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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008

Open to Public Inspection

A Fo	r the 2	2008 cale	ndar yea	r, or tax year beginning 07-0:	1-2008 and ending 06-30-200	9	D F!	
			lease	C Name of organization RHODE ISLAND PBS FOUNDATIO	N			ntification number
	Iress ch	lange	se IRS abel or	Doing Business As			<u>5</u> mber	
Nar	ne cha		rint or ype. See	Doing Buomesons				
Init	ıal retu		pecific nstruc-		ıf maıl ıs not delivered to street addre	ess) Room/sur	te G Gross receipt	
┌ Ter	mınatıo		ions.	50 PARK LANE			d dross recapt	3
┌ Am	ended	return		City or town, state or country, a	nd ZIP + 4			
┌ App	lication	pending		PROVIDENCE, RI 02907				
			F Nam	ne and address of Principal O	fficer	H(a) is t	his a group return	for
				PICCERELLI			iates?	⊤Yes ▼No
				K LANE DENCE, RI 02907		U/h) A	-11 -661:-4 :1	
I Ta:	x-exem	pt status		(3) ◄ (insert no)	(1) or		all affiliates include 'No " attach a list	ed? Yes No See instructions)
w c	eb sit	e: ► WWW	RIPBS C	RG		7	oup Exemption Nui	
К Тур	e of org	janization 🔽	Corporat	on trust association othe	r 	L Year of	Formation 1987 M	State of legal domicile RI
							-	
Pa	τιΙ	Summ	•		<u> </u>			
	1			e organization's mission or m	· ·	T	5 T.C. A N.D. D.U.D. T.	-
Governance				ATIONS AUTHORITY	SOLEY FOR THE BENEFIT OF	THE KHOD	E ISLAND PUBLIC	_
Kelli Kelli		Charlette	250/ -5-5-					
ŝ			•		ied its operations or disposed o			6
2 6	3		_		dy (Part VI, line 1a)			6
Activities	_			nployees (Part V, line 2a)	governing body (Part VI, line 1	0)	· 4 _	60
톭				lunteers (estimate if necess			5 _ 6	394
ă					art VIII, line 12, column (C)		7a	0
		=		ness taxable income from Fo			7b	0
					<u>·</u>	Р	rior Year	Current Year
	8	Contribu	tions and	grants (Part VIII, line 1h)			692,023	665,415
뢀	9	Program	service	revenue (Part VIII, line 2g)			3,145,340	2,408,380
Revenue	10	Investm	ent incon	ne (Part VIII, column (A), lin	nes 3, 4, and 7d)		70,551	16,976
Δ.	11	O ther re	venue (P	art VIII, column (A), lines 5,	, 6d, 8c, 9c, 10c, and 11e)		239,609	97,902
	12		enue—a	dd lines 8 through 11 (must e	equal Part VIII, column (A), lın	e	4,147,523	3,188,673
	13	12)	nd simila	r amounts paid (Part IX, colu	ımn (Δ.) lines 1 – 3.)		7,177,323	3,100,073
	14			r for members (Part IX, colur	,			
	15		•	, ,	fits (Part IX, column (A), lines	5-		<u>-</u> _
\$		10)	,	,	(, , , , , , , , , , , , , , , , , , ,		387,118	492,193
Expenses	16a	Profession	onal fund	raising fees (Part IX, column	(A), line 11e)			0
ਡੋ	ь	(Total fund	draising exp	oenses, Part IX, column (D), line 25	3,153,565			
	17	Otherex	penses (Part IX, column (A), lines 11	.a-11d, 11f-24f)		3,124,969	2,671,587
	18				l Part IX, line 25, column (A))		3,512,087	3,163,780
. 07	19	Revenue	less exp	enses Subtract line 18 from	ı lıne 12		635,436	24,893
8 0 9 0						Begin	ning of Year	End of Year
25.00 10.00	20	Total as:	sets (Par	t X, line 16)			1,812,663	1,623,188
Net Assets or Fund Balances	21			art X, line 26)			171,146	99,555
	22	Netasse	ts or fun	d balances Subtract line 21	from line 20		1,641,517	1,523,633
Pai	t II	_	ture Blo					
					ed this return, including accompanying of preparer (other than officer) is base			
Plea	se	*****	·		, , ,	1	10-05-12	
Sign		Signatu	re of office	r		Da		_
Here	2	DAVID	PICCERELL	CHIEF FINANCIAL OFFICER				
		Туре о	r prınt nam	e and title				
		Preparer's		MV W CCORDIO		Check If	Preparer's PTIN (See Gen Inst)
Paid		signature	ANTHO	NY W SCORPIO		self- empolyed 🕨 🎵	-	
Prepa		Firm's nam		MULLEN SCORPIO & CERILLI	1	<u> </u>		
Use (Only	ıf self-empl address, ar		67 CEDAR STREET			– EIN ▶	
				PROVIDENCE, RI 02903			Phone no 🕨 (4	01) 751-3860
	L - TD		this ratio		oove? (See instructions)		1	✓ Yes No

