

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

2009

Department of the Treasury Internal Revenue Service

Short Form

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form may use this form

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

Open to Public Inspection

OMB No 1545-1150

Α	Fort	he 2009 ca	lendar	year, or tax year beginning	, 2009, and er	iding		•
В		if applicable		C	<u> </u>	D	Employer	identification number
	Addres	s change	Please use IRS	Southern Nevada Public Television	on		23-73	169328
	Name	change	label or print or	3050 East Flamingo Rd		E	Telephone	number
	Initial	return	type See	Las Vegas, NV 89121			(702)	799-1010 Ex
L	Termin		Specific Instruc-					
-	1	ieu returri	tions				3roup E Number	exemption
_		ation pending		1 4047(1/4)		G Accounting met		Cash X Accrual
		Section 5	ust atta	8) organızations and 4947(a)(1) nonexempt charitabı ach a completed Schedule A (Form 990 or 990-EZ).	e trusts	Other (specify)	<u> </u>	
ı	Webs	site:► N	/A					rganization is not edule B (Form 990,
J	Tax-e	xempt status		only one) $ \times$ 501(c) (3) \triangleleft (insert no) 4947(a	a)(1) or 527	990-EZ, or 990-	PF)	·
K	Chec	k ►if	the org	janization is not a section 509(a)(3) supporting organ Z or Form 990 return is not required, but if the organizati	nization and its	gross receipts are n	ormally	not more than
ī				7b, to line 9 to determine gross receipts, if \$500,000				
	ınste	ad of Form	າ 990∙E	Z			► \$	128,541.
Pa	art I			Expenses, and Changes in Net Assets or	Fund Baland	es (See the inst		ns for Part I.)
	1		_	fts, grants, and similar amounts received			1	23, 151.
	2	-		revenue including government fees and contracts			2	
	3 3			es and assessments			3	622.
CALL AND MAN	P 4	Investmer			احما		4	022.
-\$	⊅ 5a			om sale of assets other than inventory	5 a 5 b		-	
8	, D			ner basis and sales expenses ale of assets other than inventory (Subtract In 5b from In 5a)			5c	
(E	ء ا	•	•	ctivities (complete applicable parts of Schedule G) If any amount i	s from asmina, cho	ck here ►	1	
0	0	-				CK TIETE		
ζŢ	a				1 - 1	104,768		
70	١ .	reported o		•	6a 6b	26,731		
				enses other than fundraising expenses from special events and activities (Subtract line 6b from line 6a)	OD	20,731	∸ 6c	78,037.
6	1		, ,	nventory, less returns and allowances	7a		1	, 5, 531.
9	1	Less cos		•	7b		- 1	
ار گزارگان گزارگان	1		_	loss) from sales of inventory (Subtract line 7b from I			7 c	
<u>ર્</u>	8	Other revenu			1110 74)	`	8	
	1 .						9	101,810.
	9			Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			10	101,010.
	10			ar amounts paid (attach schedule)			11	
Ē	11	•		or for members			12	10,294.
EXPENSE	12	Salaries,	other c	s and the Edwin and employed benefits			13	625.
Ņ	13			utilities, and maintenance			14	<u> </u>
S E	14 15	Denting	y, rent	tions, postage, and ship and			15	
S	16	Other even	haningal	nons postage, and shipping)	16	18,718.
	17	Total eve	ences	Add lines 10 through 162			17	29,637.
	18			it) (Line 17 from line 9)	- · · · · · · · · · · · · · · · · ·		18	72,173.
N S S T T S	19	Net asset	s or fur	nd balances at beginning of year (from line 27, colur	mn (A)) (must a	gree with end-of-yea	19	580,076.
NS	20			on prior year's return)			20	300,070.
Ś	20			n net assets or fund balances (attach explanation) nd balances at end of year Combine lines 18 throug	h 20		21	652,249.
Б	21 art					ra fila Farm 000 inc		
	ar (II	Daia	nce 5	heets. If Total assets on line 25, column (B) are \$	1,250,000 or mo	(A) Beginning of		(B) End of year
20) (~	ch course		(See the instructions for Part II)		572,87		646,226.
22		•		nvestments		312,01	23	030,220.
23		nd and buil		be ► See Statement 2)		7,20		6,573.
25		tal assets	(ucstill)		580,07		652,799.
26			e (der	cribe ► See Statement 3)			0. 26	550. X
27				palances (line 27 of column (B) must agree with line	21)	580,07		652,249.
				Paperwork Reduction Act Notice, see separate ins			17.	Form 990-EZ (2009)

