			4c	0.	
Part XIII Supplemental Information.	<u> </u>				5	668,971.	
	Pa	t XIII Supplemental Information.					

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

#### PART III, LINE 4:

#### THE ORGANIZATION'S COLLECTION IS COMPRISED OF VARIOUS ANTIQUE WIRELESS

RADIO AND BROADCASTING EQUIPMENT.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE. AS A RESULT, THE ORGANIZATION DOES NOT PAY

FEDERAL INCOME TAX. THEREFORE, NO PROVISION OR LIABILITY FOR FEDERAL

INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS.

#### MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION DOES NOT HAVE ANY

#### UNCERTAIN TAX POSITIONS AND ASSOCIATED UNRECOGNIZED BENEFITS THAT

1 - 7 2 0 0 0

Schedule D (Form 990) 2020 PAVEK MUSEUM OF BROADCASTING Part XIII Supplemental Information (continued)	41-1573809 Page 5
MATERIALLY IMPACT THE FINANCIAL STATEMENTS OR RELATED DISCI	
THE ORGANIZATION'S FEDERAL INCOME TAX RETURNS ARE SUBJECT I	
BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED	).
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	1,850.
INVESTMENT EXPENSES	-16,385.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-14,535.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	1,850.
INVESTMENT EXPENSES	-16,385.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-14,535.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number 41-1573809

OMB No. 1545-0047

Open to Public

71

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

PAVEK MUSEUM OF BROADCASTING

COMMUNICATIONS CREATED ENORMOUS IMPACT ON EVOLUTION OF SOCIETY, AND TO

STIMULATE IN YOUNG PEOPLE A NEW RECOGNITION OF THE PRACTICAL AND

REAL CONTRIBUTIONS TO OUR QUALITY OF LIFE THAT EXPLORING SCIENCE AND

THE COMMUNICATION ARTS CAN BRING, AND TO PROVIDE A PERMANENT AND LIVING

REPOSITORY FOR THE PRESERVATION OF HISTORICALLY SIGNIFICANT APPARATUS,

MATERIAL AND DOCUMENTS RELATING TO THE RICH MOSAIC OF THE DEVELOPMENT

OF ELECTRONIC COMMUNICATIONS.

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

REAL CONTRIBUTIONS TO OUR QUALITY OF LIFE THAT EXPLORING SCIENCE AND

THE COMMUNICATION ARTS CAN BRING, AND TO PROVIDE A PERMANENT AND LIVING

REPOSITORY FOR THE PRESERVATION OF HISTORICALLY SIGNIFICANT APPARATUS,

MATERIAL AND DOCUMENTS RELATING TO THE RICH MOSAIC OF THE DEVELOPMENT

OF ELECTRONIC COMMUNICATIONS.

FORM 990, PART VI, SECTION A, LINE 2:

THE BOARD CHAIR, JEFFRY BAKKEN, AND TREASURER ERIN BAKKEN HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 7A:

THE FIRM HAS A BODY OF MEMBERS WHOSE SOLE FUNCTION IS TO APPOINT AND REMOVE DIRECTORS.

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

Schedule O (Form 990 or 990-EZ) 2020 Page 2						
Name of the organization					Employer identification number	
	PAVEK	MUSEUM	OF	BROADCASTING	41-1573809	

TREASURER PRIOR TO FILING

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

ANNUAL REVIEWS ARE COMPLETED WITH CONSIDERATION OF ACCOMPLISHMENTS OF

PERSONAL AND BUSINESS GOALS THE ASSOCIATE DIRECTOR PREPARES A REPORT TO THE

BOARD CHAIR AND TREASURER FOR REVIEW AND APPROVAL OF STAFF SALARIES

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

AVAILABLE UPON REQUEST.