S-1009170 1100100001 211606-H045
9E1010 18826 06/26/91

Form 990 Return of Organization Exempt From Income Tax

Under section 501(c) (except black lung benefit trust or private foundation) of the Internal Revenue Code or section 4947(a)(1) trust (See separate instructions.)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

1989

Note: You may be required to use a copy of this return to satisfy state reporting requirements. See instruction E.

For the calendar year 1989, or fiscal year beginning 10-01, 1989, and ending 9-30, 19 90

Use IRS label. Otherwise, please print or type.

Name of organization: INDEPENDENT TELEVISION SERVICES, INC.

Address (number and street) or P.O box number: P.O. BOX 75455

CLIENT'S COPY

City or town, state, and ZIP code: ST. PAUL, MINNESOTA 55175

A Employer identification number (see instruction S): 52-1654276

B State registration number (see instruction E)

C If application for exemption is pending, check here ▶ ☐

D Check type of organization - Exempt under section ▶ [X] 501(c) (3) (insert number), OR ▶ ☐ section 4947(a)(1) trust (see instruction C7 and question 92.)

E Accounting method: [X] Cash ☐ Accrual ☐ Other (specify) ▶

F Is this a group return (see instruction Q) filed for affiliates? ☐ Yes [X] No
If "Yes," enter the number of affiliates for which this return is filed ______
Is this a separate return filed by a group affiliate? ☐ Yes [X] No

G If either answer in F is "Yes," enter four-digit group exemption number (GEN) ▶

H Check here ☐ if your gross receipts are normally not more than $25,000 (see instruction B11). You do not have to file a completed return with IRS; but if you received a Form 990 Package in the mail, you should file a return without financial data (see instruction A). Some states require a completed return.

Note: Form 990EZ is available for organizations with gross receipts less than $100,000 and total assets less than $250,000 at end of year.

501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instructions.)

PART I Statement of Revenue, Expenses and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	454,981.		
	b	Indirect public support	1b			
	c	Government grants	1c			
	d	Total (add lines 1a through 1c) (attach schedule - see instructions)			1d	454,981.
	2	Program service revenue (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments STMT. 2			4	339.
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income (loss)			6c	
	7	Other investment income (describe ▶)			7	

	(A) Securities		(B) Other	
8a Gross amount from sale of assets other than inventory	8a		8a	
b Less: cost or other basis and sales expenses	8b		8b	
c Gain (loss) (attach schedule)	8c		8c	
			8d	

CLIENT'S COPY

Revenue	9	Special fundraising events and activities (attach schedule - see instructions):				
	a	Gross revenue (not including $______ of contributions reported on line 1a)	9a			
	b	Less: direct expenses	9b			
	c	Net income (line 9a less line 9b)			9c	
	10a	Gross sales less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit (loss) (attach schedule)			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	455,320.
Expenses	13	Program services (from line 44, column (B)) (see instructions)			13	382,398.
	14	Management and general (from line 44, column (C)) (see instructions)			14	
	15	Fundraising (from line 44, column (D)) (see instructions)			15	
	16	Payments to affiliates (attach schedule - see instructions)			16	
	17	Total expenses (add lines 16 and 44, column (A))			17	382,398.
Net Assets	18	Excess (deficit) for the year (subtract line 17 from line 12)			18	72,922.
	19	Net assets or fund balances at beginning of year (from line 74, column (A))			19	
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year (add lines 18, 19, and 20)			21	72,922.