Form	<u> 1990-EZ (2009) Southern Nevada</u>	Public Television			-71	69328	<u> Page 2</u>
Par		rvice Accomplishments	(See the instruction	ons.)		Expenses	
What	is the organization's primary exempt purpose? Su				(Reg	uired for section c)(3) and (4) nizations and sections and sections and sections and sections.	
Desc	ribe what was achieved in carrying out the	ne organization's exempt pure	oses. In a clear and co	ncise manner.	orga	nizations and se	ction
desc	ribe the services provided, the number of	persons benefited, or other	relevant information for	each	4947	'(a)(1) trusts, opt thers)	lional
	ram title			- £ 1/1 17/	101 0	l liers)	
28	Local contibutions to sur						
	Channel 10 (the Public Br	<u>coadcasting station</u>	<u>l that serves t</u>	he Las			
	Vegas, Nevada area).					1	
	(Grants \$) If th	is amount includes foreign gi	rants, check here	▶ [28 a		
29	<u> </u>						
	75				29 a		
	(Grants \$) If th	ils amount includes foreign gi	rants, check here		29 a		
30							
	(Grants \$) If th	nis amount includes foreign gi	rants, check here	>	30 a		
31	Other program services (attach schedule	e)		_			
		is amount includes foreign gi	rants, check here	>	31 a		
32	Total program service expenses (add li	nes 28a through 31a).		•	32		
Par	t IV List of Officers, Directors	Trustees, and Key Em	ployees. List each or	ne even if not com	pens	ated (See the in	istrs)
		(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense ac	count
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plan	is and	and other allow	ances
		to position		deferred compensa	tion		
	. 						
See	Statement 4		0.		0.		0.
					-		
				1			
			··· ——————————————————————————————————				
				1			
							
						 	
		1					
		İ					
		1					
	· · · · · · · · · · · · · · · · · · ·	1	L	L		L	40000:
BAA		TEEA0812L C	01/30/10			Form 990-EZ	(2009)

Form 990-EZ (2009) Southern Nevada Public Television 23-7169 Part V Other Information (Note the statement requirements in the instrs for Part V)	328	P	age 3
Tuit V Carlot Information (Note the statement requirement in the instruction of the contract of the statement of the statemen		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description	of		Ī
each activity	33 s 34	┼	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the change		-	-^-
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-3 attach a statement explaining why the organization did not report the income on Form 990-T	' [,]]		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) no	tice,		
reporting, and proxy tax requirements?	35 a	+-	<u> </u>
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	+-	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		_ X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	0.		
b Did the organization file Form 1120-POL for this year?	37b	ļ	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		Х
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N	I/A		
39 Section 501(c)(7) organizations Enter	<u>,</u>		
' '	I/A		
	I/A		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0		i	
	-		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in	n 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 Schedule L, Part I	40 ь		х
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization			
managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶	0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax			v
shelter transaction? If 'Yes,' complete Form 8886-T 41 List the states with which a copy of this return is filed None	40 e	1	<u> X</u>
List die states with which a copy of this foldings lines			
42a The organization's books are in care of ► Barbara Mirman Telephone no ► _(70)	2) 799	-101	.0
Located at ► 3050 East Flamingo Rd Las Vegas NV ZIP + 4 ► 891	21		
h Al and two divines the relevated way and the assessment of hours on interest in our appeture or other outbords over a		Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
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 a Foreign Bank and Financial Accounts			
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
If 'Yes,' enter the name of the foreign country	_		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ [N/A
and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
of Form 990-EZ	44	+-	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		Х
			2000