Cat No 11282Y

Part III Statement of Program Service Accomplishments (See the instructions.)

4e	Total program service ex	ogram service expenses \$ Must equal Part IX, Line 25, column (B).								
	(Expenses \$	including	grants of \$)	(Revenue \$)					
4d	Other program services	(Describe in Schedule (o)							
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)					
4Ь	(Code) (Expenses \$	including grants of \$) (Revenue \$)					
	RAISED FUNDS AND PROVIDE RECEIVED CONTRIBUTIONS F		BENEFIT OF THE RHODE ISLAND PUBLIC TE DONORS,	ELECOMMUNICATIONS AUTHORITY	THE ORGANIZATION					
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)					
4	Section 501(c)(3) and (4) organizations and 494	ach of the organization's three large 7 (a)(1) trusts are required to report r each program service reported							
	If "Yes," describe these c	hanges on Schedule O		, ,	es • 140					
3			gnıfıcant changes ın how it conduct	s any program	es 🗸 No					
	the prior Form 990 or 990 If "Yes," describe these n		• • • • • • • • • • • • • • • • • • •	Y	es 🔽 No					
2			gram services during the year whic	h were not listed on						
	· -	SUPPORT SOLELY FOR THE BE	ENEFIT OF THE RHODE ISLAND TELECOMMU MMERCIAL TELEVISION STATION	UNICATIONS AUTHORITY, WHICH IS	A QUASI-PUBLIC					
1	Briefly describe the organization'	s mission								

art IV	Checklist of	Required	Schedules
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			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		<u> </u>
8	the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		No
	complete Schedule D, Part III 📆	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Νο
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	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) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
		28a		NO
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
6	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		Νο
37	Did the organization conduct more than 5 percent 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		No

C	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 9			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			110
Za	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		-110
4a	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		Νο
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
Ь	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).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		NI -
	file Form 8282?	/ C		
d	If "Vac " indicate the number of Forms 8282 filed during the year 7d			No
d	If "Yes," indicate the number of Forms 8282 filed during the year			IN O
	If "Yes," indicate the number of Forms 8282 filed during the year			IN O
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N o
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e 7f		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
e f g	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g		No No No
e f g h	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		N o N o
e f g	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g		No No No
e f g h	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g		No No No
e f g h	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	7f 7g 7h		No No No
e f g h 8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		No No No
e f g h 8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		No No No
e f g h 8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		No No No
e f g h 8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		No No No
e f g h 8 9 a b 10 a	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		No No No
e f g h 8 9 a b 10 a	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		No No No
e f g h 8 8 9 a b 10 a b	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		No No No
e f g h 8 8 9 a b 10 a b	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		No No No
e f g h 8 s b 10 a b 11 a	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		No No No
e f g h 8 s b 10 a b 11 a	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		No No No
e f g h 8 8 9 a b 10 a b 11 a b	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8 9a 9b		No No No
e f g h 8 8 10 a b 11 a b 12a	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		No No No