For Paperwork Reduction Act Notice, see page 1 of the instructions. Form 990 (1989)

EXTENSION OF TIME GRANTED TO 6/15/91

H763

9E1010 2.000

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (c)(4) organizations and 4947(a)(1) trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Expenses 22 Grants and allocations (attach schedule)				
23 Specific assistance to individuals				
24 Benefits paid to or for members				
25 Compensation of officers, directors, etc.	70,469.	70,469.		
26 Other salaries and wages				
27 Pension plan contributions				
28 Other employee benefits	3,222.	3,222.		
29 Payroll taxes	5,050.	5,050.		
30 Professional fundraising fees				
31 Accounting fees	13,376.	13,376.		
32 Legal fees	43,000.	43,000.		
33 Supplies	5,739.	5,739.		
34 Telephone	5,542.	5,542.		
35 Postage and shipping	8,417.	8,417.		
36 Occupancy	6,195.	6,195.		
37 Equipment rental and maintenance	3,743.	3,743.		
38 Printing and publications	8,160.	8,160.		
39 Travel	96,611.	96,611.		
40 Conferences, conventions, and meetings				
41 Interest	2,025.	2,025.		
42 Depreciation, depletion, etc. (attach schedule)	2,557.	2,557.		
43 Other expenses (itemize): a				
b SEE STATEMENT 3	108,292.	108,292.		
c				
d				
e				
f				
44 **Total functional expenses** (add lines 22 through 43) Organizations completing columns B-D, carry these totals to lines 13-15.	382,398.	382,398.		

Part III Statement of Program Service Accomplishments (See instructions.)

Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided; the number of persons benefited; or other relevant information for each program title. Section 501(c)(3) and (4) organizations must also enter the amount of grants to others.	Expenses (Required for section 501(c)(3) and (4) organizations; optional for others
a SEE ATTACHED (Grants and allocations $)	382,398.
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f Total (add lines a through e) (should equal line 44, column (B)) ▶	382,398.

Part IV Balance Sheets

Line	Note: Where required, attached schedules and amounts in the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
	Assets			NOT IN EXISTENCE		
45	Cash - noninterest-bearing				45	45,351.
46	Savings and temporary cash investments				46	20,206.
47a	Accounts receivable	47a				
b	Less: allowance for doubtful accounts	47b			47c	
48a	Pledges receivable	48a				
b	Less: allowance for doubtful accounts	48b			48c	
49	Grants receivable				49	
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)				50	
51a	Other notes and loans receivable (attach schedule)	51a				
b	Less: allowance for doubtful accounts	51b			51c	
52	Inventories for sale or use				52	
53	Prepaid expenses and deferred charges				53	24,325.
54	Investments - securities (attach schedule)				54	
55a	Investments - land, buildings, and equipment: basis	55a				
b	Less: accumulated depreciation (attach schedule)	55b			55c	
56	Investments - other (attach schedule)				56	
57a	Land, buildings, and equipment: basis	57a	75,327.			
b	Less: accumulated depreciation (attach schedule)	57b	2,557.		57c	72,770.
58	Other assets (describe ▶ SEE STATEMENT 4)				58	1,367.
59	**Total assets** (add lines 45 through 58)				59	164,019.
	Liabilities			NOT IN EXISTENCE		
60	Accounts payable and accrued expenses				60	28,079.
61	Grants payable SEE STMT 5 (FOR LN 62)				61	
62	Support and revenue designated for future periods (attach schedule)				62	63,018.
63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64	Mortgages and other notes payable (attach schedule)				64	
65	Other liabilities (describe ▶)				65	
66	**Total liabilities** (add lines 60 through 65)				66	91,097.
	Fund Balances or Net Assets					
	Organizations that use fund accounting, check here ▶ [X] and complete lines 67 through 70 and lines 74 and 75.					
67a	Current unrestricted fund				67a	152.
b	Current restricted fund				67b	
68	Land, buildings, and equipment fund				68	72,770.
69	Endowment fund				69	
70	Other funds (describe ▶)				70	
	Organizations that do not use fund accounting, check here ▶ [ ] and complete lines 71 through 75.					
71	Capital stock or trust principal				71	
72	Paid-in or capital surplus				72	
73	Retained earnings or accumulated income				73	
74	Total fund balances or net assets (see instructions)				74	72,922.
75	**Total liabilities and fund balances/net assets** (see instructions)				75	164,019.

