

Return of Organization Exempt From Income Tax

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

1990

Department of the Treasury Internal Revenue Service

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

For the calendar year 1990, or fiscal year beginning OCTOBER 1, 1990, and ending SEPTEMBER 30, 1991.

Use IRS label. Name of organization: INDEPENDENT TELEVISION SERVICES, INC. Employer identification number: 52-1654276. State registration number: B. City or town, state, and ZIP code: SAINT PAUL, MN 55175.

D Check type of organization—Exempt under section 501(c)(3) (insert number). E Accounting method: Cash. F Is this a group return? No. G If either answer in F is "Yes," enter four-digit group exemption number (GEN). H Check box if address changed.

I 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 A5). Some states require a completed return.

Note: Form 990EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year. Section 501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instruction C1.)

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

Table with 21 rows and 4 columns. Rows include Revenue (1-12), Expenses (13-17), and Net Assets (18-21). Total revenue is 1,048,065. Total expenses are 1,018,270. Net assets at end of year are 109,784.



**Part IV Balance Sheets**

<b>Note:</b> 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
<b>Assets</b>				
45	Cash—noninterest-bearing . . . . .	45,351	45	61,345
46	Savings and temporary cash investments . . . . .	20,206	46	2,291,366
47a	Accounts receivable . . . . .	10,872,987	47c	10,872,987
b	Less: allowance for doubtful accounts . . . . .			
48a	Pledges receivable . . . . .		48c	
b	Less: allowance for doubtful accounts . . . . .			
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) . . . . .		51c	
b	Less: allowance for doubtful accounts . . . . .			
52	Inventories for sale or use . . . . .		52	
53	Prepaid expenses and deferred charges . . . . .	24,325	53	7,393
54	Investments—securities (attach schedule) . . . . .		54	
55a	Investments—land, buildings, and equipment: basis . . . . .			
b	Less: accumulated depreciation (attach schedule) . . . . .		55c	
56	Investments—other (attach schedule) . . . . .		56	
57a	Land, buildings, and equipment: basis . . . . .	82,394		
b	Less: accumulated depreciation (attach schedule) . . . . .	18,191	57c	64,203
58	Other assets (describe ► See stmt 4 ) . . . . .	1,367	58	1,567
59	<b>Total assets</b> (add lines 45 through 58) . . . . .	164,019	59	13,298,861
<b>Liabilities</b>				
60	Accounts payable and accrued expenses . . . . .	28,079	60	70,108
61	Grants payable . See stmt 5 (for line 62) . . . . .		61	
62	Support and revenue designated for future periods (attach schedule) . . . . .	63,018	62	12,836,015
63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
64	Mortgages and other notes payable (attach schedule) See stmt 5 . . . . .		64	250,000
65	Other liabilities (describe ► Due to operating fund ) . . . . .		65	32,954
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .	91,097	66	13,189,077
<b>Fund Balances or Net Assets</b>				
Organizations that use fund accounting, check here ► <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.				
67a	Current unrestricted fund . . . . .	152	67a	45,581
b	Current restricted fund . . . . .		67b	
68	Land, buildings, and equipment fund . . . . .	72,770	68	64,203
69	Endowment fund . . . . .		69	
70	Other funds (describe ► ) . . . . .		70	
Organizations that do not use fund accounting, check here ► <input type="checkbox"/> 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	<b>Total fund balances or net assets</b> (see instructions) . . . . .	72,922	74	109,784
75	<b>Total liabilities and fund balances/net assets</b> (see instructions) . . . . .	164,019	75	13,298,861

**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 stmt 6				

**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 <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . . [81a] N/A	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]		
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 M.) . . . . .	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	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities (See instructions.) . . . . . [86b] N/A	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	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	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	
91 The books are in care of ▶ Organization Telephone no. ▶ (612) 225-9035 Located at ▶ 245 East 6th Street, Saint Paul, MN 55101		
92 Section 4947(a)(1) charitable trusts filing Form 990 in lieu of Form 1041, U.S. Fiduciary Income Tax Return.— Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . [92]		



**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) Charitable Trust  
Supplementary Information  
▶ Attach to Form 990 (or Form 990EZ).