10

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,
1a	Enter the number of voting members of the governing body	1a	ϵ
b	Enter the number of voting members that are independent	1b	6
2	Did any officer, director, trustee, or key employee have a family relationship or a bu	siness	relationship with any

	other officer, director, trustee, or key employee?	2
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5

the organization become aware during the year of a material diversion of the organization's assets?	L
Does the organization have members or stockholders?	L
Does the organization have members, stockholders, or other persons who may elect one or more members of the	

	Does the organiza	tion	na	ve n	nemb	ers,	sto	cknoi	aers	s, or	othe	r pe	rsons	wnc) may	elect	cone	or	more	me	embe	ers	or th	ıе
	governing body?						-																	
b	Are any decisions	oft	he	gove	ernin	g bod	ly s	ubjec	t to	арр	roval	bу	mem	bers	, stoc	kholo	lers,	or	other	ре	rson	s?		

•	Are any decisions of the governing body subject to approval by members, stockholders, or other persons.
	Did the organization contemporaneously document the meetings held or written actions undertaken during the
	vear by the following

Did the organization contemporaneously document the meetings held of written detions andertaken during the	
year by the following	
the governing hody?	

	•	_	•														
9	each comr	nıttee	with	autho	rity to	act or	n beh	alfof	the g	governing	body?						
	Does the	rasni	zatio	n have	local	chant	arc h	aranci	hac	oraffiliate	c 2						

Ь	If "Yes," does the organization have written policies and procedures governing the activities of su	ch c	:haj	pter	·s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?				

Was a copy of the Form 990 provided to the organization's governing bo	ody before it was filed? All organizations
must describe in Schedule O the process, if any, the organization uses	to review the Form 990 \dots

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached a	at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	

8a	Yes	
8b	Yes	
9a		Νo
9b		
10		Νο
11		Νο

6

7a

7Ь

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply igcup own website igcup another's website igcup upon request
 - Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

The Organization 50 PARK LANE PROVIDENCE, RI 02907 (401) 222-3636

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee or key employee										
		Posit t	(C tion (hat a	chec		I				(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	employee Key employee Officer		Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
ROBERT FISH , PRESIDENT & CEO	5 00	Х		Х				0	0	0
ROGER P BOUDREAU , DIRECTOR	1 00	Х						0	0	0
TIA SCIGULINSKY , DIRECTOR	1 00	Х						0	0	0
TED LODGE , DIRECTOR	1 00	Х						0	0	0
DAVID PICCERELLI, TREASURER	1 00	Х		Х				0	0	0
MICHAEL ISAACS, EX OFFICIO	50	Х						0	0	0
						<u> </u>				
						<u> </u>				
						ļ				
						<u> </u>				
						<u> </u>				
						<u> </u>				
						<u> </u>				
			1			1	1			

Part VII Continued

(A) Name and Title	(B) Average hours per week		on the Institutional Trustee	apply	y)	Highes employ	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			"			ڪ				
1b Total			<u>. </u>	Щ 			<u> </u>		0	0
2 Total number of individuals (including							n \$ 1	 00 000 in reportabl		1

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

			165	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_		
	marviada	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

	(A) Name and business address	(B) Description of services	(C) Compensation				
2	2. Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation						