Page 4

	501(c)(3) organizations and se 46-49b and complete the table	ction 4947(a)(1) no s for lines 50 and 5	nexempt chantable 1.		tement_	
46 Did th	ne organization engage in direct or indire ublic office? If 'Yes,' complete Schedule	ct political campaign ac	ctivities on behalf of or	in opposition to candidates	Ye:	No X
	ne organization engage in lobbying activi			•	47	$\frac{1}{X}$
	e organization a school as described in se			dule E	48	$\frac{1}{X}$
	ne organization make any transfers to an				49a	X
	s,' was the related organization a section	·			49 b	
50 Comp	olete this table for the organization's five oyees) who each received more than \$10	highest compensated e 0,000 of compensation	employees (other than of from the organization	officers, directors, trustees If there is none, enter 'Nor	and key ne '	
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowant	i
None_						
					·	
f Total	number of other employees paid over \$	100,000				
51 Comp	olete this table for the organization's five lensation from the organization. If there i	highest compensated in s none, enter 'None'	ndependent contractors	who each received more t	han \$100,00	0 of
	(a) Name and address of each independent conti	actor paid more than \$100,000		(b) Type of service	(c) Compensa	ion
None						
		 -				
			1			
						
d Total	number of other independent contractor	s each receiving over \$	100,000			
d Total	number of other independent contractors Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (nined this return, including acco	mpanying schedules and stater	ments, and to the best of my knowle or has any knowledge	dge and belief, i	ıs
	Under penalties of periury. I declare that I have exam	nined this return, including acco	mpanying schedules and stater	ments, and to the best of my knowler has any knowledge	dge and belief, i	ıs
	Under penalties of periury. I declare that I have exam	nined this return, including accoolother than officer) is based on a	rnpanying schedules and stater all information of which prepare	ments, and to the best of my knowler has any knowledge	dge and belief, i	ıs
	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (nined this return, including acco	rnpanying schedules and stater all information of which prepare	3/3i//b	dge and belief, i	IS
Sign Here Paid	Under penalties of perjury, I declare that I have example true, correct, and complete Declaration of preparer (Signature of officer Type or print name and title Preparer's	nined this return, including accoolother than officer) is based on a	mpanying schedules and stater all information of which prepare	Dale Check if Check i	rer's Identifying f nstructions)	
Sign Here Paid Pre-	Under penalties of perjury, I declare that I have example true, correct, and complete Declaration of preparer (Signature of officer Type or print name and title Preparer's signature Paul S. Rogers	nined this return, including according than officer) is based on a	mpanying schedules and staterall information of which prepare	Dale Check if Prepa (See I	rer's Identifying f nstructions)	
Sign Here Paid	Under penalties of perjury, I declare that I have example true, correct, and complete Declaration of preparer (Signature of officer Type or print name and title Preparer's signature Paul S. Rogers Firm's name (or yours if self-employed). T151 Cascade Va	nined this return, including according than officer) is based on a second secon	mpanying schedules and staterall information of which prepare	Dale Check if Check i	rer's Identifying f nstructions)	
Sign Here Paid Pre- parer's	Under penalties of perjury, I declare that I have examinative, correct, and complete Declaration of preparer (Signalure of officer Type or print name and title Preparer's signature Paul S. Rogers Firm's name (or Rogers & Haldem	an, Ltd., CPA/s	mpanying schedules and staterall information of which prepare	Check if self-employed Prepa (See I N / A Phone no ► (702)	rer's Identifying f nstructions)	lumber

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2009

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection Employer identification number