OMB No. 1545-0047

**1990**

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 stmt 7				
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 stmt 8		
Total number of others receiving over \$30,000 for professional services . . . . . ▶		

**Part III Statements About Activities**

	Yes (1)	No (2)
<b>1</b> 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? . . . . . 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.		X
<b>2</b> 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:		
<b>a</b> Sale, exchange, or leasing of property? . . . . .		X
<b>b</b> Lending of money or other extension of credit? . . . . .		X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .		X
<b>e</b> Transfer of any part of your income or assets? . . . . . If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
<b>3</b> Do you make grants for scholarships, fellowships, student loans, etc.? . . . . .		X
<b>4</b> 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  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter name, city, and state of hospital ▶.....
- 10  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.)
- 11a  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.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)
- 12  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  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(s) of supported organization(s)	(b) Box number from above

14  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)	(b)	(c)	(d)	(e)
	1989	1988	1987	1986	Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . .	454,981				454,981
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 . . .	339				339
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 . . . . .	455,320				455,320
24 Line 23 minus line 17 . . . . .	-0-				-0-
25 Enter 1% of line 23 . . . . .	4,553				

Not In Existence

26 Organizations described in box 10 or 11:

- a Enter 2% of amount in column (e), line 24 . . . . . -0-
- 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 1986 through 1989 exceeded the amount shown in line 26a. Enter the sum of all excess amounts here ▶ None

**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:  
 (1989) -0- (1988) N/A (1987) N/A (1986) N/A

b Attach a list showing, for 1986 through 1989, 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: (1) the amount on line 25 for the year; or (2) \$5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excess amounts for each year:  
 (1989) -0- (1988) N/A (1987) N/A (1986) N/A

28 For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1986 through 1989, 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? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
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.)		
34a 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? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached separate statement.	34b	
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 . . . . .	36	
37 Total lobbying expenses to influence a legislative body . . . . .	37	
38 Total lobbying expenses (add lines 36 and 37) . . . . .	38	
39 Other exempt purpose expenses (see Part VI instructions) . . . . .	39	
40 Total exempt purpose expenses (add lines 38 and 39) (see instructions). . . . .	40	
41 Lobbying nontaxable amount. Enter the smaller of \$1,000,000 or the amount determined under the following table—		
If the amount on line 40 is—		
Not over \$500,000 . . . . .	20% of the amount on line 40 . . . . .	} 41
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 . . . . .	
42 Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42	
(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 . . . . .	43	
44 Excess of line 38 over line 41 . . . . .	44	

**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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenses During 4-Year Averaging Period				
	(a) 1990	(b) 1989	(c) 1988	(d) 1987	(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) . . . . .					



## Depreciation and Amortization (Including Information on Listed Property)

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

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

Business or activity to which this form relates: FORM 990

**Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "Listed Property," also complete Part V.)**

1 Maximum dollar limitation (see instructions)	1	\$10,000
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	\$200,000
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) Cost      (c) Elected cost		
6		
7 Listed property—Enter amount from line 26	7	
8 Total elected cost of section 179 property—Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction—Enter the lesser of line 5 or line 8	9	
10 Carryover of disallowed deduction from 1989 (see instructions)	10	
11 Taxable income limitation—Enter the lesser of taxable income or line 5 (see instructions)	11	
12 Section 179 expense deduction—Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 1991—Add lines 9 and 10, less line 12 ▶	13	

**Note:** Do not use Part II or Part III below for automobiles, certain other vehicles, cellular telephones, computers, or property used for entertainment, recreation, or amusement (listed property). Instead, use Part V for listed property.

**Part II MACRS Depreciation For Assets Placed In Service ONLY During Your 1990 Tax Year (Do Not Include Listed Property)**

(a) Classification of property	(b) Mo. and yr. placed in service	(c) Basis for depreciation (Business use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>14 General Depreciation System (GDS) (see instructions):</b>						
a 3-year property						
b 5-year property		4269	5		SL	838
c 7-year property		2798	7		SL	11
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	
<b>15 Alternative Depreciation System (ADS) (see instructions):</b>						
a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part III Other Depreciation (Do Not Include Listed Property)**

16 GDS and ADS deductions for assets placed in service in tax years beginning before 1990 (see instructions)	16	14,785
17 Property subject to section 168(f)(1) election (see instructions)	17	
18 ACRS and other depreciation (see instructions)	18	

**Part IV Summary**

19 Listed property—Enter amount from line 25	19	
20 Total—Add deductions on line 12, lines 14 and 15 in column (g), and lines 16 through 19. Enter here and on the appropriate lines of your return. (Partnerships and S corporations—see instructions)	20	15,634
21 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs (see instructions)	21	

For Paperwork Reduction Act Notice, see page 1 of the separate Instructions.

