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Department of the Treasury

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)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 A For the 2009 D Employer identification number B Check if applicable PUBLIC BROADCASTING SERVICE use IRS Address change 52-0899215 label or Doing Business As E Telephone number print or Name change type. See Specific (703) 739-5000 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 932,794,886 Terminated tions. City or town, state or country, and ZIP + 4 ARLINGTON, VA 22202 Amended return Application pending Name and address of principal officer Is this a group return for Paula Kerger affiliates? 2100 CRYSTAL DRIVE ARLINGTON, VA 22202 ☐ Yes ☐ No H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (3) **◄** (insert no) Tax-exempt status ☐ 4947(a)(1) or ☐ 527 Group exemption number 🕨 **Website: ►** www pbs org K Form of organization 🔽 Corporation Trust 🗆 Association 🗀 Other 🕨 M State of legal domicile DC L Year of formation 1969 Part I Summary Briefly describe the organization's mission or most significant activities PBS is a non profit corporation whose members are America's public TV stations Activities & Governance Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) $\,$. $\,$. 26 574 Total number of employees (Part V. line 2a) . . . 0 Total number of volunteers (estimate if necessary) . 1,055,672 Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 $\,$. 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 284,621,995 292,889,704 Program service revenue (Part VIII, line 2g) . 208,192,217 194,465,989 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . -35,832,111 3,445,725 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 35,231,776 14,794,554 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 492,213,877 505,595,972 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) \cdot \cdot Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 **Expenses** 51.016.477 50.173.238 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 Ь Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 516,974$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 504,714,012 427,261,631 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 555,730,489 477,434,869 19 Revenue less expenses Subtract line 18 from line 12 . -63.516.612 28,161,103 t Assets or | nd Balances | **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 374,637,965 430,853,951 Total liabilities (Part X, line 26) . . 97,043,857 112,743,459 22 277,594,108 Net assets or fund balances Subtract line 21 from line 20 318,110,492 Part II Signature Block 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 2011-05-13 Here Signature of officer BARBARA LANDES SVP, CFO & Treasurer Type or print name and title Date Check if Preparer's identifying number Preparer's signature Joyce M Underwood Paid empolyed 🕨 🔽 Preparer's Firm's name (or yours BDO USA LLP EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 7101 Wisconsin Ave Suite 800 Phone no 🕨 (301) 654-4900 Bethesda, MD 208144827

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

PBS is a membership organization that in partnership with its member stations serves the American public with programming and services of the highest quality, using media to educate, inspire, entertain, and express the diversity of perspectives

| 2 | | n undertake any signific or 990-EZ? | | ervices during the year w | hich were not listed on | ┌ Yes ┌ No |
|----|---|--|---|--|--|--|
| | If "Yes," describe t | hese new services on S | chedule O | | | |
| 3 | | n cease conducting, or | make sıgnıfıcaı | nt changes in how it cond | lucts, any program | ┌ Yes ┌ No |
| | If "Yes," describe t | hese changes on Sched | lule O | | | |
| 4 | Section 501(c)(3) | and 501(c)(4) organıza | tions and secti | _ | rgest program services be required to report the an rvice reported | |
| 4a | (Code |) (Expenses \$ | 369,247,639 | ıncludıng grants of \$ |) (Revenue \$ | 160,553,977) |
| | | e, and educate This expens | | | s 168 member public televisior istering programming, including | n licensees, which is dedicated to content oversight, program |
| 4b | (Code |) (Expenses \$ | 26,546,148 | ıncludıng grants of \$ |) (Revenue \$ | 7,488,371) |
| | processing of all progi | am videotapes, and progran | n origination transr | nission including operational s | iter handling, technical evaluati upport for news and other live transponder capacity, and the l | |
| | (Code |) (Expenses \$ | 26,131,143 | including grants of \$ |) (Revenue \$ |) |
| | Promotion - Represen provide public televisi | ts institutional and program | promotion and pre y of promotional s | ss efforts intended to increase upport, including on-air promo | awareness of the value of pul | blic television These activities vertising, press support and the |
| | | | | | | |
| 4d | · - | • | • | also Additional Data for | | |
| | (Expenses \$ | 34,735,605 ind | cluding grants o | of \$ |) (Revenue \$ | 41,049,471) |
| 4e | Total program ser | vice expenses►\$ | 456,660,53 | 5 | | |

| Part IV | Check | list of | Required | Schedules |
|---------|-------|---------|----------|-----------|
| | | | | |

| | | | 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 | Yes | |
| 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 similar funds or 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 | | Νο |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Νο |
| 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 | | Νο |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V | 10 | | Νο |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | | | |
| | ◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | |
| | ◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | |
| | ◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | | |
| | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| | ◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | | No |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Νο |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Νο |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 U S? <i>If "Yes," complete Schedule F, Part II</i> | 15 | | Νο |
| 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 U S ? If "Yes," complete Schedule F, Part III | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I | 17 | | Νο |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II | 18 | | Νο |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | N o |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | Νo |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Νo |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 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 line 25 | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Νo |
| 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 | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 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 | Is the organization 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 | 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | | | |
| | | 28a | | Νο |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 28c | | Νο |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 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 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | Yes | |
| 34 | 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 | |
| 35 | 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 | Yes | |
| 36 | Section 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 | | No |
| 37 | Did the organization conduct more than 5% 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 |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O | 38 | Yes | |

| art V | Statements | Regarding | Other IRS | Filings and | Tax | Compliance |
|-------|------------|-----------|-----------|-------------|-----|------------|
|-------|------------|-----------|-----------|-------------|-----|------------|

| | | | Yes | No |
|----|--|------------|-----|----|
| la | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | | |
| 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? | 1 c | Yes | |
| a. | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 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 (see instructions) | 2b | Yes | |
| а | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this | 2- | Yes | |
| h | return? | 3a 3b | Yes | |
| а | 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 | 163 | No |
| 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 | | | |
| a | 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 | | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5с | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | Νo |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | file Form 8282? | 7c | | Νo |
| | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | | | |
| | benefit contract? | 7e | | Νo |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Νo |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| п | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess | | | |
| | business holdings at any time during the year? | 8 | | Νo |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | No |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | Νo |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12 | | | |
| _ | facilities | | | |
| L | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the | | | |
| | year 12b | | | |

2100 CRYSTAL DRIVE ARLINGTON, VA 22202

(703) 739-5000

Part VI
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Se | ction A. Governing Body and Management | | | | | | | | |
|---------|--|---------------|---|---------|-----------|------------|--|--|--|
| | | | | | Yes | No | | | |
| | | | | | | | | | |
| 4 - | Fakantha manihan senatura manihan setaha samanna hadi. | | 1 | | | | | | |
| 1a b | Enter the number of voting members of the governing body Enter the number of voting members that are independent | 1a 1b | 27 26 | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a bus | | | | | | | | |
| 2 | other officer, director, trustee, or key employee? | • | · · · · · · | 2 | | No | | | |
| 3 | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control over management control over management duties. | | | . 3 | | Νο | | | |
| 4 | Did the organization make any significant changes to its organizational documents sfiled? | ince t | he prior Form 990 was | 4 | | No | | | |
| 5 | Did the organization become aware during the year of a material diversion of the organization | ion's assets? | 5 | | Νο | | | | |
| 6 | Does the organization have members or stockholders? | | | 6 | Yes | | | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect governing body? | | | 7a | Yes | | | | |
| b | Are any decisions of the governing body subject to approval by members, stockhold | ers, o | rother persons? | 7b | Yes | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written active year by the following | ons ur | ndertaken during the | | | | | | |
| а | The governing body? | | | 8a | Yes | | | | |
| b | Each committee with authority to act on behalf of the governing body? $\ \ . \ \ . \ \ .$ | | | 8b | Yes | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Sched | | | 9 | | Νο | | | |
| | ction B. Policies (This Section B requests information about policies not venue Code.) | requ | red by the Internal | | | | | | |
| | venue coue.) | | | | Yes | No | | | |
| 10a | Does the organization have local chapters, branches, or affiliates? | | | 10a | | No | | | |
| | If "Yes," does the organization have written policies and procedures governing the ac | ctıvıtı | es of such chapters, | | | | | | |
| | affiliates, and branches to ensure their operations are consistent with those of the or | _ | | 10b | | | | | |
| 11 | .1 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form | | | | | | | | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Fo | orm 9 | 90 | | Yes | | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | Yes | | | | |
| b | Are officers, directors or trustees, and key employees required to disclose annually to conflicts? | ıntere | sts that could give rise | 12b | Yes | | | | |
| c | Does the organization regularly and consistently monitor and enforce compliance will describe in Schedule O how this is done | th the | policy? If "Yes," | 12c | Yes | | | | |
| 13 | Does the organization have a written whistleblower policy? | | | 13 | Yes | | | | |
| 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 revi independent persons, comparability data, and contemporaneous substantiation of th | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | Yes | <u> </u> | | | |
| b | Other officers or key employees of the organization \ldots . \ldots . \ldots . | • | | 15b | Yes | | | | |
| | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? | | | 16a | Yes | | | | |
| Ь | If "Yes," has the organization adopted a written policy or procedure requiring the org participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements? | en ste | ps to safeguard the | | , | | | | |
| | ction C. Disclosure | • | | 16b | Yes | | | | |
| | List the States with which a copy of this Form 990 is required to be filed►AL , AK , A | | R , CA , CO , CT , FL , G IA , MI , MN , MS , NH , | | | | | | |
| | | | PA, RI, SC, TN, UT, V | | | | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Characteristic of the control of th | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governmenterest policy, and financial statements available to the public See Additional Data | _ | • | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possess Barbara LandesPublic Broadcasting | es the | books and records of the | ne orga | ınızatıor | n - | | | |

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- 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 i | not compen | sate any | y curi | rent | or fo | rmer | ffice | r, dırector, trustee | or key employee | |
|--|--------------------------------|-----------------------------------|------------------------------|---------|--------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) Average hours per | Posi t | (C tion (hat a | ched | ckal) | I | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation | (F) Estimated amount of other |
| | week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| See add'l data | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |

| lb Total . | | | | | | | | > | 4,333,237 | 0 | 4,333,2 | 37 |
|------------|--|--|--|--|--|--|--|-------------|-----------|---|---------|----|

