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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ 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 07/01, 2009, and ending 06/30, 2010

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions</p>	<p>C Name of organization PEG BROADCASTING SERVICES, INC.</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite 135 S. WALL ST.</p> <p>City or town, state or country, and ZIP + 4 COOS BAY, OREGON 97420</p>	<p>D Employer identification number 33-1009285</p> <p>E Telephone number 541-888-3460</p> <p>F Group Exemption Number ▶</p>
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◦ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.COOSMEDIACENTER.COM

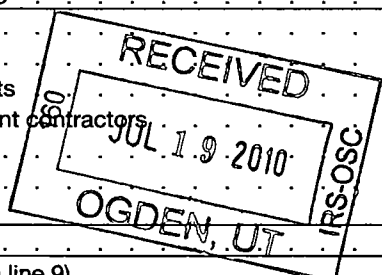
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) – 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **68,090.00**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	18,785.00
	2 Program service revenue including government fees and contracts	2	49,304.00
	3 Membership dues and assessments	3	0
	4 Investment income	4	1.00
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	0
	b Less: direct expenses other than fundraising expenses	6b	0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ▶ _____)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	68,090.00	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	9,500.00
	13 Professional fees and other payments to independent contractors	13	4,129.00
	14 Occupancy, rent, utilities, and maintenance	14	10,113.00
	15 Printing, publications, postage, and shipping	15	420.00
	16 Other expenses (describe ▶ <u>STM130</u>)	16	36,058.00
17 Total expenses. Add lines 10 through 16	17	60,220.00	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,870.00
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	95,436.00
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	103,306.00



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	5,977.00	22	5,500.00
23 Land and buildings	0	23	0
24 Other assets (describe ▶ <u>STM131</u>)	89,459.00	24	102,644.00
25 Total assets	95,436.00	25	108,144.00
26 Total liabilities (describe ▶ <u>STM132</u>)	0	26	4,841.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	95,436.00	27	103,306.00

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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-T, 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) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		✓
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?	✓	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	4,000.00
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
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 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		✓
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 shelter transaction? If "Yes," complete Form 8886-T.		✓
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ PEG BROADCASTING SERVICES, INC. Telephone no. ▶ 541-888-3460 Located at ▶ 135 S. WALL ST., COOS BAY, OREGON ZIP + 4 ▶ 97420		
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)?	42b	✓
	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
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	✓

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ _____

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.

Sign Here

Signature of officer: *Don Van Dyke* Date: *7/15/10*

Type or print name and title: *DON VAN DYKE*

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's identifying number (See instructions): _____

EIN: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part II Support Schedule for Organizations Described in Sections 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0	0	0	0	0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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)						0
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	0 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. 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 "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▷	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▷	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts 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 June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▷

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. 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 ▷

b 33 1/3 % support tests—2008. 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 ▷

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area with horizontal dashed lines for supplemental information.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons
 ▷ Complete if the organization answered
 "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
 or Form 990-EZ, Part V, line 38a or 40b.
 ▷ Attach to Form 990 or Form 990-EZ. ▷ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization: **PEG BROADCASTING SERVICES, INC.** Employer identification number: **33 : 1009285**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▷ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▷ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
TERESA VAN DYKE	✓		4000.00	4000.00		✓	✓			✓
Total ▷ \$										

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2009

Attachment
 Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return PEG Broadcasting Services	Business or activity to which this form relates PEG Broadcasting Services	Identifying number 33-1009285
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000
2 Total cost of section 179 property placed in service (see instructions)	2	0
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	0
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	0
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	0
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	7,570

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	7,570
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2009 tax year (see instructions): 43 Amortization of costs that began before your 2009 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Federal Supporting Statements

2009 PG01

PEG Broadcasting Services, Inc.