Part V List of Officers, Directors, and Trustees (List each one even if not compensated. See instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
SEE				
ATTACHED				

Part VI Other Information

			Yes	No
76	Did you engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity.	76		X
77	Were any changes made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did your organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," have you filed a tax return on **Form 990-T**, Exempt Organization Business Income Tax Return, for this year?	78b	N/A	
c	At any time during the year, did you own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX.	78c		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions.	79		X
80a	Are you related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instructions.)	80a		X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt OR ☐ nonexempt.			
81a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 81a N/A			
b	Did you file **Form 1120-POL**, U.S. Income Tax Return for Certain Political Organizations, for this year?	81b		X
82a	Did you receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. See instructions for reporting in Part III 82b N/A			
83a	Did anyone request to see either your annual return or exemption application (or both)?	83a		X
b	If "Yes," did you comply as described in the instructions? (See General Instruction L.)	83b	N/A	
84a	Did you solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did you include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction N.)	84b	N/A	
85a	Section 501(c)(5) or (6) organizations. - Did you spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c).)	85a	N/A	
b	If "Yes," enter the total amount spent for this purpose 85b N/A			
86	Section 501(c)(7) organizations. - Enter:			
a	Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities (See instructions.) 86b N/A			
c	Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.)	86c	N/A	
87	Section 501(c)(12) organizations. - Enter amount of:			
a	Gross income received from members or shareholders 87a N/A			
b	Gross income received from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88	Public interest law firms. - Attach information described in the instructions.			
89	List the states with which a copy of this return is filed ▶ NEW YORK, MINNESOTA			
90	During this tax year did you maintain any part of your accounting/tax records on a computerized system?	90	X	

91 The books are in care of ▶ ORGANIZATION Telephone no. ▶ 612-225-9035
Located at ▶ 245 E. 6TH ST., ST. PAUL, MN. 55101

92 Section 4947(a)(1) trusts filing Form 990 in lieu of **Form 1041**, U.S. Fiduciary Income Tax Return.- Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		
93 Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
(a)					
(b)					
(c)					
(d)					
(e)					
(f)					
(g) Fees from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	339.	
96 Dividends and interest on securities					
97 Net rental income (loss) from real estate:					
(a) debt-financed property					
(b) not debt-financed property					
98 Net rental income (loss) from personal property					
99 Other investment income					
100 Gain (loss) from sales of assets other than inventory					
101 Net income from special fundraising events					
102 Gross profit (loss) from sales of inventory					
103 Other revenue: (a)					
(b)					
(c)					
(d)					
(e)					
104 Subtotal (add columns (b), (d), and (e))				339.	

105 **TOTAL** (add line 104, columns (b), (d), and (e)) ▶ 339.

(Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part VII contributed importantly to the accomplishment of your exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if you answered "Yes" to question 78c)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

▶ Signature of officer Date ▶ Title

Paid Preparer's Use Only

Preparer's signature ▶		Date	Check if self-employed ▶ ☐
Firm's name (or yours if self-employed) and address ▶	LUTZ AND CARR 300 EAST 42ND STREET NEW YORK, NY	ZIP code 10017	

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SCHEDULE A (Form 990)
Department of the Treasury
Internal Revenue Service

Organization Exempt Under 501(c)(3)

(Except Private Foundation), 501(e), 501(f), 501(k), or Section 4947(a)(1) Trust
Supplementary Information
▶ Attach to Form 990 (or Form 990EZ).

OMB No. 1545-0047
1989

Name: INDEPENDENT TELEVISION SERVICES, INC.
Employer identification number: 52-1654276

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See specific instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of employees paid more than $30,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account and other allowances
SEE ATTACHED				
Total number of other employees paid over $30,000 ▶				

Part II Compensation of the Five Highest Paid Persons for Professional Services

(See specific instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of persons paid more than $30,000	(b) Type of service	(c) Compensation
SEE ATTACHED		
Total number of others receiving over $30,000 for professional services ▶		

Part III Statements About Activities

			Yes (1)	No (2)
1	During the year, have you attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1		X
	If "Yes," enter the total expenses paid or incurred in connection with the legislative activities $ Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred.			
2	During the year, have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer, or creator of your organization, or any taxable organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of your income or assets?	2e		X
	If the answer to any question is "Yes," attach a detailed statement explaining the transactions.			
3	Do you make grants for scholarships, fellowships, student loans, etc.?	3		X
4	Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.)			