Part State
VIII

Statement of Revenue	

				(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated campaigns 1a	•		Revenue		512, 513, or 514
<u>\$</u> \$	ь	Membership dues					
호호		1b					
g,g	С	Fundraising events 1c					
<u>∰</u>	d	Related organizations					
% <u>`</u> ≣	e	Government grants (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	665,415				
語品	g	1f Noncash contributions included in					
ΣĒ	9	lines 1a-1f \$					
O 10	h	Total (Add lines 1a-1f)		665,415			
			Business Code				
e III	2a	FEES & OTHER	515,100	2,115,275	2,115,275		
re.	ь		515,100		, ,		
윤	c		- 313,100	233,103	255,105		
15.6	d						
<u>.</u>			-				
Ë	e						
Program Serwce Revenue	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including div	dends, interest				
		other sımılar amounts)		16,976			16,976
	4	Income from investment of tax-exempt b	ond proceeds				
	-						
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	ь	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount	(II) Other				
	/ "	from sales of assets other					
		than inventory					
	ь	Less cost or other basis and					
		sales expenses Gain or (loss)					
	c d	Net gain or (loss)					
			. ►				
	8a	Gross income from fundraising events (not including					
Other Revenue		\$192,989 of contributions reported on line					
₹		1c) See Part IV, line 18					
é		Attach Schedule G if total exceeds					
		\$15,000 a					
Ě	Ь	Less direct expensesb Net income or (loss) from fundrais		97,902	97,902		
0	С	Net income of (loss) from fundrals	ing events	31,502	37,302		
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G if total					
		exceeds \$15,000					
		а					
	Ь	Less direct expensesb					
	С	Net income or (loss) from gaming	activities 				
	10a	Gross sales of inventory, less					
		returns and allowances .					
	.	a					
	Ь	Less cost of goods sold b					
	_ c	Net income or (loss) from sales of					
	11-	Miscellaneous Revenue	Business Code				
	11a						
	Ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	\$				
	12	Total Revenue. Add lines 1h, 2g,	3, <mark>4, 5, 6d, 7d,</mark>	3,188,673	2,506,282	0	16,976
		8c, 9c, 10c, and 11e	▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(4) organizations must complete column (A) but are not re).
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		5.7.	general enforces	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	369,423			369,423
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,018			12,018
9	Other employee benefits	75,158			75,158
10	Payroll taxes	35,594			35,594
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	9,191			9,191
12	Advertising and promotion				
13	Office expenses	75,412			75,412
14	Information technology				
15	Royalties				
16	Occupancy	27,675			27,675
17	Travel	3,655			3,655
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	104			104
20	Interest				
21	Payments to affiliates	2,386,257			2,386,257
22	Depreciation, depletion, and amortization	37,562			37,562
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	OTHER FEES	24,011			24,011
ь	COMMISSIONS	23,502			23,502
c	PROGRAM GUIDES	20,308			20,308
d	EQUIP-REPAIRS & MAINTEN	17,709			17,709
e	MISCELLANEOUS	14,973			14,973
f	All other expenses	31,228		10,215	21,013
25	Total functional expenses. Add lines 1 through 24f	3,163,780	0	10,215	3,153,565
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	3,103,100		10,213	3,133,303

Part X	Balance	Sheet

					(A) Beginning of year			B) fyear
	1	Cash—non-interest-bearing			50,712	-		423,569
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net			3,650	3		1,609
	4	Accounts receivable, net			476,026	4		581,310
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under see persons described in section 4958(c)(3)(B) Complete Part II of Section 4958(c)(3)(B)				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
2	9	Prepaid expenses and deferred charges				9		
Assets	10a	Land, buildings, and equipment cost basis	10a	825,065				
•	ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	386,744	553,620	10c		438,321
	11	Investments—publicly traded securities			728,655	11		225
	12	Investments—other securities See Part IV, line 11 $\it Complete Part Schedule D$	t VII c	of .		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Pair of Schedule D$.			13			
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	0	15		178,154		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,812,663	16		1,623,188
	17	Accounts payable and accrued expenses .			125	17		39
	18	Grants payable		18				
	19	Deferred revenue		89,354	19		99,516	
	20	Tax-exempt bond liabilities				20		
<u>.</u>	21	Escrow account liability		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ï		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			81,667	25		0
	26	Total liabilities. Add lines 17 through 25			171,146	26		99,555
S e S		Organizations that follow SFAS 117, check here ► ✓ and complet through 29, and lines 33 and 34.	ete lin	es 27				
a D	27	Unrestricted net assets			1,641,517	27		1,523,633
Balance	28	Temporarily restricted net assets				28		
돧	29	Permanently restricted net assets				29		
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 and	comp	lete				
ō		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
	32	Retained earnings, endowment, accumulated income, or other fun	ds			32		. =
Ŋĕţ	33	Total net assets or fund balances			1,641,517	 		1,523,633
	34	Total liabilities and net assets/fund balances			1,812,663	34		1,623,188
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		Νο
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).