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization №109

| | | | Yes | No | | |
|---|---|---|-----|----|--|--|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | | No | | |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such | | | | | |
| | ındıvıdual | 4 | Yes | | | |
| 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 |
|---|-----------------------------|----------------------------|
| THE MEDIA KITCHEN | PAID ADVERTISING | 17,790,172 |
| EYEBALL ON THE FLOOR INC 187 LAFAYETTE STREET NEW YORK, NY 10013 | PROMOTION PRODUCTION | 1,484,175 |
| INTERFACE MEDIA GROUP 1233 20TH STREET NW WASHINGTON, DC 20036 | PROMOTION PRODUCTION | 1,411,784 |
| RODGERS TOWNSEND LLC 1000 CLARK AVENUE 5TH FLOOR ST LOUIS, MO 63102 | PROMOTIONAL DESIGN | 1,293,073 |
| THINKFILM INC 1611 CONNECTICUT AVENUE NW WASHINGTON, DC 20009 | PROMOTION PRODUCTION | 929,402 |
| 2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►88 |) who received more than | |

| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513,or 514 |
|--|---------|---|---|---------------|----------------------|--|---|---|
| まる | 1a | Federated cam | paigns 1a | | | | | |
| gra | Ь | | les 1b | | | | | |
| ts, ar | C | _ | ents 1c | | | | | |
| <u>=</u> ,ਰ | d | _ | zations 1d | 2,107,028 | | | | |
| Sign Sign | e | Government grants | , , , | 10,420,704 | | | | |
| Contributions, gifts, grants and other similar amounts | f | similar amounts no | ons, gifts, grants, and 1f ot included above | 280,361,972 | | | | |
| きき | g | Noncash contri lines 1a-1f \$ _ | butions included in 92,050,843 | | | | | |
| | h | lines 1a-1f \$ _ Total. Add lines | s 1a-1f | ▶ | 292,889,704 | | | |
| | | | | Business Code | | | | |
| Шe | 2a | Membership dues | | 900,099 | 185,091,559 | 185,091,559 | | |
| eve eve | ь | Other Program Rev | venue | 900,099 | 6,760,060 | 5,873,112 | 886,948 | |
| e H | c | Station/Producer S | ervi | 900,099 | 2,614,370 | 2,614,370 | · · · · · · · · · · · · · · · · · · · | |
| er Er | d | | _ | | | | | |
| ج د | e | | | | | | | |
| Program Serwce Revenue | f | All other progra | am service revenue | | | | | |
| š | g | Total. Add lines | s 2a-2f | | 194,465,989 | | | |
| | 3 | | ome (including dividen | - | | | | |
| | | and other simil | aramounts) | ▶ | 3,443,583 | | | 3,443,583 |
| | 4 | Income from inves | stment of tax-exempt bond | | 12 602 205 | 12 602 205 | | |
| | 5 | Royalties | () D = -1 | | 12,692,295 | 12,692,295 | | |
| | 6a | Gross Rents | (ı) Real | (II) Personal | | | | |
| | ь | Less rental | | | | | | |
| | l c | expenses Rental income | | | | | | |
| | d | or (loss) Net rental inco | me or (loss) | <u> </u> | | | | |
| | | | (ı) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of | 427,201,056 | | | | | |
| | | assets other than inventory | | | | | | |
| | ь | Less cost or | 427,198,914 | | | | | |
| | | other basis and sales expenses | | | | | | |
| | C C | Gain or (loss) | 2,142 | <u> </u> | 2,142 | | | 2,142 |
| | d 8a | | rom fundraising | | 2,172 | | | 2,172 |
| ė | | events (not inc | | | | | | |
| Other Revenue | | \$ of contributions | reported on line 1c) | | | | | |
| ě | | See Part IV, lin | ne 18 | | | | | |
| <u>.</u> | | | a | | | | | |
| 돌 | b c | | penses b (loss) from fundraısıng | events 🕦 | | | | |
| _ | 9a | Gross income f | rom gaming activities | - | | | | |
| | | See Part IV, lin | | | | | | |
| | Ь | Loss director | penses b | | | | | |
| | c | | (loss) from gaming acti | vities | | | | |
| | 10a | Gross sales of | | | | | | |
| | | returns and allo | owances . a | | | | | |
| | Ь | Less cost of a | oods sold b | | | | | |
| | c | | (loss) from sales of inve | entory 🛌 | | | | |
| | | Miscellaneous | s Revenue | Business Code | | | | |
| | 11a | admınıstratıve/ | service | 515,100 | 1,226,228 | 1,106,228 | 120,000 | |
| | Ь | communication | services | 515,100 | 696,424 | 647,700 | 48,724 | |
| | С | All other | | 541,800 | 152,543 | 152,543 | | |
| | d | | ue | | 27,064 | 27,064 | | |
| | е | Total. Add lines | s 11a-11d | | 2,102,259 | | | |
| | 12 | Total revenue. | See Instructions . | ▶ | EOF FOE 072 | 200 204 074 | 1 055 672 | 2 445 725 |
| | 1 | | | I | 505,595,972 | 208,204,871 | 1,055,672 | 3,445,725 |

| | 990 (2009) | | | | Page 10 |
|-----|--|-----------------------|-----------------------------|---------------------------------|-------------------------|
| Par | | | | | |
| _ | Section 501(c)(3) and 501(c)(4) organizations m | | | (B) | |
| | ll other organizations must complete column (A) but are not required to | complete columr | ns (B), (C), and ((B) | (D). | (D) |
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | | |
| 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 | 2,632,872 | 371,177 | 2,261,695 | _ |
| 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 | 38,897,994 | 30,365,082 | 8,297,472 | 235,440 |
| 8 | Pension plan contributions (include section 401(k) and section | | | 2,231,112 | |
| | 403(b) employer contributions) | 2,181,462 | 1,730,440 | 437,949 | 13,073 |
| 9 | Other employee benefits | 3,852,996 | 2,988,335 | 777,454 | 87,207 |
| 10 | Payroll taxes | 2,607,914 | 2,010,506 | 582,331 | 15,077 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| ь | Legal | 1,889,551 | 999,392 | 889,834 | 325 |
| С | Accounting | 109,018 | | 109,018 | |
| d | Lobbying | 296,420 | 19,998 | 276,422 | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | 368,925 | | 368,925 | |
| g | Other | 14,563,547 | 12,830,070 | 1,688,128 | 45,349 |
| 12 | Advertising and promotion | 23,417,499 | 23,332,132 | 85,367 | |
| 13 | Office expenses | 1,891,371 | 1,130,203 | 759,660 | 1,508 |
| 14 | Information technology | 4,342,625 | 3,491,494 | | 5,256 |
| 15 | Royalties | 6,796,143 | 6,663,343 | | 132,800 |
| 16 | Occupancy | 4,934,766 | 4,410,628 | | 17,514 |
| 17 | Travel | 1,496,197 | 1,125,873 | | 10,855 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 2,130,237 | 1,125,673 | 333,103 | 10,000 |
| 19 | Conferences, conventions, and meetings | 1,312,741 | 877,586 | 435,155 | |
| 20 | Interest | 474,540 | 8,059 | · ' | |
| 21 | Payments to affiliates | | , | , - | |
| 22 | Depreciation, depletion, and amortization | 152,320,137 | 149,226,885 | 3,046,047 | 47,205 |
| 23 | Insurance | 630,215 | 280,373 | | .,=== |
| 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) | , 22 | , | , - | |
| а | Donated broadcast rts | 192,050,844 | 192,050,844 | | |
| b | PROGRAM RIGHTS | 8,813,009 | 8,812,842 | 167 | |
| С | COMMUNICATIONS | 8,292,960 | 6,972,461 | 1,320,499 | |
| d | INTERDEPARTMENT CHARGES | 0 | 3,718,450 | -3,582,823 | -135,627 |
| e | NET ASSET TRANSFERS | 0 | 564,890 | -564,890 | _ |
| f | All other expenses | 3,261,123 | 2,679,472 | | 40,992 |
| 25 | Total functional expenses. Add lines 1 through 24f | 477,434,869 | 456,660,535 | | 516,974 |
| 26 | Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational | , 13 1,003 | .53,500,533 | 25/237/300 | 323,3,7 |
| | campaign and fundraising solicitation | | | | |

| Pa | rt X | Balance Sheet | | | | | |
|--------------|------|--|------------|-------------------|-------------------|-----|-------------|
| | | | | | (A) | | (B) |
| | Ι. | | | | Beginning of year | | End of year |
| | 1 | Cash—non-interest-bearing | ì | | 47 405 400 | 1 | 7.070.004 |
| | 2 | Savings and temporary cash investments | • | | 17,405,129 | 2 | 7,073,291 |
| | 3 | Pledges and grants receivable, net | • | | 51,499,923 | 3 | 75,884,484 |
| | 4 | Accounts receivable, net | | | 18,925,350 | 4 | 22,043,683 |
| | 5 | Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of | s, key | employees, and | | | |
| | | Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II | | n 4958(f)(1)) and | | | |
| 24. | | Schedule L | | | | 6 | |
| ssets | 7 | Notes and loans receivable, net | | | | 7 | |
| 8 | 8 | Inventories for sale or use | | | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 9,467,443 | 9 | 4,236,784 |
| | 10a | Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i> | 10a | 115,353,715 | | | |
| | ь | Less accumulated depreciation | 10b | 68,647,196 | 47,548,075 | 10c | 46,706,519 |
| | 11 | Investments—publicly traded securities | | | 100,134,860 | 11 | 146,284,553 |
| | 12 | Investments—other securities See Part IV, line 11 | | | 28,670,748 | 12 | 24,372,841 |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | 81,166,648 | 14 | 84,757,825 |
| | 15 | Other assets See Part IV, line 11 | | | 19,819,789 | 15 | 19,493,971 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) . | | | 374,637,965 | 16 | 430,853,951 |
| | 17 | Accounts payable and accrued expenses . | | | 61,026,992 | 17 | 79,929,185 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 4,504,109 | 19 | 1,428,004 |
| | 20 | Tax-exempt bond liabilities | | | 19,500,000 | 20 | 19,500,000 |
| <u> </u> | 21 | Escrow or custodial account liability Complete Part IV of Schedu | le D | | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | , | | | | |
| <u></u> | | persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 5 . | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 12,012,756 | 25 | 11,886,270 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 97,043,857 | 26 | 112,743,459 |
| <u>"</u> | | Organizations that follow SFAS 117, check here 🕨 🔽 and com | plete | lines 27 | | | |
| ψ̈ | | through 29, and lines 33 and 34. | | | | | |
| <u>a</u> | 27 | Unrestricted net assets | | | 190,939,790 | 27 | 189,531,930 |
| Fund Balance | 28 | Temporarily restricted net assets | | | 86,654,318 | 28 | 128,578,562 |
| Ξ | 29 | Permanently restricted net assets | | | | 29 | |
| Œ | | Organizations that do not follow SFAS 117, check here ▶ ┌ a | nd cor | nplet e | | | |
| ٥ | | 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 for | unds | | | 32 | |
| Ř | 33 | Total net assets or fund balances | | | 277,594,108 | | 318,110,492 |
| | 34 | Total liabilities and net assets/fund balances | | | 374,637,965 | 34 | 430,853,951 |