Part IV Reason for Non-Private Foundation Status (See instructions for definitions.)

The organization is not a private foundation because it is (please check only ONE applicable box):

5 [ ] 1 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 [ ] 2 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)

7 [ ] 3 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 [ ] 4 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 [ ] 5 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter name, city, and state of hospital ▶**

10 [ ] 6 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete Support Schedule.)

11 [ ] 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)

12 [X] 8 An organization that normally receives: (a) no more than 1/3 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and (b) more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions. See section 509(a)(2). (Also complete Support Schedule.)

13 [ ] 9 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) boxes 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). See section 509(a)(3).

Provide the following information about the supported organizations. (See instructions for Part IV, box 13.)

(a) Name of supported organizations	(b) Box number from above

14 [ ] 10 An organization organized and operated to test for public safety. Section 509(a)(4). (See specific instructions.)

Support Schedule (Complete only if you checked box 10, 11, or 12 above.) Use cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 1988	(b) 1987	(c) 1986	(d) 1985	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for your benefit and either paid to you or expended on your behalf					
21 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

NOT IN EXISTENCE

26 Organizations described in box 10 or 11:

a Enter 2% of amount in column (e), line 24

b Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1985 through 1988 exceeded the amount shown in line 26a. Enter the sum of all excess amounts here

(Continued on page 3)

Part IV Support Schedule (continued) (Complete only if you checked box 10, 11, or 12 on page 2.)

27 Organizations described in box 12, page 2:

a Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each year from, each "disqualified person," and enter the sum of such amounts for each year:

(1988) ______ (1987) ______ (1986) ______ (1985) ______

b Attach a list showing, for 1985 through 1988, the name and amount included in line 17 for each person (other than "disqualified persons") from whom the organization received more during that year than the larger of: the amount on line 25 for the year or $5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excess amounts for each year:

(1988) (1987) (1986) (1985)

28 For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1985 through 1988, attach a list (not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 above. (See specific instructions.)

Part V Private School Questionnaire
(To be completed ONLY by schools that checked box 6 in Part IV) NOT APPLICABLE

			Yes (1)	No (2)
29	Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other governing instrument, or in a resolution of your governing body?	29		
30	Do you include a statement of your racially nondiscriminatory policy toward students in all your brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Have you publicized your racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if you have no solicitation program, in a way that makes the policy known to all parts of the general community you serve?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Do you maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by you or on your behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Do you discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance? (See instructions.)	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Do you receive any financial aid or assistance from a governmental agency?	34a		
b	Has your right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached separate statement.			
35	Do you certify that you have complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation. (See instructions for Part V.)	35		

Part VI Lobbying Expenditures by Public Charities (see instructions)
(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check here ▶ a ☐ If the organization belongs to an affiliated group (see instructions).
Check here ▶ b ☐ If you checked a and "limited control" provisions apply (see instructions).

Limits on Lobbying Expenses	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total (grassroots) lobbying expenses to influence public opinion		
37 Total lobbying expenses to influence a legislative body		
38 Total lobbying expenses (add lines 36 and 37)		
39 Other exempt purpose expenses (see Part VI instructions)		
40 Total exempt purpose expenses (add lines 38 and 39) (see instructions)		
41 Lobbying nontaxable amount. Enter the smaller of $1,000,000 or the amount determined under the following table -		
42 Grassroots nontaxable amount (enter 25% of line 41)		
(Complete lines 43 and 44. File Form 4720 if either line 36 exceeds line 42 or line 38 exceeds line 41.)		
43 Excess of line 36 over line 42		
44 Excess of line 38 over line 41		

If the amount on line 40 is -	The lobbying nontaxable amount is -
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000	$225,000 plus 5% of the excess over $1,500,000

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45-50 for details.)