INDEPENDENT TELEVISION SERVICES, INC.  
TAX ID. NUMBER: 52-1654276  
STATEMENT 1  
SEPTEMBER 30, 1991

LIST OF CONTRIBUTORS - LINE 1(a)

NAME AND ADDRESS	AMOUNT
----- CORPORATION FOR PUBLIC BROADCASTING 1111 16TH STREET N. W. WASHINGTON, D.C. 20036	----- \$1,002,636 =====

REVENUE AND EXPENSES - LINE 4

----- INTERST REVENUE BANK INTERST	----- \$45,429 =====
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NET ASSETS - OTHER CHANGES IN NET ASSETS, LINE 20

----- CAPITAL ADDITIONS	----- \$7,067 =====
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INDEPENDENT TELEVISION SERVICES, INC.  
 TAX ID. NUMBER: 52-1654276  
 STATEMENT 2  
 SEPTEMBER 30, 1991

OTHER EXPENSES	TOTAL	PROGRAM MANAGEMENT SERVICES & GENERAL	
CONSULTANTS	\$126,710	\$11,125	\$115,585
PROMOTION	8,794		\$8,794
DESIGN	15,382		\$15,382
ENTERTAINMENT	5,350	400	\$4,950
INSURANCE	11,417		\$11,417
PROGRAM DEVELOPMENT	2,175		\$2,175
PRODUCTION	20,000	20,000	
MISCELLANEOUS	18,863	1,125	\$17,738
TOTAL	\$208,691	\$32,650	\$176,041

INDEPENDENT TELEVISION SERVICES, INC.  
 TAX ID. NUMBER: 52-1654276  
 STATEMENT 3  
 SEPTEMBER 30, 1991

PAGE 2, PART III, STATEMENT OF PROGRAM SERVICES ACCOMPLISHMENTS

PRODUCTION 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 public broadcasting. The mission of the Independent Television Service is to bring to public television audiences innovative programming that involves creative risks and which address the need 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.

INDEPENDENT TELEVISION SERVICES, INC.  
 TAX ID. NUMBER: 52-1654276  
 STATEMENT 4  
 SEPTEMBER 30, 1991

BALANCE SHEET DETAIL  
 =====

OTHER ASSETS - PART IV, LINE 58	BEGINNING	ENDING
SECURITY DEPOSIT	1,367	1,567
TOTAL	1,367	1,567

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INDEPENDENT TELEVISION SERVICES, INC.  
 TAX ID. NUMBER: 52-1654276  
 STATEMENT 5  
 SEPTEMBER 30, 1991

BALANCE SHEET DETAIL  
 =====

SUPPORT AND REVENUE FOR FUTURE PERIODS - PART IV, LINE 62  
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	BEGINNING	ENDING
CORPORATION FOR PUBLIC BROADCASTING	63,018	12,836,015
TOTAL	63,018	12,836,015

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MORTGAGES AND OTHER NOTE PAYABLE - PART IV, LINE 64  
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	BEGINNING	ENDING
NOTE PAYABLE - CORPORATION FOR PUBLIC BROADCASTING	0	250,000
TOTAL	0	250,000

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INDEPENDENT TELEVISION SERVICES, INC.  
TAX ID. NUMBER: 52-1654276  
STATEMENT 7  
SEPTEMBER 30, 1991

COMPENSATION OF THE FIVE HIGEST PAID EMPLOYEES - SCHEDULE A, PART I

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JOHN SCHOTT  
P.O. BOX 74555  
ST. PAUL, MN 55175  
Title: Executive Director  
Hours: 40 + per week  
Compensation: \$75,000.00  
Contribution to employee benefit plans: \$3,750.00  
Expense Accounts: \$0.00

KEVIN MARTIN  
P.O. BOX 74555  
ST. PAUL, MN 55175  
Title: Director of Business Affairs  
Hours: 40 + per week  
Compensation: \$52,000.00  
Contribution to employee benefit plans: \$0.00  
Expense Accounts: \$0.00

ELLEN SCHNEIDER  
P.O. BOX 74555  
ST. PAUL, MN 55175  
Title: Director of Communication  
Hours: 40 + per week  
Compensation: \$55,000.00  
Contribution to employee benefit plans: \$0.00  
Expense Accounts: \$0.00

BIENVENIDA MATIAS  
P.O. BOX 74555  
ST. PAUL, MN 55175  
Title: Senior Staff Produceer  
Hours: 40 + per week  
Compensation: \$53,000.00  
Contribution to employee benefit plans: \$0.00  
Expense Accounts: \$0.00

TOTAL NUMBER OF OTHER EMPLOYEES PAID OVER \$30,000: THREE (3)

INDEPENDENT TELEVISION SERVICES, INC.  
TAX ID. NUMBER: 52-1654276  
STATEMENT 8  
SEPTEMBER 30, 1991

COMPENSATION OF THE FIVE HIGEST PAID PERSON FOR PROFESSIONAL SERVICES - SCHEDULE A, PART II

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DAVID M. RICE, ATTORNEY  
ONE OLD COUNTY ROAD  
CARLE PLACE, NY 11514  
Type: Legal Fees  
Compensation: \$89,882.98