The organization is not a private foundation because it is (Please check only **one** organization)

A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)

OMB No 1545-0047

SCHEDULE A Public Charity Status and Public Support

(Form 990 or 990EZ) Department of the Treasury

Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization RHODE ISLAND PBS FOUNDATION **Employer identification number**

22-2859005

3	Γ	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	Γ	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the										
		hospital's name, city, and state										
5	Γ	An organiza	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		Section 170)(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt desci	ıbed ın Se	ct ion 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	m a gove	rnmental u	ınıt or from	n the gene	ral public	3
		described i	n Section 170(b)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	3 3 1/3% 0	fits supp	ort from co	ontribution	ns, membe	rship fees	, and gro	SS
		receipts fro	m activities rel	ated to its exempt functions	s — s ub je c t	to certair	nexceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	stment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bus	inesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (Se	e instruct	ions)	
11	<u>~</u>			and operated exclusively fo								
				rted organizations describe						Section 50)9(a)(3)	.Check
				type of supporting organiza Type II c			nes lle t nally Integ		n d	Гтуре	III - O+	har
e	Г		• •	tify that the organization is								
_	'	•		agers and other than one or			•			•	•	
		section 50										
f				d a written determination fro	om the IRS	that it is	a Type I,	Type II o	r Type III	supportin	g organı:	zation,
g		check this		as the organization accepted	d any dift	or contribi	ution from	any of the	1			J
9		following pe	, ,	as the organization decepted	a any gni	or continu		any or the				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governi	ng body of the the supported	d organıza	tion?				11g(i)	Νο
		(ii) a family	member of a p	erson described in (i) above	,?					11g(ii)	Νο
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) a	bove?				11g (i	iii)	Νο
h		Provide the	following inform	nation about the organizatio	ns the org	janızatıon	supports					
									_			
		ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the		ou notify	(vi) I	s the		nount of
		ported		(described on lines 1-9	-	ation in	the organization in col (i) of your support?		_	ation in	supp	ort?
	Organ	nızatıon		above or IRC section (See Instructions))		listed in verning			col (i) o ın the	-		
				(See Instructions))		ment?	3491	,010	"" ""	0 5 .		
					Yes	No	Yes	No	Yes	No		
	DE ISLA	ND										
PUB		JNICATIONS	056000533	8		N.o.		N _o		N.o.		0
	HORITY		056000522	0		No		N o		Νo		U
Tota	al											

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization RHODE ISLAND PBS FOUNDATION 22-2859005 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service,

- historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (::)

(i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art,

provide, in Part XIV, the text of the footnote to its financial statements that describes these items

- a Revenues included in Form 990, Part VIII, line 1
- **b** Assets included in Form 990, Part X

Cat No 52283D

► \$

Par	Organizations Maintaining Co	ollections of Art, His	stori	<u>cal Treasur</u>	es, or Other	<u>r Similar Asse</u>	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any of t	he fol	lowing that are	a significant us	se of its collection	ı	
а	Public exhibition	d	Γ	Loan or exch	ange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's co Part XIV	ollections and explain ho	w the	y further the or	ganızatıon's ex	empt purpose ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an				nization answ	ered "Yes" to Fo	rm 99	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	dian or other intermediary	forc	ontributions o	rotherassets r		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	ete the following table						
						A mou	nt	
с	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo		•			Γ,	Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete						· Faur Va	ara Da alı
		(a)Current Year (b)Prior	rear (c) iwo	Years Back (d)	Three Years Back (e)	rour Ye	ars Back
1a	Beginning of year balance							
Ь	Contributions							
С	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	r end balance held as						
а	Board designated or quasi-endowment 🕨							
ь	Permanent endowment 🕨							
С	Term endowment ▶							
3a	Are there endowment funds not in the posses	ssion of the organization	that	are held and ac	lmınıstered for	the		
	organization by					[Yes	No
	(i) unrelated organizations					3a(i)		
1-	(ii) related organizations					3a(ii)		
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	·				3b		
					rt V line 10			
Pal	t VI Investments—Land, Buildings	s, and Equipment. 3			1			
	Description of investment			a) Cost or other siss (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
	Land					,		
1a								
	Buildings		-					
b	Buildings							
b c	•				825,065	386,744		438,321
b c d e	Leasehold improvements	· · · · · · · · · · · · · · · · · · ·			·	386,744		438,321