Part 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 | | No |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| C | If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis | | | |
| 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 | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | Yes | |

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization PUBLIC BROADCASTING SERVICE

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

| Par | + T | Peac | on for Bul | blic Charity Stat | us (All ord | anizations | must comr | olete this nai | 52-089921 rt \ See inst | | | |
|--------|------------|---|---------------|--|---------------------------------|-----------------------------------|-------------------------------|--------------------------------|----------------------------|----------------|----------|----------|
| | | | | e foundation because | | | | | | u uctions | | |
| 1 | | | | on of churches, or as: | | | | | / | | | |
| 2 | <u></u> | | | ın section 170(b)(1) | | | | X-XAX. | | | | |
| 3 | <u>'</u> | | | perative hospital serv | | | | n 170/h)/1)/ <i>/</i> | /:::\ | | | |
| 4 | <u>'</u> | | | organization operate | | | | | | / A | ortho | |
| • | • | | | ty, and state | eu iii conjun | ction with a | nospital desc | . Tibeu III secti | on 170(b)(1) | (A)(III). LIII | er tile | |
| 5 | Γ | _ | · · | erated for the benefit | _ | or universit | ty owned or o | perated by a g | jovernmental | unıt describ | ed in | |
| _ | _ | | | A)(iv). (Complete Pa | | | | 470(1)(4)(| | | | |
| - | ļ | | | local government or | _ | | | | | | | |
| 7 | ~ | describ | ed in | t normally receives a A)(vi) (Complete Pa | | ii part or its | support from | a government | tal unit or fror | n the genera | i public | : |
| 8 | Г | | | described in section | | A)(vi) (Con | nplete Part II |) | | | | |
| 9 | | | | t normally receives | | | | | itions, membe | ership fees. a | nd aro | SS |
| | • | | | ties related to its ex | | | | | | | | |
| | | - | | ss investment incom | - | - | | • | | | | |
| | | | _ | anızatıon after June 3 | | | | - | | • | | |
| 10 | Г | • | | anized and operated | • | | | • | • | | | |
| 11 | Ė | - | _ | anized and operated | • | - | • | | | carry out the | purpos | ses of |
| | , | one or i | more publicly | y supported organizates the type of supported by Type II | tions descri orting organi | ibed in secti ization and c | on 509(a)(1) | or section 50 s 11e through | 09(a)(2) See | • | (a)(3). | Check |
| e | Γ | other th | _ | ox, I certify that the con managers and oth | • | | • | • | • | • | • | |
| f g | | check t | hıs box | received a written de 006, has the organiz | | | | | | supporting | organız | ration, |
| _ | | | g persons? | , | • | , 3 | | , | | | _ | |
| | | (i) a pe | rson who dır | ectly or indirectly co | ntrols, eithe | er alone or t | ogether with p | persons desci | rıbed ın (ıı) | | Yes | No |
| | | and (III) | below, the q | governing body of the | the suppor | ted organiza | ation? | | | 11g(i) | | |
| | | (ii) a fa | mily membe | r of a person describ | ed ın (ı) abo | ve? | | | | 11g(ii) | | |
| | | (iii) a 3 | 5% controll | ed entity of a person | described i | n (ı) or (ıı) a | bove? | | | 11g(iii |) | <u> </u> |
| h | | Provide | the followin | g information about t | the supporte | ed organizati | ion(s) | | | | | |
| | | ne of (ii) (described on col (i) listed in your governing | | Did you no organiza col (i) c | otify the tion in of your | (vi) Is the organizat col (i) org | the zation in organized | | vii) ount of oport? | | | |
| | | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

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.) Part II

| | (Complete only if | you checked th | e box on line 5, | 7, or 8 of Part | I.) | | |
|---------|---|--|---|---|--|---|------------------------|
| | ection A. Public Support endar year (or fiscal year | Τ. | <u> </u> | | T | | |
| cale | 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") | 302,838,98 | 7 339,393,545 | 309,929,111 | 284,621,997 | 292,889,704 | 1,529,673,344 |
| | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 302,838,98 | 7 339,393,545 | 309,929,111 | 284,621,997 | 292,889,704 | 1,529,673,344 |
| 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 | | | | | | 1,529,673,344 |
| | from line 4 ection B. Total Support | | | | | | |
| | endar year (or fiscal year | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| _ | beginning in) | ` , | ` ' | | . , | ` ' | |
| 7 8 | A mounts from line 4 Gross income from interest, | 302,838,987 | 11,087,465 | 309,929,111 | 284,621,997 | 292,889,704 | 1,529,673,344 |
| 0 | dividends, payments received on securities loans, rents, royalties and income from similar sources | 8,807,657 | 11,087,465 | 16,627,569 | 5,376,939 | 3,443,583 | 45,343,213 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | 186,590 | 148,490 | | 32,529 | 367,609 |
| 10 | Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | 17,438 | 8,137 | 340,867 | 19,222,141 | 12,844,838 | 32,433,421 |
| 11 | Total support (Add lines 7 through 10) | | | | | | 1,607,817,587 |
| 12 | Gross receipts from related activ | rities, etc (See in: | structions) | | | 12 | 1,096,436,835 |
| 13 | First Five Years If the Form 990 check this box and stop here | | | l, thırd, fourth, or | fifth tax year as a | 501(c)(3) organı | zation, ▶┌ |
| | ection C. Computation of P | | | | | | |
| 14 | Public Support Percentage for 20 | • | | 11 column (f)) | | 14 | 95 140 % |
| 15 | Public Support Percentage for 20 | • | • | | | 15 | 97 010 % |
| 16a | 33 1/3% support test—2009. If t and stop here. The organization of | - | | • | line 14 is 33 1/3% | % or more, check | this box ► ▼ |
| 17a | 33 1/3% support test—2008. If the box and stop here. The organizat 10%-facts-and-circumstances tells 10% or more, and if the organization in Part IV how the organization in organization. | ion qualifies as a set of the oral ist of the oral ization meets the neets the reets t | publicly supported ganization did not "facts and circums nd circumstances" | organization check a box on li tances" test, chi test The organi | ine 13, 16a, or 16 eck this box and s i zation qualifies as | b and line 14 top here. Explain a publicly suppor | ▶ ┌ |
| ь 18 | 10%-facts-and-circumstances te 15 is 10% or more, and if the org Explain in Part IV how the organi supported organization Private Foundation If the organizations | ganization meets t ization meets the | the "facts and circi "facts and circums | umstances" test, tances" test Th | check this box an e organization qua | nd stop here. Hifies as a publicly | ′ ▶ ┌ |

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

| | (Complete only if you | cnecked the | box on line 9 o | r Part I.) | | | |
|---------|--|-------------------------|---------------------|--------------------|--------------------------|------------------------|------------------|
| | ction A. Public Support | | | <u> </u> | 1 | T | ı |
| Cale | ndar 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 | | | | | | |
| 3 | purpose Gross receipts from activities that | | | | + | | |
| 3 | 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 | A mounts included on lines 1, 2, and 3 received from disqualified | | | | | | |
| | persons | | | | 1 | | |
| ь | 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 | | | | | | |
| с | Add lines 7a and 7b | | | | | | |
| 8 | Public Support (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | |
| | ction B. Total Support | | 1 | | | 1 | Γ |
| Cale | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 | | | | | | |
| ь | Unrelated business taxable | | | | | | |
| | ıncome (less section 511 taxes) | | | | | | |
| | from businesses acquired after | | | | | | |
| _ | June 30, 1975 Add lines 10a and 10b | | | | | | |
| c 11 | Net income from unrelated | | | | | | |
| 11 | business activities not included | | | | | | |
| | ın lıne 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, | | | | | | |
| 14 | 11 and 12) First Five Years If the Form 990 is for | or the organizat | lon's first, second | L third fourth or | l fifth tax vear as a | 1 a 501(c)(3) organ | l uzation |
| | check this box and stop here | or the organizat | | ., 4, | men tax your as t | (c)(c) c.gu. | ▶ ┌ |
| | | | | | | | |
| | ction C. Computation of Publ | | | | | | |
| 15 | Public Support Percentage for 2009 | (line 8 column | (f) divided by line | 13 column (f)) | | 15 | |
| 16 | Public support percentage from 200 | 8 Schedule A , F | art III, line 15 | | | 16 | |
| | | | | | | | |
| Se | ction D. Computation of Inve | stment Inco | ome Percenta | ge | | | |
| 17 | Investment income percentage for 2 | 009 (line 10c c | olumn (f) dıvıded | by line 13 columi | n (f)) | 17 | |
| 18 | Investment income percentage from | 2008 Schedule | A, Part III, line 1 | L 7 | | 18 | |
| 19a | 33 1/3% support tests—2009. If the | organization di | d not check the b | ox on line 14, and | d line 15 is more | than 33 1/3% and | d line 17 is not |
| | more than 33 1/3%, check this box a | ind stop here. T | | | | | |
| L | organization 33 1/3% support tests—2008. If the | ► C | d not chastes been | on line 14 amilion | 100 and line 4 | 5 ic mara +ha= 22 | 1/20/2 and line |
| b | שר בו בע suppoit tests—zouo. If the | organization (I | и посепеска вох | OILLINE TH OLINE | = ⊥⊃a, anu nne 1(| us more man 33 | 1/370 and ine |