LIST OF OFFICERS, DIRECTORS, AND TRUSTEES - PART V

LAWRENCE SAPADIN  
330 W. 58th Street, Suite 3A  
New York, NY 10019  
Title: President and Chair  
Hours: 10 per week  
Compensation: \$0.00  
Contribution to employee benefit plans: \$0.00  
Expense Accounts: \$0.00

JACKIE SHEARER  
203 Lafayette St., Room 201  
New York, NY 10012  
Title: Secretary  
Hours: 10 per week  
Compensation: \$0.00  
Contribution to employee benefit plans: \$0.00  
Expense Accounts: \$0.00

CHERYL HEAD  
3700 S. 4Miles Run Drive  
Arlington, VA 22206  
Title: Treasurer  
Hours: 10 per week  
Compensation: \$0.00  
Contribution to employee benefit plans: \$0.00  
Expense Accounts: \$0.00

LAWRENCE DARESSA  
149 Ninth Street, Suite 420  
San Francisco, CA 94103  
Title: Director  
Hours: 2 per week  
Compensation: \$0.00  
Contribution to employee benefit plans: \$0.00  
Expense Accounts: \$0.00

EDUARDO DIAZ  
315 East Commerce  
San Antonio, TX 78205  
Title: Director  
Hours: 2 per week  
Compensation: \$0.00  
Contribution to employee benefit plans: \$0.00  
Expense Accounts: \$0.00

JAMES FELLOWS  
1400 East Touhy Avenue  
Des Plaines, IL 60018  
Title: Director  
Hours: 2 per week  
Compensation: \$0.00  
Contribution to employee benefit plans: \$0.00  
Expense Accounts: \$0.00

VIRGINIA GAINES FOX  
600 Cooper Drive  
Lexington, KY 40502  
Title: Director  
Hours: 2 per week  
Compensation: \$0.00  
Contribution to employee benefit plans: \$0.00  
Expense Accounts: \$0.00

HECTOR GALAN  
5524 Bee Cave Road, Suite B-5  
Austin, TX 78746  
Title: Director  
Hours: 2 per week  
Compensation: \$0.00  
Contribution to employee benefit plans: \$0.00  
Expense Accounts: \$0.00

JILL GODMILOW  
135 Hudson Street  
New York, NY 10013  
Title: Director  
Hours: 2 per week  
Compensation: \$0.00  
Contribution to employee benefit plans: \$0.00  
Expense Accounts: \$0.00

RICHARD SCHMIECHEN  
8265 Sunset, #204  
Los Angeles, CA 90046  
Title: Director  
Hours: 2 per week  
Compensation: \$0.00  
Contribution to employee benefit plans: \$0.00  
Expense Accounts: \$0.00

JOAN SHIGEKAWA  
885 Third Avenue, Suite 3160  
New York, NY 10022  
Title: Director  
Hours: 2 per week  
Compensation: \$0.00  
Contribution to employee benefit plans: \$0.00  
Expense Accounts: \$0.00

Rogers, Hayes and Company, CPAs  
1421 Park Ave, Suite 204  
Minneapolis, MN. 55404  
(612) 332-1906 Fax (612)332-7060

Instructions for Filing  
U. S. Exempt Organization Business Income Tax Return

For the Period Ended September 30, 1991

REVIEW AND SIGNATURE:

Before executing the return, we suggest that you review the information reported on the return to determine that there are no omissions or misstatements of material facts.

The declaration on the original return should be completed with-

- (A) The signature of an officer of the organization and his title
- (B) The date of execution of the return

The second copy of the return is for your files as indicated thereon.

TAX:

(  )

The return indicates a tax due of: \$ - 0 -

Checks should be made payable to and deposited with an authorized commercial bank or federal reserve bank, accompanied by a completed Federal Tax Coupon. Tax deposits must reach the bank on or before the due date.

(     ) )

The return indicates an overpayment which we have indicated should be applied as follows:

Credited to next year's declaration \$ \_\_\_\_\_

Refunded \$ \_\_\_\_\_

Total overpayment \$ \_\_\_\_\_

FILING:

The executed copy should be filed on or before 2-15-92  
with the:

INTERNAL REVENUE SERVICE CENTER  
KANSAS CITY, MO. 64999

We suggest that the return be sent by certified mail, postmarked mailing receipt and return receipt requested, so that you will have a record of the date the return was filed.