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	.2.	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Metho	d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶			
Desired Transaction and Desired Co.	- F 000 Pt V l	4.2	
Part VIII Investments—Program Related. Sec			d of valuation
(a) Description of investment type	(b) Book value		year market value
			•
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			(h) Paak valua
(a) Descrip	otion		(b) Book value
DUE FROM OPERATING GEN			178,154
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			178,154
Part X Other Liabilities. See Form 990, Part X	T ·	1	
(a) Description of Liability	(b) A mount	-	
Federal Income Taxes		_	
		-	
		-	
		_	
		1	
]	
]	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			

Par	XI Reconciliation of C	<u>hange in Net Assets from Fori</u>	m 990	O to F	<u>inancial Stateme</u>	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	3,188,673
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	3,163,780
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	24,893
4	Net unrealized gains (losses) o	n investments				4	-142,777
5	Donated services and use of fa	cilities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add lir	nes 4 - 8				9	-142,777
10	, ,	per financial statements Combine line	s 3 and	4 0		10	-117,884
		evenue per Audited Financial			ts With Revenue		
1		r support per audited financial stateme				. 1	3,890,305
2		t not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest		.	2a	-142,777		
ь	Donated services and use of fa	acılıtıes	.	2b			
c	Recoveries of prior year grants	5		2c			
d	Other (Describe in Part XIV)			2d	844,409		
e	Add lines 2a through 2d .					2e	701,632
3	Subtract line 2e from line 1 .					3	3,188,673
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а		uded on Form 990, Part VIII, line 7b	.	4a			
ь	Other (Describe in Part XIV)		.	4b			
c	Add lines 4a and 4b					4c	0
5	Total Revenue Add lines 3 and	d 4c. (This should equal Form 990, Par	t I, line	e 12)		5	3,188,673
art		xpenses per Audited Financia				s per	Return
1	Total expenses and losses per	r audited financial statements				1	4,008,189
2	A mounts included on line 1 bu	t not on Form 990, Part IX, line 25					
а	Donated services and use of fa	acilities		2a			
ь	Prior year adjustments			2b			
c	Losses reported on Form 990,	Part IX, line 25		2c			
d	Other (Describe in Part XIV)			2d	844,409)	
e	Add lines 2a through 2d					2e	844,409
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	3,163,780
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:					
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b		4a			
b	Other (Describe in Part XIV)			4b			
c	Add lines 4a and 4b					4c	0
5	Total expenses Add lines 3 ar	nd 4c. (This should equal Form 990, Pa	rt I, lın	ne 18)		5	3,163,780
Par	XIV Supplemental Inf	ormation					
		scriptions required for Part II, lines 3, ! , Part XII, lines 2d and 4b, and Part XI				Part XI	V, lines 1b and 2b,
	Ident if ier	Return Reference			Explana	tion	
			1				