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

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493133029561

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

| Na | ection 501(c)(4), (5), or (6) organ me of the organization | | | Employer ider | ntification number |
|--------|--|--|--|---|--|
| PU | BLIC BROADCASTING SERVICE | | | 52-0899215 | |
| Par | t I-A Complete if the or | ganization is exempt und | er section 501(| | |
| 1 | Provide a description of the o | ganization's direct and indirect po | olitical campaign ac | tivities in Part IV | |
| 2 | Political expenditures | • | | ▶ | \$ |
| 3 | V olunteer hours | | | | |
| D | t T.D. Commisto if the ex | | or costion FO1/ | (2) | |
| 1 1 | | ganization is exempt und e tax incurred by the organization | | | |
| 2 | | e tax incurred by organization ma | | | \$ |
| 3 | · | section 4955 tax, did it file Form | - | 11 7 9 3 3 F | → |
| 4a | Was a correction made? | section 4555 tax, aid it life forms | 4720 for this year | | Γ Yes Γ No |
| b | If "Yes," describe in Part IV | | | | , 165 , No |
| | | ganization is exempt und | er section 501(| c) except section 50 | 1(c)(3). |
| 1 | Enter the amount directly exp | ended by the filing organization fo | r section 527 exem | pt function activities 🕨 | \$ |
| 2 | Enter the amount of the filing exempt funtion activities | organızatıon's funds contrıbuted t | o other organization | s for section 527 ▶ | \$ |
| _ | | | | | |
| 3 | Total exempt function expend | itures Add lines 1 and 2 Enter ho | ere and on Form 112 | 20-POL, line 17b | \$ |
| 4 | Did the filing organization file | Form 1120-POL for this year? | | | \$ Yes No |
| | Did the filing organization file State the names, addresses a were made For each organiza contributions received that we | | r (EIN) of all sectior from the filing organ I to a separate polit | n 527 political organization ization's funds Also enter ical organization, such as a | s to which payments the amount of political |
| 4 | Did the filing organization file State the names, addresses a were made For each organiza contributions received that we | Form 1120-POL for this year? nd employer identification numbe tion listed, enter the amount paid ere promptly and directly delivered | r (EIN) of all sectior from the filing organ I to a separate polit | n 527 political organization ization's funds Also enter ical organization, such as a | to which payments the amount of political separate segregated (e) A mount of political contributions received |
| 4 | Did the filing organization file State the names, addresses a were made For each organiza contributions received that we fund or a political action comm | Form 1120-POL for this year? Independent of the amount paid the amount paid the promptly and directly delivered in the amount space in the promptly and directly delivered in the amount space in the amount of the | r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide ir | n 527 political organization lization's funds Also enter i lical organization, such as a lformation in Part IV (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, |
| 4 | Did the filing organization file State the names, addresses a were made For each organiza contributions received that we fund or a political action comm | Form 1120-POL for this year? Independent of the amount paid the promptly and directly delivered in the (PAC). If additional space in the promptly and the prom | r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide ir | n 527 political organization lization's funds Also enter i lical organization, such as a lformation in Part IV (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, |
| 4 | Did the filing organization file State the names, addresses a were made For each organiza contributions received that we fund or a political action comm | Form 1120-POL for this year? Independent of the amount paid the promptly and directly delivered in the (PAC). If additional space in the promptly and the prom | r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide ir | n 527 political organization lization's funds Also enter i lical organization, such as a lformation in Part IV (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, |
| 4 | Did the filing organization file State the names, addresses a were made For each organiza contributions received that we fund or a political action comm | Form 1120-POL for this year? Independent of the amount paid the promptly and directly delivered in the (PAC). If additional space in the promptly and the prom | r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide ir | n 527 political organization lization's funds Also enter i lical organization, such as a lformation in Part IV (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, |
| 4 | Did the filing organization file State the names, addresses a were made For each organiza contributions received that we fund or a political action comm | Form 1120-POL for this year? Independent of the amount paid the promptly and directly delivered in the (PAC). If additional space in the promptly and the prom | r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide ir | n 527 political organization lization's funds Also enter i lical organization, such as a lformation in Part IV (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, |
| 4 | Did the filing organization file State the names, addresses a were made For each organiza contributions received that we fund or a political action comm | Form 1120-POL for this year? Independent of the amount paid the promptly and directly delivered in the (PAC). If additional space in the promptly and the prom | r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide ir | n 527 political organization lization's funds Also enter i lical organization, such as a lformation in Part IV (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, |
| 4 | Did the filing organization file State the names, addresses a were made For each organiza contributions received that we fund or a political action comm | Form 1120-POL for this year? Independent of the amount paid the promptly and directly delivered in the (PAC). If additional space in the promptly and the prom | r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide ir | n 527 political organization lization's funds Also enter i lical organization, such as a lformation in Part IV (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, |
| 4 | Did the filing organization file State the names, addresses a were made For each organiza contributions received that we fund or a political action comm | Form 1120-POL for this year? Independent of the amount paid the promptly and directly delivered in the (PAC). If additional space in the promptly and the prom | r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide ir | n 527 political organization lization's funds Also enter i lical organization, such as a lformation in Part IV (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, |
| 4 | Did the filing organization file State the names, addresses a were made For each organiza contributions received that we fund or a political action comm | Form 1120-POL for this year? Independent of the amount paid the promptly and directly delivered in the (PAC). If additional space in the promptly and the prom | r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide ir | n 527 political organization lization's funds Also enter i lical organization, such as a lformation in Part IV (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, |
| 4 | Did the filing organization file State the names, addresses a were made For each organiza contributions received that we fund or a political action comm | Form 1120-POL for this year? Independent of the amount paid the promptly and directly delivered in the (PAC). If additional space in the promptly and the prom | r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide ir | n 527 political organization lization's funds Also enter i lical organization, such as a lformation in Part IV (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, |

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

| Pa | rt II-A Complete if the organization under section 501(h)). | is exempt under | section 501(c |)(3) and file | d Form 5768 | (election |
|----------|--|--|------------------------------------|-----------------------------|--|-----------------------------------|
| | Check If the filing organization belongs to a Check If the filing organization checked box | | d" provisions apply | , | | |
| <u> </u> | Limits on Lobbying E (The term "expenditures" means ar | Expenditures | | | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
| 1a | Total lobbying expenditures to influence public o | ppinion (grass roots lob | bying) | | | |
| b | Total lobbying expenditures to influence a legisla | ative body (direct lobby | yıng) | | | |
| c | Total lobbying expenditures (add lines 1a and 18 | b) | | | | |
| d | Other exempt purpose expenditures | | | | | |
| e | Total exempt purpose expenditures (add lines 1 | c and 1d) | | | | |
| f | Lobbying nontaxable amount Enter the amount f | from the following table | ın both | | | |
| | If the amount on line 1e, column (a) or (b) is: Not over \$500,000 | The lobbying nontaxa 20% of the amount on lir | | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the | e excess over \$500,00 | 0 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the | e excess over \$1,000,0 | 000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the | excess over \$1,500,00 | 00 | | |
| | Over \$17,000,000 | \$1,000,000 | | | | |
| | | • | | | | |
| g | Grassroots nontaxable amount (enter 25% of lin | ne 1 f) | | | | |
| h | Subtract line 1g from line 1a If zero or less, enter | er -0- | | | | |
| i | Subtract line 1f from line 1c If zero or less, ente | er - 0 - | | | | |
| j | If there is an amount other than zero on either li section 4911 tax for this year? | ne 1h or line 1ı, did the | organization file F | orm 4720 repoi | rtıng | ┌ Yes ┌ No |
| | (Some organizations that made a columns below. See the | he instructions fo | ection do not l r lines 2a thro | nave to com ugh 2f on pa | | ne five |
| | Lobbying Exp | enditures During | 4-Year Averag | ing Period | I | ı |
| | Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
| 2a | Lobbying non-taxable amount | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c | Total lobbying expenditures | | | | | |
| d | Grassroots non-taxable amount | | | | | |

| Pa | | rganization is exempt under s | section 501(c)(3) and has I | NOT f | iled F | orm | | age 3 8 |
|-----|---|--|--|--------|-----------|------|-------|--------------------------|
| | (election under se | ection 501(h)). | | (: | a) | | (b) | |
| | | | | Yes | No | 1 | Amour | nt |
| 1 | | anızatıon attempt to ınfluence foreıgn, t to ınfluence public opınıon on a legisl | | | | | | |
| а | V olunteers? | | | | Νo | | | |
| b | Paid staff or management (includ | e compensation in expenses reported | on lines 1c through 1ı)? | Yes | | | | |
| c | Media advertisements? | | | | Νo | | | |
| d | Mailings to members, legislators | , or the public? | | | Νο | | | |
| е | Publications, or published or bro | adcast statements? | | | Νo | | | |
| f | Grants to other organizations for | lobbying purposes? | | | Νo | | | |
| g | Direct contact with legislators, t | heir staffs, government officials, or a le | gislative body? | Yes | | | 39 | 92,615 |
| h | Rallies, demonstrations, seminal | rs, conventions, speeches, lectures, or | any similar means? | | Νo | | | |
| i | Other activities? If "Yes," descr | ibe in Part IV | | | Νo | | | |
| j | Total lines 1c through 1i | | | | | | 39 | 92,615 |
| 2a | | the organization to be not described in | n section 501(c)(3)? | | Νo | _ | | |
| b | If "Yes," enter the amount of any | | | | | | | |
| | | tax incurred by organization manager | | | | | | |
| | | a section 4912 tax, did it file Form 47 | - | | | | | |
| Par | | rganization is exempt under s | section 501(c)(4), section ! | 501(c |)(5), | or s | ectio | n |
| | 501(c)(6). | | | | | | Yes | No |
| 1 | Were substantially all (90% or m | nore) dues received nondeductible by r | nembers? | | Г | 1 | 163 | 110 |
| 2 | | n-house lobbying expenditures of \$2,0 | | | - | 2 | | |
| 3 | | ryover lobbying and political expenditi | | | - | 3 | | |
| | | rganization is exempt under s | | 501(c | 1(5). | or s | ectio | n |
| | | Part III-A, lines 1 and 2 are | | | | | | |
| 1 | Dues, assessments and similar a | amounts from members | | 1 | | | | |
| 2 | Section 162(e) non-deductible lo expenses for which the section 5 | obbying and political expenditures (do 527(f) tax was paid). | not include amounts of political | | | | | |
| а | Current year | | | 2a | | | | |
| b | Carryover from last year | | | 2b | | | | |
| c | Total | | | 2c | | | | |
| 3 | Aggregate amount reported in se | ction 6033(e)(1)(A) notices of nonded | luctible section 162(e) dues | 3 | | | | |
| 4 | | unt on line 2c exceeds the amount on arryover to the reasonable estimate of | • | 4 | | | | |
| 5 | • | political expenditures (see instruction: | 5) | 5 | | | | |
| | rt IV Supplemental Inf | • | • | | · | | | |
| | | criptions required for Part I-A, line 1, | Part I-B, line 4, Part I-C, line 5, an | d Part | II-B, lın | e 1ı | | |
| | o, complete this part for any addit | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | Ident if ier | Return Reference | Explana | tion | | | | |