South			Public Televisi						-	169328		
Part I				ıs (All organızatıons) See ı	nstruct	ions	
The orga	anıza	tion is not a p	private foundation beca	use it is (For lines 1 thro	ough 11,	check o	nly one	box)				
1	A cl	nurch, conver	ntion of churches or ass	sociation of churches des	cribed in	section	n 170(b)	(1)(A)(i)).			
2	As	chool describe	ed in section 170(b)(1) ((A)(ii). (Attach Schedule	E)							
3] A h	ospital or coo	perative hospital service	e organization described	ın secti	on 170(b)(1)(A)(iii).				
4] A m	iedical resear	ch organization operate	ed in conjunction with a h	nospital	describe	d in sec	tion 17	'0(Ь)(1)(А	A)(iii) Er	nter the hospital	's
		ne, city, and s			,							
5	J 170	(b)(1)(A)(iv).	(Complete Part II)	of a college or university					rnmenta	I unit de:	scribed in sectio	on
6				governmental unit descri					t or from	n tha aar	aaral aublia das	aribad
7	in section 170(b)(1)(A)(vi). (Complete Part II)											
8 _	_	-										
9 <u> </u> X	from inve	i activities rela estment incon	ited to its exempt function	more than 33-1/3 % of its ns – subject to certain excess taxable income (less Complete Part III)	eptions, a	and (2) r	no more i	han 33-	1/3 % of	its suppo	ort from gross	after
10	An (organization (organized and operated	exclusively to test for pu	ublic safe	ety See	section	509(a)	(4).			
11	ີ mor	e publicly sur	poorted organizations	l exclusively for the bene described in section 509(zation and complete line	a)(1) or	section	509(a)(2	ctions (2) See	of, or ca section	rry out th 509(a)(3	ne purposes of o	one or ox that
	а	Type I	b Type II	c ☐ Type II	I – Fund	ctionally	ıntegra	ed.		d 🗍	Type III - Othe	er:
e [d than	_ checking this n foundation r (a)(2)	box, I certify that the o managers and other tha	rganization is not control an one or more publicly s	led direc	ctly or in d organi	directly zations	by one describ	or more ed in se	disquali ction 509	ified persons of 9(a)(1) or sectio	ther n
f	If th	. , . ,	n received a written de	termination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting	organization,	
g	Sind	e August 17,	2006, has the organiza	ation accepted any gift o	r contrib	oution fro	om any	of the f	ollowing	persons	,2	
											Yes	No
	(1)	a person where	ho directly or indirectly governing body of the s	controls, either alone or supported organization?	together	with pe	ersons d	escribe	d in (ii) a	and (III)	11g (i)	
	(ii)		ember of a person des								11 g (ii)	
	٠.			n described in (i) or (ii) a	bove?						11 g (iii)	
h	• •		,	the supported organization							,	
((ı) Nam	e of Supported ganization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organizat (i) listed gove	Is the tion in cold in your erning ment?		ization in (i) of	organizat	Is the non in col zed in the S ?	(vii) Amount of Su	ipport
					Yes	No	Yes	No	Yes	No		
												-
					<u> </u>							
					 -							
					 		 			 		
					 	 	<u> </u>			-		
Total												

Pa	(Complete only if you check				(b)(1)(A)(IV) ar	10 170(0)(1)(A)	(VI)
Sec	tion A. Public Support				-			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	09	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						-	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support		T	<u></u>	T			
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200)9	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	ities, etc (see in	structions)				12	
13	First five years. If the Form 990 organization, check this box and	is for the organiz stop here	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section	501(c)	(3)
Sec	tion C. Computation of Pul	blic Support F	Percentage				1 1	
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f)			14	
	Public support percentage from 2						15	%
16 a	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pu	l not check the bo blicly supported o	ox on line 13, and organization	d the line 14 is 33	3-1/3 % or m	nore, c	heck this box ►
t	33-1/3 support test – 2008. If the and stop here. The organization				a, and line 15 is 3	33-1/3% or n	nore, c	check this box
17 a	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this	s box and stop he	re. Explain i	ın Part	IV how
ŧ	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-	and-circumstance	s' test, check this	s box and stop he	re. Explain i	ın Part	IV how the
18	Private foundation. If the organi	zation did not chi	eck a box on line,	, 13, 16a, 16b, 17				
BAA					Sc	hedule A (F	orm 9	90 or 990.EZ) 2009