FORM 4562 - LINE 22

Identifying Number

33-1009285

Description	Date	Asset Cost	Percent	Depr Basis	Conv	Life	Method	Depreciation
2 EA 500Gig Hard Drives	8/1/2007	\$1,398.00	100	\$1,398.00		4	S/L	\$350.00
Monitor	7/1/2007	\$128.00	100	\$128.00		5	S/L	\$26.00
Microphone FS-4	7/1/2007	\$2,563.00	100	\$2,563.00		5	S/L	\$513.00
Leightronix Auto Server	7/1/2007	\$6,995.00	100	\$6,995.00		5	S/L	\$1,399.00
Leightronix Hard Drive	7/1/2007	\$599.00	100	\$599.00		5	S/L	\$120.00
Pro Series Keyboard	10/1/2007	\$203.00	100	\$203.00		5	S/L	\$41.00
Computer	10/1/2007	\$1,623.00	100	\$1,623.00		5	S/L	\$325.00
Avid Xpress Pro 5 7	10/1/2007	\$1,695.00	100	\$1,695.00		5	S/L	\$339.00
Graphics Card	11/1/2007	\$396.00	100	\$396.00		5	S/L	\$79.00
Seagate Barracuda 7200 11 3 0 HD	11/1/2007	\$300.00	100	\$300.00		5	S/L	\$60.00
Camera Cannon GL2	12/1/2007	\$3,020.00	100	\$3,020.00		5	S/L	\$604.00
Tera Internal Hard Drive	12/1/2007	\$234.00	100	\$234.00		5	S/L	\$47.00
Audio Adapter	2/1/2008	\$178.00	100	\$178.00		5	S/L	\$36.00
Electrical Line Reducer	3/1/2008	\$563.00	100	\$563.00		5	S/L	\$113.00
Audio board	4/1/2008	\$351.00	100	\$351.00		5	S/L	\$70.00
Tech Rack Mounts and Shelving	4/1/2008	\$340.00	100	\$340.00		5	S/L	\$68.00
HP W2207 LCD Monitor w/Speakers	4/1/2008	\$283.00	100	\$283.00		5	S/L	\$57.00
Triple Monitor	6/1/2008	\$693.00	100	\$693.00		5	S/L	\$139.00
Video Mixer	6/1/2008	\$1,085.00	100	\$1,085.00		5	S/L	\$217.00
2 desks, 2-drawer filing cabinet, 1	7/1/2008	\$82.00	100	\$82.00		5	S/L	\$16.00
Mics Stands and cables	7/1/2008	\$198.00	100	\$198.00		5	S/L	\$40.00
Editing Computer	7/1/2008	\$1,476.00	100	\$1,476.00		5	S/L	\$295.00
Editing Computer	7/1/2008	\$371.00	100	\$371.00		5	S/L	\$74.00
Triple Monitor and stand	7/1/2008	\$754.00	100	\$754.00		5	S/L	\$151.00
Metal Shelving	7/1/2008	\$639.00	100	\$639.00		5	S/L	\$128.00
Two (2) Studio RTA Silver Compute	8/1/2008	\$121.00	100	\$121.00		5	S/L	\$22.00
Hitachi Deskstar 7K1000GB Hard Driv	9/1/2008	\$178.00	100	\$178.00		5	S/L	\$30.00
Lenovo TP R611 DVDRW	9/1/2008	\$617.00	100	\$617.00		5	S/L	\$103.00
Light Kit	11/1/2008	\$2,127.00	100	\$2,127.00		5	S/L	\$284.00
Computer Hard Drive	11/1/2008	\$117.00	100	\$117.00		5	S/L	\$16.00
Lowel light kit	11/1/2008	\$2,113.00	100	\$2,113.00		5	S/L	\$282.00
Bogen tripod and fluid head	11/1/2008	\$495.00	100	\$495.00		5	S/L	\$66.00
Dell 1409X DLP Projector	11/1/2008	\$562.00	100	\$562.00		5	S/L	\$75.00
Headphones (3)	11/1/2008	\$168.00	100	\$168.00		5	S/L	\$22.00
EX66 Speaker 99005135	11/1/2008	\$810.00	100	\$810.00		5	S/L	\$108.00

Federal Supporting Statements

2009 PG02

PEG Broadcasting Services, Inc.

FORM 4562 - LINE 22

Identifying Number

33-1009285

Description	Date	Asset Cost	Percent	Depr Basis	Conv	Life	Method	Depreciation
Headset lighting mic	12/1/2008	\$1,504 00	100	\$1,504 00		5	S/L	\$175 00
Green Backdrop	12/1/2008	\$267 00	100	\$267 00		5	S/L	\$31 00
Compressor, intercom, headsets	12/1/2008	\$1,158 00	100	\$1,158 00		5	S/L	\$135 00
Portable video dolly	12/1/2008	\$136 00	100	\$136 00		5	S/L	\$16 00
16 Space combo rack	12/1/2008	\$598 00	100	\$598 00		5	S/L	\$70 00
Firewire Hard Drive	12/1/2008	\$48 00	100	\$48 00		5	S/L	\$6 00
Acer P241W 24" Widescreen LCD Monit	12/1/2008	\$272 00	100	\$272 00		5	S/L	\$32 00
1 each ACER X233Hbid 23in Wide 5ms	1/1/2009	\$189 00	100	\$189 00		5	S/L	\$19 00
Sylvania Television Set	2/1/2009	\$80 00	100	\$80 00		5	S/L	\$7 00
Microphones, connectors, cables	3/1/2009	\$309 00	100	\$309 00		5	S/L	\$21 00
4 cameras, 1 mixer	3/1/2009	\$8,227 00	100	\$8,227 00		5	S/L	\$548 00
Lighting equipment trusses	3/1/2009	\$1,358 00	100	\$1,358 00		5	S/L	\$91 00
Clapper	3/1/2009	\$90 00	100	\$90 00		5	S/L	\$6 00
Truss lighting system Parts	3/1/2009	\$253 00	100	\$253 00		5	S/L	\$17 00
Professional video heads, 055XB tri	4/1/2009	\$600 00	100	\$600 00		5	S/L	\$30 00
Canon remote control for camcorders	4/1/2009	\$175 00	100	\$175 00		5	S/L	\$9 00
Maifrotto pro fluid video mini head	4/1/2009	\$125 00	100	\$125 00		5	S/L	\$6 00
Maifrotto classic tripod legs	4/1/2009	\$165 00	100	\$165 00		5	S/L	\$8 00
Canon Zoom Remote control Canon ca	4/1/2009	\$192 00	100	\$192 00		5	S/L	\$10 00
Tripod	4/1/2009	\$239 00	100	\$239 00		5	S/L	\$12 00
Canon zoom remote control Canon ca	5/1/2009	\$195 00	100	\$195 00		5	S/L	\$6 00

Totals

\$7,570.00

Federal Supporting Statements

2009 PG 01

Name(s) as shown on return

PEG BROADCASTING SERVICES INC.