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SCHEDULE D (Form 990)

Department of the Treasury

DLN: 93493133029561

OMB No 1545-0047

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

| nterna | al Revenue Service ► Attach to Form 990. ► See separate instruction | ons. | Inspection | |
|--------|---|----------------------|--------------------------------|---------|
| | me of the organization BLIC BROADCASTING SERVICE | En | mployer identification number | |
| | | 52 | 2-0899215 | |
| Pa | organizations Maintaining Donor Advised Funds or Other Sim | nilar Funds | s or Accounts. Complete if | f the |
| | (a) Donor advised funds | | (b) Funds and other accounts | |
| 1 | Total number at end of year | | | |
| 2 | Aggregate contributions to (during year) | | | |
| 3 | Aggregate grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets hel funds are the organization's property, subject to the organization's exclusive legal con | | | No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grain used only for charitable purposes and not for the benefit of the donor or donor advisor, conferring impermissible private benefit | | her purpose | No |
| Pa | rt II Conservation Easements. Complete if the organization answered | "Yes" to Fo | rm 990, Part IV, line 7. | |
| 2 | Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservati Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in teasement on the last day of the tax year | ion of a certif | fied historic structure | |
| | | | Held at the End of the Yea | <u></u> |
| а | Total number of conservation easements | 2a | | |
| b | Total acreage restricted by conservation easements | 2b | | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | | |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | 2d | | |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or te | erminated by | the organization during | |
| | the taxable year 🗠 | | | |
| 4 | Number of states where property subject to conservation easement is located 🛌 | | | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspecti enforcement of the conservation easements it holds? | ion, handling | | No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation | n easements | during the year ▶ | |
| 7 | A mount of expenses incurred in monitoring, inspecting, and enforcing conservation ea | sements dur | ıng the year 🕨 \$ | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirement $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$? | ts of section | ┌ Yes ┌ | No |
| 9 | In Part XIV, describe how the organization reports conservation easements in its reve balance sheet, and include, if applicable, the text of the footnote to the organization's f the organization's accounting for conservation easements | financial stat | ements that describes | |
| Par | rt IIII Organizations Maintaining Collections of Art, Historical Treas Complete if the organization answered "Yes" to Form 990, Part IV, lin | sures, or C ne 8. | Other Similar Assets. | |
| 1a | If the organization elected, as permitted under SFAS 116, not to report in its revenue sart, historical treasures, or other similar assets held for public exhibition, education or provide, in Part XIV, the text of the footnote to its financial statements that describes | r research in | furtherance of public service, | |
| b | If the organization elected, as permitted under SFAS 116, to report in its revenue stat historical treasures, or other similar assets held for public exhibition, education, or resprovide the following amounts relating to these items | | • | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ | |
| | (ii) Assets included in Form 990, Part X | | <u> </u> | |
| 2 | If the organization received or held works of art, historical treasures, or other similar a following amounts required to be reported under SFAS 116 relating to these items | assets for fina | · - | |

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

| Sche | dule D (Form 990) 2009 | | | | | | | | | | Page 🛭 |
|------|--|-----------------------|---------------|--------------------|----------------------------|---------------|------------|-----------------------------|---------|---------------|-----------|
| oar | Organizations Maintaining Co | ollections of Art | t, His | storica | l Treas | ures, or O | the | r Similar | Asse | ets (co | ontinued, |
| 3 | Using the organization's accession and other items (check all that apply) | r records, check an | y of th | | _ | _ | | | lectio | n | |
| а | Public exhibition | | d | Г | oan or ex | change progr | ams | | | | |
| b | Scholarly research | | e | Γ c | ther | | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| ŀ | Provide a description of the organization's c Part XIV | ollections and expla | ıın hov | w they f | urther the | organization | 's ex | empt purpo | se in | | |
| 5 | During the year, did the organization solicit assets to be sold to raise funds rather than | | | | | | | nılar | Г | Yes | ┌ No |
| Pai | Escrow and Custodial Arrang Part IV, line 9, or reported an ai | | | | | on answere | d "Y | es" to For | m 990 |), | |
| la | Is the organization an agent, trustee, custoo included on Form 990, Part X? | dian or other interm | edıary | for con | tributions | or other ass | ets i | not | Γ | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XI | V and complete the | follow | ving tab | le | _ | | | | | |
| | | | | | | _ | | | A mou | ınt | |
| c | Beginning balance | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| e | Distributions during the year | | | | | L | 1e | | | | |
| f | Ending balance | | | | | | 1 f | | | | |
| a | Did the organization include an amount on F | orm 990, Part X, lın | e 21? | | | | | | | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XI | V | | | | | | | | | |
| Pa | rt V Endowment Funds. Complete | ıf the organızatıo | n ans | wered | "Yes" to | Form 990, | Par | t IV, line | 10. | | |
| | | (a)Current Year | (b |) Prior Yea | r (c) | wo Years Back | (d) | Three Years B | ack (e | Four Y | ears Back |
| а | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| C | Investment earnings or losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| e | Other expenditures for facilities and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| | Provide the estimated percentage of the year | ar end balance held | as | | | | | | | | |
| а | Board designated or quasi-endowment 🕨 | | | | | | | | | | |
| ь | Permanent endowment 🕨 | | | | | | | | | | |
| c | Term endowment ▶ | | | | | | | | | | |
| a | Are there endowment funds not in the posse | ssion of the organiz | atıon | that are | held and | administered | d for | the | | | |
| | organization by | | | | | | | - | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | [| 3a(ii) | | <u> </u> |
| | If "Yes" to 3a(II), are the related organization | | | | | | ٠ | | 3Ь | | |
| | Describe in Part XIV the intended uses of the | | | | | D- 13/ 1 | 10 | | | | |
| ċΙ | t VI Investments—Land, Building | s, and Equipme | nt. S | | • | | | | Т | | |
| | Description of investment | | | | ost or other nvestment) | | | (c) Accumul depreciation | | (d) Bo | ok value |
| а | Land | | | | | 239 | ,203 | | | | 239,20 |
| b | Buildings | | | | | 10,980 | ,075 | 2,51 | 7,902 | | 8,462,17 |
| C | Leasehold improvements | | • | | | 14,741 | ,456 | 2,97 | 4,476 | 1 | 1,766,98 |
| d | Equipment | | | | | 84,761 | ,385 | 60,82 | 5,130 | 2 | 3,936,25 |
| | | | | | | 4,631 | ,596 | 2,32 | 9,688 | | 2,301,90 |
| ota | I. Add lines 1a-1e <i>(Column (d) should equal F</i> | orm 990, Part X, colu | mn (B, |), line 10 |)(c).) . | | | ▶ | | 4 | 6,706,519 |
| _ | | | · | | | _ | | Schedu | le D (I | Form 9 | 90) 200 |

| Part VIII Investments—Other Securities. See | Form 990, Part X, line 12 | | |
|---|--|---|-----------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market val | 110 |
| | | Cost of end-of-year market var | <u>ue</u> |
| Financial derivatives | | | |
| Closely-held equity interests | | | |
| Other INVESTMENT IN FUND OF FUNDS | 24 272 041 | | - |
| INVESTMENT IN FOND OF FONDS | 24,372,841 | + | F_ |
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| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | 24,372,841 | | |
| Part VIII Investments—Program Related. Sec | Form 990, Part X, line 1 | 13. | |
| | | (c) Method of valuation | |
| (a) Description of investment type | (b) Book value | Cost or end-of-year market val | ue |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X, III | ne 15. | | |
| (a) Descrip | | (b) Book val | ue |
| | | | |
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| | | | |
| Total (Column (h) should equal Form 990, Part X, col (B) line i | 5.) | | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 | | | |
| Part X Other Liabilities. See Form 990, Part X | (, line 25. | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability | | | |
| Part X Other Liabilities. See Form 990, Part X | (, line 25. | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability | (, line 25. | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (, line 25. (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes deferred lease obligation deferred credit - tenant allowance | (, line 25. (b) A mount 6,590,282 4,113,206 | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes deferred lease obligation | (, line 25. (b) A mount 6,590,282 | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes deferred lease obligation deferred credit - tenant allowance | (, line 25. (b) A mount 6,590,282 4,113,206 | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes deferred lease obligation deferred credit - tenant allowance | (, line 25. (b) A mount 6,590,282 4,113,206 | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes deferred lease obligation deferred credit - tenant allowance | (, line 25. (b) A mount 6,590,282 4,113,206 | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes deferred lease obligation deferred credit - tenant allowance | (, line 25. (b) A mount 6,590,282 4,113,206 | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes deferred lease obligation deferred credit - tenant allowance | (, line 25. (b) A mount 6,590,282 4,113,206 | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes deferred lease obligation deferred credit - tenant allowance | (, line 25. (b) A mount 6,590,282 4,113,206 | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes deferred lease obligation deferred credit - tenant allowance | (, line 25. (b) A mount 6,590,282 4,113,206 | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes deferred lease obligation deferred credit - tenant allowance | (, line 25. (b) A mount 6,590,282 4,113,206 | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes deferred lease obligation deferred credit - tenant allowance | (, line 25. (b) A mount 6,590,282 4,113,206 | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes deferred lease obligation deferred credit - tenant allowance | (, line 25. (b) A mount 6,590,282 4,113,206 | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes deferred lease obligation deferred credit - tenant allowance | (, line 25. (b) A mount 6,590,282 4,113,206 | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes deferred lease obligation deferred credit - tenant allowance | (, line 25. (b) A mount 6,590,282 4,113,206 | | |

| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 505,595,972 |
|-----|--|------|-------------|
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 477,434,869 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 28,161,103 |
| 4 | Net unrealized gains (losses) on investments | 4 | 7,193,978 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | 5,079,826 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 12,273,804 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 40,434,907 |
| Par | t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p | er R | <u> </u> |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 571,304,954 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) | | |
| е | Add lines 2a through 2d | 2e | 65,749,832 |
| 3 | Subtract line 2e from line 1 | 3 | 505,555,122 |
| 4 | A mounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | 40,850 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 505,595,972 |
| | Reconciliation of Expenses per Audited Financial Statements With Expenses | per | |
| 1 | Total expenses and losses per audited financial statements | 1 | 530,870,046 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| с | Other losses | 1 | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | 53,435,177 |
| 3 | Subtract line 2e from line 1 | 3 | 477,434,869 |
| 4 | A mounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included 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 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 477,434,869 |
| Pai | t XIV Supplemental Information | | |

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

| Ident if ier | Return Reference | Explanation |
|---|--|---|
| Part X | Description of Uncertain Tax Positions Under FIN 48 | The Company adopted the provisions of ASC 740-10, Income Taxes, (which includes FIN 48, Accounting for Uncertainty in Income Taxes) on July 1, 2007 Under ASC 740-10, an organization must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more-likely-than-not that the position will be sustained The implementation of ASC 740-10 had no impact on the Company's consolidated financial statements. The Company does not believe there are any unrecognized tax benefits that should be recorded. No interest or penalties were accrued as of July 1, 2007 as a result of the adoption of ASC 740-10. For the years ended June 30, 2010 and 2009, there was no interest or penalties recorded or included in the consolidated statements of activities. The Company is still open to examination by taxing authorities from fiscal year 2007 forward. |
| Part XI, Line 8 - Other Adjustments | | interest in subsidiaries 5079826 |
| Part XII, Line 2d - Other Adjustments | | PBS ENTERPRISES, INC REVENUE, NET OF ELIMINATION ENTRIES 2326880 PUBLIC MEDIA DISTRIBUTION REVENUE, NET OF ELIMINATION ENTRIES 55900210 PBS FOUNDATION REVENUE, NET OF ELIMINATION ENTRIES 2435792 PBS FOUNDATION GRANTS TO PBS -2107028 |
| Part XII, Line 4b - Other Adjustments | | VIDEO COST OF GOODS SOLD 40850 |
| Part XIII, Line 2d - Other Adjustments | | PBS ENTERPRISES, INC EXPENSES, NET OF ELIMINATION ENTRIES 3694074 PUBLIC MEDIA DISTRIBUTION EXPENSES, NET OF ELIMINATION ENTRIES 49370985 PBS FOUNDATION EXPENSES, NET OF ELIMINTATION ENTRIES 410968 VIDEO COST OF GOODS SOLD -40850 |

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OMB No 1545-0047

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization PUBLIC BROADCASTING SERVICE

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

52-0899215

Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | | (B) Breakdown of | W-2 and/or 1099-MIS | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation | |
|-----------------------|-------------|--------------------------|---|---|--------------------------------|----------------|----------------------|---|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ | |
| Paula Kerger | (I) (II) | 444,229 0 | 131,300 0 | 11,312 0 | 49,000 0 | 16,389 0 | 652,230 0 | 0 | |
| Barbara Landes | (ı) (ıı) | 290,700 0 | 54,500 0 | 15,028 0 | 22,500 0 | 16,391 0 | 399,119 0 | 0 | |
| Katherine Lauderdale | (ı) (ıı) | 290,596 0 | 56,500 0 | 6,634 0 | 22,500 0 | 8,587 0 | 384,817 0 | 0 | |
| Christopher DeCesaris | (ı) (ıı) | 151,502 0 | 19,500 0 | 1,119 0 | 12,866 0 | 22,285 0 | 207,272 | 0 | |
| John McCoskey | (ı) (ıı) | 265,815 0 | 49,900 0 | 4,730 0 | 22,500 0 | 20,145 0 | 363,090 0 | 0 | |
| Mary Plantamura | (ı) (ıı) | 86,805 0 | 3,000 0 | 849 0 | 7,933 0 | 27,099 0 | 125,686 | 0 | |
| Willis Godwin | (ı) (ıı) | 93,301 0 | 0 | 12,475 0 | 0 | 6,646 0 | 112,422 | 0 | |
| John Boland | (ı) (ıı) | 290,595 0 | 84,500 0 | 19,248 0 | 22,500 0 | 16,389 0 | 433,232 | 0 | |
| Michael Jones | (ı) (ıı) | 313,746 0 | 95,200 0 | 10,992 | 0 | 20,082 | 440,020 | 0 | |
| Andrew Russell | (ı) (ıı) | 258,382 0 | 48,500 0 | 10,826 0 | 22,500 0 | 21,743 | 361,951 0 | 0 | |
| Leslı Rotenberg | (ı) (ıı) | 251,486 0 | 41,600 0 | 10,070 | 18,000 | 26,402 0 | 347,558 0 | 0 | |
| Jason Seiken | (I) (II) | 253,878 0 | 48,700 0 | 11,766 0 | 18,400 0 | 21,538 0 | 354,282 0 | 0 | |
| Joyce Herring | (I) (II) | 247,797 0 | 49,200 0 | 5,500 0 | 22,500 0 | 6,782 | 331,779 0 | 0 | |
| John Wilson | (I) (II) | 249,461 0 | 31,700 0 | 10,295 | 17,600 0 | 21,982 | 331,038 0 | 0 | |
| | | | | | | | | | |
| | | | | | | | | | |

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

| Ident if ier | Return Reference | Explanat ion |
|--------------|---------------------|---|
| Pa | art I, Line 1a | PBS grosses up payments for certain taxable benefits provided to certain executives |

Schedule J (Form 990) 2009

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DLN: 93493133029561 OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

PUBLIC BROADCASTING SERVICE

Employer identification number

52-0899215

| P | art I Bond Issues | | | | | | | | | | | | | |
|-----|---|-------------------------|-----------------------|---------------------|--------------------------|------------|--|-----|----------------------------|-----|----------|----------|---------|-----------------------|
| | (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued (e) | | (e) Issue | (e) Issue Price | | (f) Description of Purpose | | | feased | Beh |)On alf of suer |
| | | | | | | | | | | | Yes | No | Yes | No |
| A | Fairfax County Economic Development Authority Variable Rate Revenue Bonds | 23-7011544 | 30382EDB7 | 06-30- | 06-30-2005 19,500,000 fa | | rehab/expansion of technical facilities & outfit new headquarters facilities | | | | x | | х | |
| Pa | rt III Proceeds | • | | • | | | | • | | | • | | | |
| | | | | | 4 | i i | 3 | - | С | D | | | E | |
| 1 | Total proceeds of issue | | | 1 | 9,500,000 | 0 | | | | | | | | |
| 2 | Gross proceeds in reserve funds | | | | | | | | | | | | | |
| 3 | Proceeds in refunding or defeasar | nce escrows | | | | | | | | | | | | |
| 4 | Other unspent proceeds | | | | | | | | | | | | | |
| 5 | Issuance costs from proceeds | | | | | | | | | | | | | |
| 6 | 6 Working capital expenditures from proceeds | | | | | | | | | | | | | |
| 7 | Capital expenditures from procee | ds | | 1 | 9,500,000 | 0 | | | | | | | | |
| 8 | Year of substantial completion | | | | | _ ' | | | | 1 | | | | |
| - | | | | Yes | No | Yes | No | Yes | No | Yes | No | Ye | s | No |
| 9 | Were the bonds issued as part of | a current refunding is | ssue? | | Х | | | | | | | | | |
| 10 | Were the bonds issued as part of | an advance refundınç | ıssue? | | Х | | | | | | | | | |
| 11 | Has the final allocation of proceed | ds been made? | | Х | | | | | | | | | | |
| 12 | Does the organization maintain active the final allocation of proceeds? | dequate books and re | cords to support | х | | | | | | | | | | |
| Pa | rt IIII Private Business Use | | | | | | | | | | | | | |
| | | | | Ą | l I | 3 | | c | D | | | <u>E</u> | | |
| | | | | Yes | No | Yes | No | Yes | No | Yes | No | Ye | s | No |
| 1 | Was the organization a partner in which owned property financed by | | ember of an LLC, | | х | | | | | | | | | |
| 2 | A re there any lease arrangements with respect to the financed property which may result in private business use? | | | | x | | | | | | | | | |
| For | Privacy Act and Paperwork Reduction A | ct Notice, see the Inst | ructions for Form 990 | | | Cat No 5 | 0193E | | | | Schedule | K (Form | 990) 20 | 009 |