	Lobbying Expenses During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 1989	(b) 1988	(c) 1987	(d) 1986	(e) Total
45 Lobbying nontaxable amount (see instructions)					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenses (see instructions)					
48 Grassroots nontaxable amount (see instructions)					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenses (see instructions)					

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
51	Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash		X
	(ii) Other assets		X
b	Other Transactions:		
	(i) Sales of assets to a noncharitable exempt organization		X
	(ii) Purchases of assets from a noncharitable exempt organization		X
	(iii) Rental of facilities or equipment		X
	(iv) Reimbursement arrangements		X
	(v) Loans or loan guarantees		X
	(vi) Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists or other assets, or paid employees		X

d If the answer to any of the above is "Yes," complete the following schedule. The "Amount involved" column below should always indicate the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, the column should also indicate the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

1100100011 211606-H045
9X2300 18826 04/26/91

Form **4562** Department of the Treasury Internal Revenue Service

Depreciation and Amortization

▶ See separate instructions.
▶ Attach this form to your return.

OMB No. 1545-0172
1989
Attachment Sequence No. 67

Name(s) as shown on return: INDEPENDENT TELEVISION SERVICES, INC.
Identifying number: 52-1654276

Business or activity to which this form relates: GENERAL DEPRECIATION

Part I Depreciation (Use Part III for automobiles, certain other vehicles, computers, and property used for entertainment, recreation, or amusement.)

Section A. – Election To Expense Depreciable Assets (Section 179)

1	Maximum dollar limitation	1	
2	Total cost of section 179 property placed in service during the tax year (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation (Subtract line 3 from line 2, but do not enter less than -0-.)	4	
5	Dollar limitation for tax year (Subtract line 4 from line 1, but do not enter less than -0-.)	5	

	(a) Description of property	(b) Date placed in service	(c) Cost	(d) Elected cost
6				

7	Listed property – Enter amount from line 28	7	
8	Tentative deduction (Enter the lesser of: (a) line 6 plus line 7; or (b) line 5.)	8	
9	Taxable income limitation (Enter the lesser of: (a) Taxable income; or (b) line 5) (see instructions)	9	
10	Carryover of disallowed deduction from 1988 (see instructions)	10	
11	Section 179 expense deduction (Enter the lesser of: (a) line 8 plus line 10; or (b) line 9.)	11	
12	Carryover of disallowed deduction to 1990 (Add lines 8 and 10, less line 11.) ▶ 12		

Section B. – MACRS Depreciation

(a) Classification of property	(b) Date placed in service	(c) Basis for depreciation (Business use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
13 General Depreciation System (GDS) (see instructions): For assets placed in service ONLY during tax year beginning in 1989						
a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
h Nonresidential real property			31.5 yrs.	MM	S/L	
			31.5 yrs.	MM	S/L	
14 Alternative Depreciation System (ADS) (see instructions): For assets placed in service ONLY during tax year beginning in 1989						
a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

15	Listed property – Enter amount from line 27	15	
16	GDS and ADS deductions for assets placed in service before 1989 (see instructions)	16	

Section C. – ACRS and/or Other Depreciation

17	Property subject to section 168(f)(1) election (see instructions)	17	
18	ACRS and/or other depreciation (see instructions)	18	2,557.

Section D. – Summary

19	Total (Add deductions on line 11 and lines 13 through 18.) Enter here and on the appropriate line of your return (Partnerships and S corporations – see instructions.)	19	2,557.
20	For assets shown above placed in service during the current year, enter the portion of the basis attributable to section 263A costs (see instructions).	20	

INDEPENDENT TELEVISION SERVICES, INC.
ST. PAUL, MINNESOTA 55175

52-1654276

TAX DEPRECIATION

SCHEDULE FOR DEPRECIATION AND AMORTIZATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des./ Sect. Code	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
OFFICE EQUIPMENT	75,327.	F/Y 90		100	75,327.	NONE			2,557.
Totals	75,327.				75,327.	NONE			2,557.

