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Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Change of Accounting Period

Form **990**

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)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning		01/01, 2010, and ending		06/30, 2010	
B 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. Doing Business As CABLELABS Number and street (or P O box if mail is not delivered to street address) 858 COAL CREEK CIRCLE City or town, state or country, and ZIP + 4 LOUISVILLE, CO 80027-9750	D Employer identification number 04-3012897			
		E Telephone number (303) 661-9100			
		G Gross receipts \$ 27,631,300.			
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.CABLELABS.COM			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 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)	Prior Year	Current Year		
	9 Program service revenue (Part VIII, line 2g)	95,000.	0.		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,767,474.	26,549,566.		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 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.		
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	60,046,566.	27,631,300.		
	14 Benefits paid to or for members (Part IX, column (A), line 4)	109,475.	50,545.		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	33,732,935.	17,687,762.		
	b Total fundraising expenses, Part IX, column (D), line 25	0.	0.		
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	23,888,684.	11,270,573.		
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	57,731,094.	29,008,890.		
	19 Revenue less expenses Subtract line 18 from line 12	2,315,472.	-1,377,580.		
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year		
	21 Total liabilities (Part X, line 26)	37,847,311.	36,428,896.		
Net Assets or Fund Balances	22 Net assets or fund balances Subtract line 21 from line 20	11,577,875.	11,611,151.		
		26,269,436.	24,817,745.		

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				
	<div style="display: flex; justify-content: space-between;"> <div> Signature of officer Mark R. Eggleston, Vice President Finance </div> <div> Date 3/4/2011 </div> </div>				
Preparer's Use Only	Preparer's signature 		Date 3/8/11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) 13-5565207
	Firm's name (or yours if self-employed), address, and ZIP + 4 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) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions * Form 990 (2009)

SCANNED APR 15 2011

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