Pariting Private Business Use (Continued)

| | | | Α | E | 3 | (| С | [| D | | E |
|-----|--|-----|-----|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts with respect to the financed property which may result in private business use? | | х | | | | | | | | |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use? | | Х | | | | | | | | |
| 3с | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | | × | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | 0 % | | | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | 0 % | | | | | | | | |
| 6 | Total of lines 4 and 5 | | 0 % | | | | | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | | х | | | | | | | | |
| Pai | t IV Arbitrage | • | | | • | • | • | | • | • | |

| | 5 4.90 | | Α. | | В | 1 | C | | D | | E |
|----|--|-------------|----------|-----|----|-----|-------|-----|-----------|---------------|---------|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | x | | | | | | | | |
| 2 | Is the bond issue a variable rate issue? | Х | | | | | | | | | |
| 3a | Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? | х | | | | | | | | | |
| ь | Name of provider | Bank of Ame | erica | | • | | | | | | |
| С | Term of hedge | 10 0000 | 00000000 | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | Х | | | | | | | | |
| ь | Name of provider | | | | | | | | | | |
| С | Term of GIC | | | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | | х | | | | | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | х | | | | | | | | | |
| | | | | | | | | | Calcadud. | o V /Form 00/ | 3) 2000 |

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Open to Public Inspection

| | e of the organization IC BROADCASTING SERVICE | | | | Employer identificat | tion nur | mber | |
|------|---|----------------------------------|--------------------------------|--|--|----------|------|----|
| TODE | E BROADEASTING SERVICE | | | | 52-0899215 | | | |
| Pa | rt I Types of Property | | | | | | | |
| | | (a) Check If applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d Method of d rever | letermır | ning | |
| 1 | Art—Works of art | | | | | | | |
| 2 | Art—Historical treasures . | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities—Publicly traded . | | | | | | | |
| 10 | Securities—Closely held stock . | | | | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | | | | |
| 12 | Securities—Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | | | | |
| 14 | Qualified conservation contribution—Other | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| 17 | Real estate—Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies . | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other ► (Donated) | Х | 815 | 192,050,843 | 3 imputed value | | | |
| 26 | Other ► (<u>Broadcast</u>) | | | | | | | |
| 27 | Other►(<u>Rights</u>) | | | | | | | |
| 28 | O ther ► () | | | | | | | |
| 29 | Number of Forms 8283 received for which the organization comp | | = | | 29 | | | |
| | | | | | | \Box | Yes | No |
| 30a | During the year, did the organiza | | | | | | | |
| | must hold for at least three year | s from the | date of the initial contributi | on, and which is not require | ed to be used | | | |
| | for exempt purposes for the enti | re holding p | period? | | | 30a | | No |
| b | If "Yes," describe the arrangem | ent in Part : | II | | | | | |
| 31 | Does the organization have a gif | ft acceptan | ce policy that requires the | review of any non-standard | l contributions? | 31 | | No |
| 32a | Does the organization hire or us contributions? | e third part | ies or related organizations | to solicit, process, or sell | non-cash | 32a | | No |
| b | If "Yes," describe in Part II | | | | | | | |
| | If the organization did not report | revenues : | in column (c) for a type of n | roperty for which column (| a) is checked | | | l |

describe in Part II

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Ident if ier | Return Reference | Explanation |
|----------------------------------|--------------------|--|
| Method for Determining Number of | Part I, Column (b) | THE COMPANY IS REPORTING THE NUMBER OF |
| Contributors | | CONTRIBUTIONS RECEIVED |

Schedule M (Form 990) 2009

Software ID: **Software Version:**

As Filed Data -

EIN: 52-0899215

Name: PUBLIC BROADCASTING SERVICE

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

DLN: 93493133029561 OMB No 1545-0047 Inspection

Name of the organization PUBLIC BROADCASTING SERVICE

Employer identification number

52-0899215

| ldentifier | Return Reference | Explanation |
|--------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 6 | | PBS's members are America's public television stations |

| ldentifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 7a | | Members of the organization elect 14 members of the governing body |

| ldentifier | Return Reference | Explanation |
|--|---------------------|--|
| Form 990, Part VI, Section A, line 7b | | Any amendment of the by-law's altering the classes or number of members or directors, or the terms of directors, shall also require the approval of a majority of the members voting |

| ldentifier | Return Reference | Explanation |
|--|---------------------|---|
| Form 990, Part VI, Section B, line 11 | | The process for reviewing the PBS form 990 prior to filing includes a review by the CEO, COO, Treasurer, and General Counsel in addition, the Executive Committee of the Board reviews the Form 990 and copies of the form are provided to the full Board |

| ldentifier | Return Reference | Explanation |
|---|---------------------|--|
| Form 990, Part VI, Section B, line 12c | | In accordance with PBS's conflict of interest policy, all PBS staff at the Director level and above are required to complete a conflict of interest form annually. These forms are distributed, collected, retained and reviewed by the office of PBS's general counsel. With respect to the PBS Board, Officers and Directors complete a conflict of interest form annually and these forms are reviewed by the nominating and corporate governance committee and the corporate secretary annually. In accordance with the policy, potential conflicts arising during the year are reviewed by the Chairman of the Board, the Chair of the Nominating and Corporate Governance Committee, and/or the Corporate Secretary. |

| ldentifier | Return Reference | Explanation |
|---|---------------------|---|
| Form 990, Part VI, Section B, line 15 | | The Executive Committee of the Board is responsible for executive compensation. The Executive Committee retains an independent executive compensation expert who supplies comparability data on the CEO and all key employees and a written opinion on compliance with intermediate sanctions. The Executive Committee makes a recommendation on CEO compensation to the full Board, which approves any such compensation. The CEO is recused from any discussion and vote. The Executive committee approves key employee compensation. |

| ldentifier | Return Reference | Explanation |
|--|---------------------|--|
| Form 990, Part VI, Section C, line 19 | | Financial Statements are made available on PBS's website PBS's governing documents and conflict of interest policy are made available upon request |

| ldentifier | Return Reference | Explanation |
|--|------------------|--|
| Form 990, Part VII, Line 1a, Column B | | PBS Foundation Name Average Hours Christopher C DeCesaris 5 Joyce Sydell Herring 5 Michael Daniel Jones 5 Paula A Kerger 8 Barbara L Landes 5 Katherine S Lauderdale 5 |

| ldentifier | Return Reference | Explanation |
|-------------------------------|---------------------|--|
| Form 990, Part XI, Line 2c | Oversight of audit | There have been no changes during the year in the process for oversight of the audit of the financial statements |

| ldentifier | Return Reference | Explanation |
|---|---------------------|---|
| Form 990, Part I, line 5 and V, line 2a | | 574 represents the total number of employees employed by PBS at some point during calendar 2009 who received a 2009 form W-2. The actual total number of employees at June 30, 2010 was 451 |

| ldentifier | Return Reference | Explanation |
|---|--|--|
| Form 990, Part IV, line 12 and XI, line 2b | Explanation of audit of financial statements | PBS undergoes an annual audit as a consolidated entity and therefore is not audited on an individual basis |

| ldentifier | Return Reference | Explanation |
|---|------------------------|---|
| FORM 990 PART VI, SECTION A, LINE 1a | Executive Committee | The Executive Committee of the PBS Board of Directors has the authority to act on behalf of the Board betw een meetings of the Board, as needed, and shall timely report such actions to the full Board. The Executive Committee consists of the Board Chair, The PBS President, The Chairs of the four standing Committees of the Board, and three to five at-large Directors to be selected by the Board Chair. All members of the Executive Committee are members of the PBS Board of Directors. |

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

DLN: 93493133029561

SCHEDULE R (Form 990)

Name of the organization

PUBLIC BROADCASTING SERVICE

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Schedule R (Form 990) 2009

Employer identification number

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

| | | | | 52-0899215 | |
|---|--|---|----------------------------|--|--|
| Part I Identification of Disregarded Entities (Complete | ıf the organization a | nswered "Yes" on | Form 990, Part I | V, line 33.) | |
| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| pbs digital llc 2100 crystal drive arlington, VA 22202 20-2550162 | To account for PBS's activities with the Children's Network, LLC | DE | 1,152,585 | 1,105,301 | N/A |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the | tions (Complete ıf th tax year.) | ne organization ans | swered "Yes" on | Form 990, Part IV | , line 34 because it had one |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |
| PBS Foundation | | | | | |
| 2100 Crystal Drive Arlington, VA 22202 | To support Public Broadcasting service | DC | 501(C)(3) | 509(a)(3) | N/A |
| 20-1476451 | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

Cat No 50135Y

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| because i | thad one of more i | Ciacoa | or garnzadiono di cate | a as a paraterstilp a | aring the tax years, | | | | | | |
|---|---|---|-------------------------------------|--|------------------------------|---------------------------------------|--|-------|---|-------------------------------|-------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) Gener mana partr | ral or aging ner? |
| | | | | | | | Yes | No | | Yes | No |
| Public Media Distribution LLC 10 Guest Street Boston, MA02135 26-3659281 | Promote PBS' mission through distribution of programs | DE | N/A | related | 7,531,291 | 9,450,130 | Yes | | | Yes | |
| T | | | | | | | | | | | |
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| Part IV Identific | ation of Related (| Organiz | zations Taxable a | s a Corporation o | r Trust (Complete ii | f the organization a | nswer | ed "Y | es" on Form 990. Pa | art IV. | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|--|---|---|--|---|-------------------------------------|---|---------------------------------------|
| PBS Enterprises Inc 2100 Crystal Drive Arlington, VA22202 52-1398805 | Holding Company | VA | N/A | С | | 13,237,833 | 100 000 % |
| National Datacast Incorporated 2100 Crystal Drive Arlington, VA22202 52-1577842 | Communication Data Broadcasting Service | VA | PBS Enterprises Inc | С | 1,621,165 | 16,087,115 | 88 580 % |
| IMMEDIA INC 2100 Crystal Drive Arlington, VA22202 26-2610560 | Entertainment and Information Services | VA | National Datacasting Incorporated | С | | 1 | 88 580 % |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

| chedule R (Form 990) 2009 | | | Ра | ge 3 |
|--|--|-------------|----------------------|-------------|
| Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part | t IV, line 34, 35, or 36.) | | | |
| Note. Complete line 1 if any entity is listed in Parts II, III or IV | | | Yes | No |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts | ; II-IV? | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | 1a | | No |
| b Gift, grant, or capital contribution to other organization(s) | | 1b | Yes | |
| c Gift, grant, or capital contribution from other organization(s) | | 1c | Yes | |
| 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 of assets to other organization(s) | | 1f | | No |
| g Purchase of assets from other organization(s) | | 1g | | No |
| h Exchange of assets | | 1h | | No |
| 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) | | 1j | | No |
| k Performance of services or membership or fundraising solicitations for other organization(s) | | 1k | Yes | |
| I Performance of services or membership or fundraising solicitations by other organization(s) | | 11 | Yes | |
| m Sharing of facilities, equipment, mailing lists, or other assets | | 1m | Yes | |
| n Sharing of paid employees | | 1n | Yes | |
| | | | | |
| Reimbursement paid to other organization for expenses | | 10 | | No |
| p Reimbursement paid by other organization for expenses | | 1p | Yes | |
| | | | | |
| 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 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relation | onships and transaction thre | esholds | | |
| (a) Name of other organization | (b) Transaction type(a-r) | (Amount | c) ınvolve | d |
| 1) Public Media Distribution LLC | К | | 81 | 3,929 |
| 2) National Datacast Inc | V | 1 | 12 | 0 000 |