INDEPENDENT TELEVISION SERVICES, INC. STATEMENT 1
ST. PAUL, MINNESOTA 55175 52-1654276

LIST OF CONTRIBUTORS

NAME AND ADDRESS	DATE	AMOUNT
CORPORATION FOR PUBLIC BROADCASTING 1111 16TH STREET N.W. WASHINGTON, D.C. 20036		454,981.

INDEPENDENT TELEVISION SERVICES, INC.
ST. PAUL, MINNESOTA 55175

STATEMENT 2
52-1654276

REVENUES AND EXPENSES

INTEREST REVENUE	
BANK INTEREST	339.
TOTAL	339.

INDEPENDENT TELEVISION SERVICES, INC.
ST. PAUL, MINNESOTA 55175

STATEMENT 3
52-1654276

OTHER EXPENSE

PROGRAM SERVICES	
CONSULTANTS	56,960.
FISCAL AGENT FEE	20,150.
PROMOTION	14,995.
DESIGN	7,984.
MEALS & ENTERTAINMENT	3,708.
INSURANCE	1,286.
MISCELLANEOUS	3,209.
TOTAL	108,292.

INDEPENDENT TELEVISION SERVICES, INC. STATEMENT 4
ST. PAUL, MINNESOTA 55175 52-1654276

BALANCE SHEET DETAIL

	END OF YEAR BOOK VALUE
OTHER ASSETS	
SECURITY DEPOSIT	1,367.
TOTAL	1,367.

INDEPENDENT TELEVISION SERVICES, INC.
ST. PAUL, MINNESOTA 55175

STATEMENT 5
52-1654276

BALANCE SHEET DETAIL

	END OF YEAR BOOK VALUE
SUPPORT AND REVENUE FOR FUTURE PERIODS	
CORPORATION FOR PUBLIC BROADCASTING	63,018.
TOTAL	63,018.

NAME Independent Television Service, Inc

FILE NO. 52-1654276

ADDRESS

FOLIO 990

YEAR ENDED 9/30/90

Page 2, Part III - Statement of Program Svces

Start up Costs:

The Independent Television Service, Inc. was created by the community of independent producers and the Corporation for Public Broadcasting under specific authorization of Congress as an independent service, operating in the public interest, to enhance the diversity and innovativeness of television programming available to public broadcasting. The mission of the Independent Television Service is to bring to public television audiences innovative programming that involves creative risks and which addresses the needs of unserved or underserved audiences, particularly minorities and children. The Organization was incorporated on September 22, 1989 and began start-up operations in January 1990.

EIN# 52-1654276 990 PAGE 4, Part V

Officers and Directors - Fiscal Year Ending September 30, 1990

Linda Blackaby
Compensation: $0
3701 Chestnut Street
Phiadelphia, PA 19104
Contributions to empoyee benefit plans: $0
Reimbursed expenses: $0
Title: Secretary
Hours: 10 per week

Lawrence Daressa
Compensation: $0
149 Ninth Street, Suite 420
San Francisco, CA 94103
Contributions to employee benefits plans: $0
Reimbursed expenses: $0
Title: Director
Hours: 2 per week

Julie Dash
Compensation: $0
2434 Adina Drive #C
Atlanta, GA 30324
Contribution to employee benefits plans: $0
Reimbursed expenses: $0
Title: Director
Hours: 2 per week

David Davis
Compensation: $0
1776 Broadway
New York, New York 10019
Contributions to employee benefit plans: $0
Reimbursed expenses: $0
Title: Director/Resigned
Hours: Not applicable

Eduardo Diaz
Compensation: $0
Staake-Stevens Building - Suite 205
San Antonio, TX 78205
Contributions to employee benefit plans: $0
Reimbursed expenses: $0
Title: Director
Hours: 2 per week

Ed Emshwiller
Compensation: $0
24003 Arroyo Park Drive, #78
Santa Clarita, CA 91321
Contributions to employee benefit plans: $0
Reimbursed expenses: $0
Title: Director/Deceased
Hours: Not applicable

NAME Independent Television Services, Inc.