Schedule A (Form 990 or 990 EZ) 2009 Southern Nevada Public Television

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box on li	ne 9 of Part I)				
Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	51,518.	61,963.	35,075.	285,241.	23,151.	456,948.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	62,665.	60,006.	63,380.	48,049.	104,768.	338,868.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	02,000.		55,00			0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1.	114,183.	121,969.	98,455.	333,290.	127,919.	795,816.
7 6	2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0.	0.	0.	0.	0.	0.
_	year Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
		0.		<u> </u>	<u> </u>	U.	
8	Public support (Subtract line						795,816.
	7c from line 6)	L		I	· — · · · ·		793,010.
	tion B. Total Support	(-) 200F	(h) 2005	(*) 2007	(4) 2000	(=) 2000	(O Total
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9	ndar year (or fiscal yr beginning in) > Amounts from line 6	(a) 2005 114, 183.	(b) 2006 121, 969.	(c) 2007 98, 455.	(d) 2008 333, 290.	(e) 2009 127, 919.	(f) Total 795, 816.
Cale 9	ndar year (or fiscal yr beginning in)	114,183.	121,969.	98,455.	333,290.	127,919.	795,816.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form	114,183. 4,528.	121,969. 8,392.	98,455. 9,159.	333,290. 4,292.	127,919. 622.	795,816. 26,993. 0.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	114,183.	121,969.	98,455.	333,290.	127,919.	795,816. 26,993.
Cale 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	114,183. 4,528.	121,969. 8,392.	98,455. 9,159.	333,290. 4,292.	127,919. 622.	795,816. 26,993. 0.
Cale 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	114,183. 4,528.	121,969. 8,392.	98,455. 9,159.	333,290. 4,292.	127,919. 622.	795,816. 26,993. 0. 26,993. 0.
Cale 9 10 a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12)	4,528. 4,528.	8,392. 8,392.	98,455. 9,159. 9,159.	4,292. 4,292.	622.	795,816. 26,993. 0. 26,993. 0. 822,809.
Cale 9 10 a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	114,183. 4,528. 4,528.	8,392. 8,392.	98,455. 9,159. 9,159.	4,292. 4,292.	622.	795,816. 26,993. 0. 26,993. 0. 822,809.
Cale 9 10 a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990	114,183. 4,528. 4,528.	8,392. 8,392.	98,455. 9,159. 9,159.	4,292. 4,292.	622.	795,816. 26,993. 0. 26,993. 0. 822,809. (3) ▶ □
Cale 9 10 a b 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	4,528. 4,528. 4,528. is for the organiza stop here	8,392. 8,392. tion's first, second	98, 455. 9, 159. 9, 159.	4,292. 4,292.	622.	795,816. 26,993. 0. 26,993. 0. 822,809. (3) ▶ □
Cale 9 10 a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	4,528. 4,528. 4,528. 4,528.	8,392. 8,392. tion's first, secondercentage (f) divided by line	98, 455. 9, 159. 9, 159.	4,292. 4,292.	622. 622.	795,816. 26,993. 0. 26,993. 0. 822,809. (3) ▶ □
Cale 9 10 a b 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	4,528. 4,528. 4,528. 4,528.	8,392. 8,392. tion's first, second ercentage (f) divided by line Part III, line 15	98, 455. 9, 159. 9, 159.	4,292. 4,292.	622. 622. 622.	795,816. 26,993. 0. 26,993. 0. 822,809. (3) 96.7% 96.5%
Cale 9 10 a b 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20	4,528. 4,528. 4,528. 4,528. is for the organiza stop here blic Support Poince Support Support Poince Support Support Poince Support Support Poince Support Poince Support Poince Support Support Poin	8,392. 8,392. 8,392. tion's first, secondercentage (f) divided by line Part III, line 15 ne Percentage	98, 455. 9, 159. 9, 159. d. third, fourth, control (f)	333, 290. 4, 292. 4, 292.	622. 622. 622.	795,816. 26,993. 0. 26,993. 0. 822,809. (3) 96.7% 96.5% 3.3%
Cale 9 10 a b 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20 Public support percentage from 21 Investment income percentage fi	114, 183. 4, 528. 4, 528. 4, 528. 4, 528. 10	8,392. 8,392. 8,392. 8,392. 8,392. 100	98, 455. 9, 159. 9, 159. d, third, fourth, control of the 13, column (f))	333, 290. 4, 292. 4, 292.	127, 919. 622. 622. 622. 15 a section 501(c) 16 17 18	795,816. 26,993. 0. 26,993. 0. 822,809. 3.3% 3.5%
Cale 9 10 a b 11 12 13 14 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from attomatics and the percentage from a support income percentage from 33-1/3 support tests — 2009. If the comore than 33-1/3%, check this box in the percentage from than 33-1/3%, check this box income than 33-1/3%, check this box income percentage from the percentage from	114, 183. 4, 528. 4, 528. 4, 528. 4, 528. 4, 528. 6, 528. 209 (line 8, column 2008 Schedule A, estment Incomor 2009 (line 10c, rom 2008 Schedule organization did not one and stop here.	8,392. 8,392. 8,392. 8,392. 8,392. 6,000 divided by line Part III, line 15 de Percentage column (f) divided e A, Part III, line 1 check the box on line The organization	98, 455. 9, 159. 9, 159. d, third, fourth, control of the 13, column (f)). by line 13, column (f) of the 14, and line 15 in qualifies as a pu	333, 290. 4, 292. 4, 292. fifth tax year as mn (f)) s more than 33-1/3 blicly supported of	127, 919. 622. 622. 15 16 17 18 %, and line 17 is no organization	795,816. 26,993. 0. 26,993. 0. 822,809. (3) 96.7% 96.5% 3.3% 3.5%
Cale 9 10 a b 11 12 13 14 Sec 17 18 19 a b 1	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 3 tion D. Computation of Inv Investment income percentage finess.	114, 183. 4, 528. 4, 528. 4, 528. 4, 528. 4, 528. 4, 528. 6 Jine 8, column 2008 Schedule A, estment Incomor 2009 (line 10c, rom 2008 Schedule A) or 2008 Schedule A, estment Incomor and stop here. The organization did not on and stop here. The organization did not a this box and stop here.	8,392. 8,392. 8,392. 8,392. 8,392. 8,392. 8,392. 10 divided by line Part III, line 15 re Percentage column (f) divided e A, Part III, line 1 check the box on line The organization of not check a box of here. The organization of the organiz	98, 455. 9, 159. 9, 159. d, third, fourth, control of the 13, column (f)). by line 13, column (f). the 14, and line 15 in qualifies as a pure on line 14 or 19a action qualifies a	333, 290. 4, 292. 4, 292. 4, 292. or fifth tax year as blicly supported contains a publicly supported sons a publicly	127, 919. 622. 622. 622. 15 16 17 18 %, and line 17 is no organization more than 33-1/3% orted organization.	795,816. 26,993. 0. 26,993. 0. 822,809. (3) 96.7% 96.5% 3.3% 3.5%