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved |
|-----------------------------------|--|------------------------|
| (1) Public Media Distribution LLC | к | 813,929 |
| (2) National Datacast Inc | к | 120,000 |
| (3) public Media Distribution LLC | М | 292,614 |
| (4) national Datacast Inc | Р | 164,134 |
| (5) public Media Distribution LLC | Р | 6,744,869 |
| (6) | | |
| | | |

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | 501(c)(3 organizatio | | (e) Share of end-of-year assets | | r) ortionate tions? | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | mana part | (h) eneral or lanaging partner? | |
|--|--------------------------------|--|-------------------------|----|---|-----|---------------------------|---|--------------|--|--|
| | | | Yes | No | | Yes | No | | Yes | N | |
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Name of organization PUBLIC BROADCASTING SERVICE **Employer identification number**

52-0899215

| Part III | Exclusively religious, charitable, etc. aggregating more than \$1,000 for the For organizations completing Part III, ente contributions of \$1,000 or less for the y | e year. (Complete r the total of <i>exclu</i> | columns (a) through (e srvely religious, charita | e) and the follow ing line entry) ble, etc, |
|---------------------------|--|---|---|--|
| (a) No. from Part I | (b) Purpose of gift | | (c) Use of gift | (d) Description of how gift is held |
| | | | (e) Fransfer of gift | |
| | Transferee's name, address, | | _ | onship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, | | (e) Fransfer of gift Relatio | onship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | - | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, | | (e) Fransfer of gift Relatio | onship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, | | (e) Fransfer of gift Relatio | onship of transferor to transferee |
| | | | | |

Additional Data

Software ID: **Software Version:**

EIN: 52-0899215

Name: PUBLIC BROADCASTING SERVICE

| 4d. Other program s | services | | | | |
|--|-------------------------------|--------------------------------------|--|------------------------------|-------------------|
| (Code |) (Expenses \$ | 12,919,957 | ıncludıng grants of \$ |) (Revenue \$ | 29,005,194) |
| Member Services - F administration | Represents other services p | rovided to PBS | 's member stations, including l | PBS Interactive, developme | nt, and copyright |
| (Code |) (Expenses \$ | 3,478,646 | ıncludıng grants of \$ |) (Revenue \$ | 3,656,979) |
| · · | nline video games, the licen | - | dividuals, the licensing, develontent to commercial online and including grants of \$ | • | |
| • | - Represents activity related | | rants received from the Corpor | , , | |
| (Code |) (Expenses \$ | 6,395,572 | ıncludıng grants of \$ |) (Revenue \$ | 6,843,640) |
| cable and satellite p member stations for | roviders, costs associated v | with the oversig to PBS's local n | ting stations and producers fro ght of activities related to the C narketing affiliation agreement | Children's Network, LLC, amo | ounts paid to PBS |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

| Compensated Employees, and (A) | (B) | | ((| | | | | (D) | (E) | (F) |
|---------------------------------|-------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|---|
| Name and Title | A verage hours | Posi t | | (che | ') | | | Reportable compensation from the | Reportable compensation from related | Estimated amount of other compensation |
| | per week | Individual trustee or director | Institutional Trustee | Officei | Kej emplojee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | from the organization and related organizations |
| Jon Abbott DIRECTOR | 1 60 | Х | | | | | | 0 | 0 | 0 |
| Fred Berens DIRECTOR | 1 80 | Х | | | | | | 0 | 0 | 0 |
| Mary G F Bitterman DIRECTOR | 4 90 | Х | | | | | | 0 | 0 | 0 |
| Malcolm Brett DIRECTOR | 1 90 | Х | | | | | | 0 | 0 | 0 |
| Molly Corbett Broad DIRECTOR | 2 70 | Х | | | | | | 0 | 0 | 0 |
| Ernest Bromley DIRECTOR | 1 90 | Х | | | | | | 0 | 0 | 0 |
| Ruby Calvert DIRECTOR | 1 70 | Х | | | | | | 0 | 0 | 0 |
| Paula Castadio DIRECTOR | 3 10 | Х | | | | | | 0 | 0 | 0 |
| John Domaschko DIRECTOR | 4 00 | Х | | | | | | 0 | 0 | 0 |
| Bob Flowers DIRECTOR | 6 20 | Х | | | | | | 0 | 0 | 0 |
| Peter Frid DIRECTOR | 1 40 | Х | | | | | | 0 | 0 | 0 |
| Jack Galmiche DIRECTOR | 2 80 | Х | | | | | | 0 | 0 | 0 |
| Charles Hagel DIRECTOR | 50 | Х | | | | | | 0 | 0 | 0 |
| DeAnne Hamilton DIRECTOR | 1 90 | Х | | | | | | 0 | 0 | 0 |
| Helen Hernandez DIRECTOR | 1 80 | Х | | | | | | 0 | 0 | 0 |
| Larry Irving DIRECTOR | 1 30 | Х | | | | | | 0 | 0 | 0 |
| M Howard Jacobson DIRECTOR | 2 00 | Х | | | | | | 0 | 0 | 0 |
| Al Jerome DIRECTOR | 3 10 | Х | | | | | | 0 | 0 | 0 |
| John King DIRECTOR | 4 40 | Х | | | | | | 0 | 0 | 0 |
| Jennifer Lawson DIRECTOR | 3 60 | Х | | | | | | 0 | 0 | 0 |
| Peter Morrill DIRECTOR | 2 40 | Х | | | | | | 0 | 0 | 0 |
| Jim Pagliarini DIRECTOR | 1 60 | Х | | | | | | 0 | 0 | 0 |
| John Porter DIRECTOR | 3 10 | Х | | | | | | 0 | 0 | 0 |
| Sharon Rockefeller DIRECTOR | 1 40 | Х | | | | | | 0 | 0 | 0 |
| Geoff Sands DIRECTOR | 2 40 | х | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Independent Contractors | | | | | | | | | | | | |
|--|-------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|---|--|--|--|
| (A) Name and Title | (B) Average hours | | (C tion (hat a | (che |) | | | (D) Reportable compensation from the | (E) Reportable compensation | (F) Estimated amount of other compensation | | |
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | rrom the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | from the organization and related organizations | | |
| Rick Schneider DIRECTOR | 2 60 | Х | | | | | | 0 | 0 | 0 | | |
| Leo Soong DIRECTOR | 2 00 | Х | | | | | | 0 | 0 | 0 | | |
| Donna A Tanoue DIRECTOR | 1 80 | X | | | | | | 0 | 0 | 0 | | |
| Allen Weatherly DIRECTOR | 2 30 | Х | | | | | | 0 | 0 | 0 | | |
| Eugene Williams DIRECTOR | 1 90 | X | | | | | | 0 | 0 | 0 | | |
| Thomas K Williams DIRECTOR | 1 80 | Х | | | | | | 0 | 0 | 0 | | |
| Lloyd Wright DIRECTOR | 3 60 | Х | | | | | | 0 | 0 | 0 | | |
| Paula Kerger PRESIDENT & CEO | 32 00 | Х | | х | | | | 586,841 | 0 | 586,841 | | |
| Barbara Landes SVP,CFO & TREASURER | 35 00 | | | х | | | | 360,228 | 0 | 360,228 | | |
| Katherine Lauderdale SVP, GC/CORP SEC | 35 00 | | | х | | | | 353,730 | 0 | 353,730 | | |
| Christopher DeCesaris VP, CONTROLLER | 35 00 | | | х | | | | 172,121 | 0 | 172,121 | | |
| John McCoskey CHIEF TECHNOLOGY OFFICER | 40 00 | | | х | | | | 320,445 | 0 | 320,445 | | |
| Mary Plantamura ASSOC GC/ASSIST CORP SEC | 28 00 | | | х | | | | 90,654 | 0 | 90,654 | | |
| Willis Godwin CHIEF OPERATING OFFICER | 40 00 | | | х | | | | 105,776 | 0 | 105,776 | | |
| John Boland CHIEF CONTENT OFFICER | 40 00 | | | х | | | | 394,343 | 0 | 394,343 | | |
| Michael Jones CHIEF OPERATING OFFICER | 35 00 | | | х | | | | 419,938 | 0 | 419,938 | | |
| Andrew Russell SVP, PBS VENTURES | 40 00 | | | | | Х | | 317,708 | 0 | 317,708 | | |
| Lesli Rotenberg SVP, BRAND MGMT & PR | 40 00 | | | | | х | | 303,156 | 0 | 303,156 | | |
| Jason Seiken SVP, INTERACTIVE | 40 00 | | | | | Х | | 314,344 | 0 | 314,344 | | |
| Joyce Herring SVP, STATION SERVICES | 35 00 | | | | | х | | 302,497 | 0 | 302,497 | | |
| John Wilson SVP, CHIEF TV PROG | 40 00 | | | | | х | | 291,456 | 0 | 291,456 | | |

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| Donated broadcast rts | 192,050,844 | 192,050,844 | | |
| PROGRAM RIGHTS | 8,813,009 | 8,812,842 | 167 | |
| COMMUNICATIONS | 8,292,960 | 6,972,461 | 1,320,499 | |
| INTERDEPARTMENT CHARGES | 0 | 3,718,450 | -3,582,823 | -135,627 |
| NET ASSET TRANSFERS | 0 | 564,890 | -564,890 | |