FILE NO. 52-1654276

ADDRESS

FOLIO 990A

YEAR ENDED 9/30/90

Page 1, Part I - Compensation of 5 Highest Paid Employees >30,000

Nancy Sher
Compensation: $30,200
244 East 21st Street #11
New York, New York 10010
Contributions to employee's benefit plans: $1,606.42
Reimbursed expenses:
Title: Director, Start-up Operations
Hours: Over 40 per week

Part II - Compensation of 5 Highest Paid Persons for Professional Services

David M. Rice, Attorney
75-28 181st Street
Flushing, New York 11366

$32,262.50 Paid for legal services

Officers and Directors - Fiscal Year Ending September 30, 1990 (continued)

Virginia Gaines Fox
Compensation: $0
600 Cooper Drive
Lexington, KY 40502
Contributions to employee benefit plans: $0
Reimbursed expenses:
Title: Director
Hours: 2 per week

Laurence Hall
Compensation: $0
7695 Crest Avenue
Oakland, CA 94605
Contributions to employee benefit plans: $0
Reimbursed expenses:
Title: Director
Hours: 10 per week

Cheryl Head
Compensation: $0
16850 Patton
Detroit, MI 48219
Contributions to employee benefit plans: $0
Reimbursed expenses:
Title: Treasurer
Hours: 10 per week

Lawrence Sapadin
Compensation: $0
625 Broadway - 9th Floor
New York, New York 10012
Contributions to employee benefit plans: $0
Reimbursed expenses:
Title: President & Chair
Hours: 10 per week

Joan Shigekawa
Compensation: $0
325 West End Avenue
New York, New York 10023
Contributions to employee benefit plans: $0
Reimbursed expenses:
Title: Director
Hours: 2 per week

Form **2758**
(Rev. November 1989)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File
Certain Excise, Income, Information, and Other Returns

▶ File a separate application for each return.

OMB No. 1545-0148
Expires 10-31-92

Please type or print.
File the original and one copy by the due date for filing your return. (See instructions on back.)

Name
Independent Television Service, Inc.

Number and street (or P.O. Box number if mail is not delivered to street address)
625 Broadway - 9th Floor

City or town, state, and ZIP code
New York, NY 10012

Employer identification number
52-1654276

Note: *Taxpayers who file a corporation income tax return, including Forms 990-C, 990-T, and 1120S, must use Form 7004 to request an extension of time to file.*
Partnerships, REMICs, and trusts (except those that file Form 990-T) must use Form 8736 to request an extension of time to file.

1 An extension of time until June 15, 1991 is requested in which to file (check only one):

☐ Form 706GS (D) ☐ Form 990-PF ☐ Form 1041-A ☐ Form 3520-A ☐ Form 8612
☐ Form 706GS (T) ☐ Form 990-T (401(a) or 408(a) trust) ☐ Form 1042 ☐ Form 4720 ☐ Form 8613
☒ Form 990 or 990EZ ☐ Form 990-T (trust other than above) ☐ Form 1042S ☐ Form 5227 ☐ Form 8725
☐ Form 990-BL ☐ Form 1041 (estate) ☐ Form 1120-ND (4951 taxes) ☐ Form 6069 ☐ Form 8804

If organization does not have an office or place of business in the United States, check this box . . . . ▶ ☐

2a For calendar year 19 ...., or other tax year beginning October 1, 1989 and ending September 30, 1990

b If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? ☒ Yes ☐ No

4 State in detail why you need the extension. Additional time is needed to compile the information necessary to complete the return.