EIN

33-1009285

FORM 990EZ, PART 1, LINE 16

Statement #130

OTHER EXPENSES SCHEDULE 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
BANK FEES	952.00
MILEAGE REIMBURSEMENT	1390.00
OFFICE SUPPLIES	4518.00
EDUCATION & SEMINARS	861.00
COMPUTER & INTERNET	1365.00
DEPRECIATION	7570.00
PAYROLL EXPENSES	772.00
TAXES LICENSES & FEES	816.00
PRODUCTION SUPPLIES	<u>6355.00</u>
	<u>24,599.00</u>

Federal Supporting Statements

2009 PG 02

Name(s) as shown on return

PEG BROADCASTING SERVICES INC.

EIN

33-1009285

FORM 990EZ, PART 1, LINE 16

Statement #130

OTHER EXPENSES SCHEDULE 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INSURANCE	1718.00
DUES & SUBSCRIPTIONS	2007.00
REPAIRS & MAINTENANCE	350.00
TRAVEL	2920.00
MEALS & ENTERTAINMENT	2031.00
AUTOMOBILE EXPENSE – FUEL	1407.00
AUTOMOBILE EXPENSE – REPAIRS & MAINTENANCE	222.00
OTHER	<u>804.00</u>
	<u>11,459.00</u>

Federal Supporting Statements

2009 PG 01

Name(s) as shown on return

PEG BROADCASTING SERVICES INC.

EIN

33-1009285

FORM 990EZ, PART 11, LINE 24

Statement #131

OTHER ASSETS SCHEDULE 3

<u>DESCRIPTION</u>	<u>Beginning of Year</u>	<u>End of Year</u>
LONG TERM INVESTMENTS	2,287.00	2,287.00
OFFICE EQUIPMENT	2,338.00	2,875.00
FURNITURE AND FIXTURES	4,832.00	11,184.00
PRODUCTION EQUIPMENT	66,411.00	80,277.00
VEHICLES	19,365.00	19,365.00
LESS ACCUMULATED DEPRECIATION		(13,344.00)
	<u>95,233.00</u>	<u>102,644.00</u>

Federal Supporting Statements

2009 PG 01

Name(s) as shown on return

PEG BROADCASTING SERVICES INC.

EIN

33-1009285

FORM 990EZ, PART 11, LINE 26

Statement #132

OTHER LIABILITIES SCHEDULE 3

<u>DESCRIPTION</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PAYROLL LIABILITIES	0.00	841.00
LOANS FROM TRUSTEES/EMPLOYEES	<u>0.00</u>	<u>4,000.00</u>
TOTAL	<u>0.00</u>	<u>4,841.00</u>

Federal Supporting Statements

2009 PG 01

Name(s) as shown on return

PEG BROADCASTING SERVICES INC.

EIN

33-1009285

FORM 990EZ, PART IV

Statement Part IV - A

COMPENSATION EXPLANATION

NAME

DON VAN DYKE

EXPLANATION

Don earned \$5000.00 as a paid director.

Federal Supporting Statements

2009 PG 01

Name(s) as shown on return

PEG BROADCASTING SERVICES INC.

EIN

33-1009285

FORM 990EZ, PART IV

Statement Part IV - B

COMPENSATION EXPLANATION

NAME

REBECCA PHILLIPS

EXPLANATION

NONE

Federal Supporting Statements

2009 PG 01

Name(s) as shown on return

PEG BROADCASTING SERVICES INC.

EIN

33-1009285

FORM 990EZ, PART IV

Statement Part IV - C

COMPENSATION EXPLANATION

NAME

THERESA VAN DYKE

EXPLANATION

NONE

Federal Supporting Statements

2009 PG 01

Name(s) as shown on return

PEG BROADCASTING SERVICES INC.

EIN

33-1009285

FORM 990EZ, PART IV

Statement Part IV - D

COMPENSATION EXPLANATION

NAME

ELLA ANNE VAN DYKE

EXPLANATION

ELLA ANNE WAS PAID \$590.00 AS AN EMPLOYEE DOING THE JANITORIAL JOB.

Federal Supporting Statements

2009 PG 01

Name(s) as shown on return

PEG BROADCASTING SERVICES INC.

EIN

33-1009285

FORM 990EZ, PART IV

Statement Part IV - E

COMPENSATION EXPLANATION

NAME

EMILY SABIN

EXPLANATION

NONE