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## Change of Accounting Period

Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder 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

A For the 2009 calendar year, or tax year beginning

01/01, 2010, and ending

06/30, 2010

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CABLE TELEVISION LABORATORIES, INC.			D Employer identification number 04-3012897	
	Doing Business As CABLELABS			E Telephone number (303) 661-9100	
	Number and street (or P O box if mail is not delivered to street address) 858 COAL CREEK CIRCLE			F City or town, state or country, and ZIP + 4 LOUISVILLE, CO 80027-9750	
				G Gross receipts \$ 27,631,300.	
				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	
				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				If "No," attach a list (see instructions)	
Public Inspection Copy					

I Tax-exempt status  501(c)(6) (insert no.) 4947(a)(1) or 527

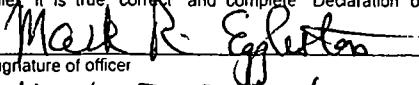
J Website ► WWW.CABLELABS.COM

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1988 M State of legal domicile DE

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O, GENERAL STATEMENT 1			
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19	
	5 Total number of employees (Part V, line 2a)	5	0	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	RECEIVED	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	APR 04 2011	95,000.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4 and 7d)	IRS OSC	55,767,474.	26,549,566.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 10c, and 11e)		64,281.	4,731.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,119,811.	1,077,003.
			60,046,566.	27,631,300.
			109,475.	50,545.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	UT	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		33,732,935.	17,687,762.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)		23,888,684.	11,270,573.
	b Total fundraising expenses, Part IX, column (D), line 25) ►		57,731,094.	29,008,880.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		2,315,472.	-1,377,580.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		Beginning of Year	End of Year
19 Revenue less expenses Subtract line 18 from line 12		37,847,311.	36,428,896.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		11,577,875.	11,611,151.
	21 Total liabilities (Part X, line 26)		26,269,436.	24,817,745.
	22 Net assets or fund balances Subtract line 21 from line 20			

## Part II Signature Block

Sign Here	Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
		Date 3/11/2011	
	Signature of officer		
	Type or print name and title Mark R Eggleston, Vice President Finance		

Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	Date 3/8/11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	KPMG LLP 210 PARK AVE, SUITE 2850 OKLAHOMA CITY, OK 73102	EIN 13-5565207	Phone no 405-239-6411	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions \*

Form 990 (2009)

JSA  
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