Schedule A	(Form 990 c	or 990-EZ) 2	(009 Sout	nern wev	ada Pubi	<u>ic letevis</u>	51011	23-11093	526 Page
Part IV	Suppleme Part II, In	ental Info ie 17a or	rmation. Co 17b; and P	omplete thi art III, line	s part to p 12. Provid	rovide the ex e any other a	kplanations i additional in	required by Pa formation. See	rt II, line 10; e instructions.
		- -							
							. 		
									
				- - -					
- 		-							
- -									
								 -	
- 	 .								
- 				_ _					
					- -				
									
		-			 -	- -			
		-			 -			 -	
	 -								
								 -	
	- -	-			-	- 			
	- 			 -	- -	- -			
			-						

TEEA0404L 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	_				Ī	Employer identifica	ation number
Southern Nevada Public Te	elevision					23-716932	8
Part I Fundraising Activities. Comp Form 990EZ filers are not req	lete if the orgai	nization ar	nswered '\ rt	es' to Form 990, Part	IV, line 1	7	
1 Indicate whether the organization							
Mail solicitations		,		Solicitation of non-			
Internet and email solicitations				Solicitation of gove	•	•	
Phone solicitations	•			Special fundraising		9.01.10	
\boldsymbol{H}				Special fulldialsing	gevents		
In-person solicitations 2a Did the organization have written	or oral agreeme	ant with an	w individu	al (including officers, d	irectors	trustees or key	,
employees listed in Form 990, Par	t VII) or entity	in connect	ion with p	rofessional fundraising	services	?	Yes No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or ent	tities (fund	Iraisers) p	ursuant to agreements	under w	hich the fundra	iser is to be
					(v) Am	nount paid to	
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custoo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	fundra	etained by) user listed in col (i)	(vi) Amount paid to (or retained by) organization
		 			<u> </u>	COI (I)	organization
		Yes	No				
		ļ					
		· · -					
						_	
				<u> </u>			
	l		L		-		
Total			•				
3 List all states in which the organiz or licensing	ation is register	ed or licer	nsed to so	licit funds or has been	notified	it is exempt fro	m registration
	_ 						
							
							
		_ _					

2 Less Charitable contributions 3 Gross income (line 1 minus line 2) 104,768. 104 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages	,000.
2 Less Charitable contributions 3 Gross income (line 1 minus line 2) 104,768. 104 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages	through
2 Less Charitable contributions 3 Gross income (line 1 minus line 2) 104,768. 104 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages	,768.
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages	
5 Noncash prizes 6 Rent/facility costs 7 Food and beverages	,768.
6 Rent/facility costs 7 Food and beverages	
E	
8 Entertainment	
8 Entertainment 9 Other direct expenses 26,731.	,731.
10 Direct expense summary Add lines 4- through 9 in column (d)	731.
	,037.
Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more \$15,000 on Form 990-EZ, line 6a.	than
(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Total gaming (Add col (a) col (c)	through
1 Gross revenue	
E 2 Cash prizes	
Z Cash prizes 2 Cash prizes 3 Non-cash prizes	
4 Rent/facility costs	
5 Other direct expenses	
6 Volunteer labor Yes% Yes% No No No	
7 Direct expense summary Add lines 2 through 5 in column (d)	
8 Net gaming income summary Combine lines 1, column (d) and line 7	
	S NO
9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? 9a	1
b If 'No,' explain	
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain	
11 Does the organization operate gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	