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2008

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a	Name of the organization RHODE ISLAND PBS FOUNDA	TION				Employer id	entification number	
Indicate whether the organization raised funds through any of the following activities. Check all that apply a	RHODE ISLAND PBS FOUNDA	IION				22-285900	15	
Indicate whether the organization raised funds through any of the following activities. Check all that apply a	Part I Fundraising Ac	tivities. Complet	e if the or	-ganızat	ion answered "Yes"	to Form 990. Part I		
a		-		_		·	,	
b	_	iizatioii raiseu lulius	tillough ar	iy or the			:s	
Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Form 990, Part VII) or entity in connection with professional fundraising activities? Form 990, Part VII) or entity in connection with professional fundraising activities? Form 990-EZ filers are not required to complete this table (ii) Name of individual or entity (fundraiser) (iii) Did fundraiser have custody or control of contributions? (iv) A mount paid to (or retained by) fundraiser listed in col (i) organization	b Email solicitations				· · · · · · · · · · · · · · · · · · ·	-		
Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? The proof of the professional fundraising activities or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (ii) Name of individual or entity (fundraiser) (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in col (i) (vi) A mount paid to (or retained by) fundraiser listed in organization	c Phone solicitations				g 🔽 Special fundrais	sing events		
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (ii) Name of individual or entity (fundraiser) (iii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in col (i) (vi) Amount paid to (or retained by) fundraiser listed in organization	d In-person solicitations	3						
(i) Name of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in col (i) (v) A mount paid to (or retained by) fundraiser listed in col (i)	_	•		•				
(i) Name of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col (i) (vi) Amount paid to (or retained by) fundraiser listed in col (i)								
or entity (fundraiser) (ii) Activity custody or custody or control of contributions? (iii) Activity custody or custody or control of contributions? (iv) Gross receipts fundraiser listed in col (i) (or retained by) fundraiser listed in organization						1	(vi) A mount paid to	
		(ii) A ctivity	control of		1	fundraiser listed in	(or retained by)	
						337 (1)		
		+						
Total •	Total			<u> </u>				

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

Pai	t II	Fundraising Events. Com more than \$15,000 on Form					repor	tea	
			(a) Event #1	(b) Event #2	(c) O ther Events	(Add co	otal Eve I (a) th ol (c))		
			(event type)	(event type)	(total number)				
₹	1	Gross receipts	183,487	7			18	3,487	
Revenue	2	Less Charitable contributions							
	3	Gross revenue (line 1 minus line 2)	183,487	7			18	3,487	
	4	Cash Prizes							
Direct Expenses	5	Non-cash Prizes							
per	6	Rent/Facility costs							
血 K	7	Other direct expenses	95,087				9	5,087	
<u>¥</u>	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)			9	5,087	
	9	Net income summary Combine li	nes 3 and 8 ın column (d)	•		8	8,400	
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mo	re thar	ı	
Revenue			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) t	al gamıng hrough co	(Add ol (c))	
<u>~</u>	1	Gross revenue							
	2	Cash prizes							
chens	3	Non-cash prizes							
Direct Expenses	4	Rent/facility costs							
ద	5	Other direct expenses							
	6	Volunteer labor	┌ Yes	┌ Yes	┌ Yes				
	7	Direct expense summary Add line	s 2 through 5 in column ((d)					
	8	Net gaming income summary Com	ibine lines 1 and 7 in colu	umn (d)					
							Yes	No	
9 a		er the state(s) in which the organiza he organization licensed to operate				.			
b		No," Explain	gaming activities in each	in or these states.		· 9a			
10-	\/\ar	o any of the organization's gaming	licancae rayakad euenar	censes revoked, suspended or terminated during the tax year?					
10a b		e any of the organization's gaining (es," Explain	ncenses revoked, susper	ided of terminated duffit	y the tax year?	10a			
11	Doe	s the organization operate gaming	activities with nonmembe	ers?		11			
12		he organization a grantor, beneficia ned to administer charitable gaming							
	10111	ieu to auminister Chantable gaming						1	

			Yes	NO
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🕨			
	Address 🟲			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L5a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address			
	Name ►			
	Address ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided 🟲			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	L7a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year	-, -		

DLN: 93493134016220

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Employer identification number Name of the organization RHODE ISLAND PBS FOUNDATION 22-2859005 **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes Nο 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or (e) In Approved (g)Written from the (a) Name of interested person and (c)Original principal (d)Balance due default? by board or lagreement? organization? purpose amount committee? From Yes Yes Yes No Part III Grants or Assistance Benefitting Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?		
	organization			Yes	No	
MALCOLM FARMER ESQ	FATHER-IN-LAWOF VICE PRESIDENT AND CFO	·	A RELATED PARTY PROVIDED LEGAL SERVICES TO THE ORGANIZATION A PARTNER IN THE FIRM IS RELATED TO THE STATION'S VICE PRESIDENT AND CFO		No	

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization RHODE ISLAND PBS FOUNDATION Employer identification number