5a If this form is for Form 706GS(D), 706GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, or 8804 enter the tentative tax. (see instructions) . . . . $

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804 enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. (see instructions) . . . $ N/A

c Balance due (subtract line 5b from line 5a). Include your payment with this form, or deposit with FTD Coupon if required. (see instructions) . . . . $

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ Martin Berkowitz CPA Date ▶ 3/20/91

File original and one copy. IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by IRS

☒ We **HAVE** approved your application. (Please attach this form to your return.)

☐ We **HAVE NOT** approved your application. (Please attach this form to your return.) However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below or due date of your return, whichever is later. This 10-day grace period is considered to be a valid extension of time for purposes of elections otherwise required to be made on timely filed returns.

☐ We **HAVE NOT** approved your application. After considering your reasons stated above, we cannot grant your request for an extension of time to file. (We are not granting the 10-day grace period.)

☐ We cannot consider your application because it was filed after the due date of your return.

☐ Other ....

Bob Hughes
Director

Date By

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent

Please Type or Print

Name
Lutz And Carr, CPA'S

Number and street (or P.O. Box number if mail is not delivered to street address)
300 East 42nd Street

City or town, state, and ZIP code
New York, NY 10017

1/15/90

Form **2758**
(Rev November 1989)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File
Certain Excise, Income, Information, and Other Returns

▶ File a separate application for each return.

OMB No 1545-0148
Expires 10-31-92

Please type or print.
File the original and one copy by the due date for filing your return. (See instructions on back.)

Name
Independent Television Service, Inc.
Number and street (or P.O. Box number if mail is not delivered to street address)
625 Broadway - 9th Floor
City or town, state, and ZIP code
New York, NY 10012
Employer identification number
52-1654276

Note: *Taxpayers who file a corporation income tax return, including Forms 990-C, 990-T, and 1120S, must use Form 7004 to request an extension of time to file.*
Partnerships, REMICs, and trusts (except those that file Form 990-T) must use Form 8736 to request an extension of time to file.

1 An extension of time until ~~May 15, 1991~~ 4-15-91 is requested in which to file (check only one):

☐ Form 706GS (D) ☐ Form 990-PF ☐ Form 1041-A ☐ Form 3520-A ☐ Form 8612
☐ Form 706GS (T) ☐ Form 990-T (401(a) or 408(a) trust) ☐ Form 1042 ☐ Form 4720 ☐ Form 8613
☒ Form 990 or 990EZ ☐ Form 990-T (trust other than above) ☐ Form 1042S ☐ Form 5227 ☐ Form 8725
☐ Form 990-BL ☐ Form 1041 (estate) ☐ Form 1120-ND (4951 taxes) ☐ Form 6069 ☐ Form 8804

If organization does not have an office or place of business in the United States, check this box ▶ ☐

2a For calendar year 19...., or other tax year beginning October 1, 1989 and ending September 30, 1990
b If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
3 Has an extension of time to file been previously granted for this tax year? ☐ Yes ☒ No
4 State in detail why you need the extension. Additional time is needed to compile the information necessary to complete the return.

5a If this form is for Form 706GS(D), 706GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, or 8804 enter the tentative tax. (see instructions) . . . $
b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804 enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. (see instructions) . . . $ N/A
c Balance due (subtract line 5b from line 5a). Include your payment with this form, or deposit with FTD Coupon if required. (see instructions) . . . $

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ Theresa Pedecco CPA Date ▶ 2/13/91

File original and one copy. IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by IRS

☒ We **HAVE** approved your application. (Please attach this form to your return.)

☐ We **HAVE NOT** approved your application. (Please attach this form to your return.) However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below or due date of your return, whichever is later. This 10-day grace period is considered to be a valid extension of time for purposes of elections otherwise required to be made on timely filed returns.

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☐ We cannot consider your application because it was filed after the due date of your return.

☐ Other ....

Director

Date By

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent.

Please Type or Print

Name
Lutz And Carr, CPA'S
Number and street (or P O Box number if mail is not delivered to street address)
300 East 42nd Street
City or town, state, and ZIP code
New York, NY 10017