Schedule G (Form 990 or 990-EZ) 2009 'Southern Nevada Public Television 23-716	9328		age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	8		
b An outside facility	<u>%</u>		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ıs	ļ	
Name [.] ►			
Address •			
15 a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15 a		
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount			
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address of the third party			
	ļ		
Name •			
Address			
Address	- -		
16 Gaming manager information			
No. 22 B			
Name •			
Gaming manager compensation \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17 a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the		
organization's own exempt activities during the tax year ► \$			<u> </u>
BAA TEEA3703L 02/05/10 Schedule G (Form	n 990 or 9	90-EZ	2009

2009	Federal Statements	,		Page 1
Client 432-37 Sou	thern Nevada Public Televi	sion		23-7169328
3/26/10 Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses				12 06PM
Bank Fees Books Community Council Conferences, Conventions, and Medical Dues & Subscrptions Insurance Office Expenses Rounding Volunteer Luncheon	eetings		\$ Total \$	602. 13,033. 177. 2,014. 400. 1,380. 63. -1. 1,050. 18,718.
Statement 2 Form 990-EZ, Part II, Line 24 Other Assets	*********			
Accounts Receivable		<u></u>	7,205. \$ 7,205.	Ending 6,573. 6,573.
Statement 3 Form 990-EZ, Part II, Line 26 Total Liabilities				
Accounts Payable and Accrued Exp	penses	E \$ Total \$	8eginning	Ending 550. 550.
Statement 4 Form 990-EZ, Part IV List of Officers, Directors, Trustees, and	l Key Employees	-		
Name and Address	Title and Average Hours Per Week Devoted	Compen-	Contri- bution to _EBP & DC	Account/
Charlotte Hill 3050 East Flamingo Rd Las Vegas, NV 89121	Community Chair \$			\$ 0.
Bill Curran 3050 East Flamingo Rd Las Vegas, NV 89121	Digital Chair O	0	0.	0.
Reggie Burton 3050 East Flamingo Rd Las Vegas, NV 89121	Board Member 0	0	0.	0.

•

.

20	Λ	
ZU	u	9

3/26/10

Federal Statements

Page 2

Client 432-37

Southern Nevada Public Television

23-7169328 12 06PM

Statement 4 (continued)
Form 990-EZ, Part IV

Form 990-EZ, Part IV			
List of Officers, Directors,	Trustees, and	l Key	Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Jim Dionizio 3050 East Flamingo Rd Las Vegas, NV 89121	Secretary 0	\$ 0.	\$ 0.	\$ 0.
Irene Vogel 3050 East Flamingo Rd Las Vegas, NV 89121	Board Member 0	0.	0.	0.
Tom Axtel 3050 East Flamingo Rd Las Vegas, NV 89121	Executive Direc 0	0.	0.	0.
Kelly Peterson 3050 East Flamingo Rd Las Vegas, NV 89121	Treasurer 0	0.	0.	0.
Thalia Dondero 3050 East Flamingo Rd Las Vegas, NV 89121	Nominating Chai 0	0.	0.	0.
Marydean Martin 3050 East Flamingo Rd Las Vegas, NV 89121	Board Member 0	0.	0.	0.
Carolyn Edwards 3050 East Flamingo Rd Las Vegas, NV 89121	Board Member 0	0.	0.	0.
Robert Bolick 3050 East Flamingo Rd Las Vegas, NV 89121	Planned Giving 0	0.	0.	0.
Kisa Dove-Swishe 3050 East Flamingo Rd Las Vegas, NV 89121	Board Member 0	0.	0.	0.
Lori Lea 3050 East Flamingo Rd Las Vegas, NV 89121	Board Member 0	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

Page 3 **Federal Statements** 2009 **Southern Nevada Public Television** 23-7169328 **Client 432-37** 12 06PM 3/26/10 Statement 5 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No No