22-2859005

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		ONCE THE FORM 990 IS COMPLETED BY THE INDEPENDENT ACCOUNTING FIRM, IT IS REVIEWED BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER, SIGNED, AND FILED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION'S SOLE PURPOSE IS TO SUPPORT THE ENTITY THAT OWNS AND OPERATES WSBE (A NON-COMMERCIAL TELEVISION STATION) THE FEDERAL COMMUNICATIONS COMMISSION HAS STRICT RULES AND REPORTING REQUIREMENTS REGARDING OWNERSHIP AND CONFLICTS OF INTEREST THESE RULES ARE EXTENDED TO THE ORGANIZATION AS A MATTER OF PRUDENT PRACTICE

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION'S SOLE PURPOSE IS TO SUPPORT THE ENTITY THAT OWNS AND OPERATES WSBE (A NON-PUBLIC TELEVISION STATION) THE FEDERAL COMMUNICATIONS COMMISSION REQUIRES THAT A "PUBLIC" FILE IS MAINTAINED FOR INSPECTION DURING NORMAL BUSINESS HOURS ACCORDINGLY, THESE DOCUMENTS ARE MAINTAINED IN THAT FILE AND ARE OPEN TO PUBLIC INSPECTION

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

DLN: 93493134016220

2008

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2008

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

RHODE ISLAND PBS FOUNDATION

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Related Organizations and Unrelated Partnerships

22-2859005 Part I Identification of Disregarded Entities (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** (A)
Name, address, and EIN of related organization Legal domicile (state Public charity status Direct controlling Primary activity Exempt Code section (if section 501(c)(3)) or foreign country) entity RHODE ISLAND PUBLIC TELECOMMUNICATIONS AUTHORITY THE FOUNDATION'S PURPOSE IS TO SUPPORT 50 PARK LANE RΙ COMPONENT UNIT OF RI THE RI PUBLIC COMM PROVIDENCE, RI02907 AUTHORITY

Cat No 50135Y

(A) Name, address, and EIN of related organization		(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations
--------	---

126	τν	Transactions with Related Organizations				
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Ye	es No
1 Du	rıng th	ne tax year, dıd the orgranızatıon engage ın any of the following transactıon	s with one or more related organizations listed in Parts II-	·IV?		
а	Recei	pt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled enti	ıty		1a	No
b	Gıft, g	rant, or capital contribution to other organization(s)			1b	No
c	Gıft, g	rant, or capital contribution from other organization(s)			1c	No
d	Loans	or loan guarantees to or for other organization(s)			1d	No
e	Loans	or loan guarantees by other organization(s)			1e	No
f	Sale o	fassets to other organization(s)		<u></u>	1f	No
g	Purch	ase of assets from other organization(s)		<u>[</u>	1g	No
h	Excha	inge of assets		<u>.</u>	1h	No
i I	Lease	of facilities, equipment, or other assets to other organization(s)			1i	No
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1 j	No
k	Perfor	mance of services or membership or fundraising solicitations for other org	anization(s)	L	1k	No
1 1	Perfor	mance of services or membership or fundraising solicitations by other orga	anization(s)	[11	No
m	Sharın	ng of facilities, equipment, mailing lists, or other assets		<u>[</u>	1m	No
n	Sharır	ng of paid employees		<u>[</u>	1n	No
o	Reımb	oursement paid to other organization for expenses		<u>[</u>	10	No
р	Reımb	oursement paid by other organization for expenses		<u> </u>	1p	No
q	Other	transfer of cash or property to other organization(s)		-	1q	No
r	Other	transfer of cash or property from other organization(s)		[1r	No
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relations	nips and transaction thresholds		
		(A)	(B) Transaction	(C)		
		Name of other organization(s)	type(a-r)	Amount Involved		
(1)						
(2)						
(2)						
(3)						
(4)						
(+)						
(5)						
(6)						

Part VI Unrelated Organizations Taxable as a Partnership

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

	_		(5)		· -			1	1	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtion allocations?		20 of K-1		or g
			Yes	No		Yes	No		Yes	No
	1					1	1	1		