

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

1991

This Form is Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the calendar year 1991, or fiscal year beginning **OCTOBER 1, 1991**, and ending **SEPTEMBER 30, 1992**

Please use IRS label or print or type. See Specific Instructions.	B Name of organization INDEPENDENT TELEVISION SERVICES, INC.		C Employer identification number 52 1654276
	Number and street (or P.O. box no. if mail is not delivered to street address) Room/suite 333 SIBLEY 200		D State registration number
	City, town, or post office, state, and ZIP code ST. PAUL, MN 55101		E If application for exemption is pending, check here <input type="checkbox"/>

F Check type of organization—Exempt under section 501(c)(**3**) (insert number), OR section 4947(a)(1) charitable trust

G Accounting method: Cash Accrual Other (specify) **▶**

H Is this a group return filed for affiliates? Yes No
If "Yes," enter the number of affiliates for which this return is filed: **▶**

I If either answer in H is "Yes," enter four-digit group exemption number (GEN) **▶**

J If address changed, check box

K Check here if your gross receipts are normally not more than \$25,000. 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. 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).

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	4,766,459			
	b	Indirect public support	1b				
	c	Government grants	1c				
	d	Total (add lines 1a through 1c) (attach schedule—see instructions)	1d		4,766,459		
	2	Program service revenue (from Part VII, line 93)	2		0		
	3	Membership dues and assessments (see instructions)	3				
	4	Interest on savings and temporary cash investments	4		93,406		
	5	Dividends and interest from securities	5				
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Net rental income or (loss)	6c		0		
7	Other investment income (describe ▶)	7					
8a		Gross amount from sale of assets other than inventory	(A) Securities (B) Other				
			8a	377			
			8b				
			8c	377			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		377			
Expenses	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	9c		0		
	10a	Gross sales less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	c	Gross profit or (loss) (attach schedule)	10c		0		
	11	Other revenue (from Part VII, line 103)	11		0		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		4,860,242		
	Net Assets	13	Program services (from line 44, column (B)) (see instructions)	13		3,774,247	
		14	Management and general (from line 44, column (C)) (see instructions)	14		1,029,687	
		15	Fundraising (from line 44, column (D)) (see instructions)	15		0	
16		Payments to affiliates (attach schedule—see instructions)	16				
17		Total expenses (add lines 16 and 44, column (A))	17		4,803,934		
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		56,308		
	19	Net assets or fund balances at beginning of year (from line 74, column (A))	19		109,784		
	20	Other changes in net assets or fund balances (attach explanation)	20		345,281		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		511,373		

Part III 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) charitable 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
22	Grants and allocations (attach schedule)	3,317,139	3,317,139		
23	Specific assistance to individuals				
24	Benefits paid to or for members				
25	Compensation of officers, directors, etc.	611,212	84,882	526,330	
26	Other salaries and wages.				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes.				
30	Professional fundraising fees.				
31	Accounting fees	10,375		10,375	
32	Legal fees	36,004		36,004	
33	Supplies	26,340	3,362	22,978	
34	Telephone	35,104	4,573	30,531	
35	Postage and shipping.	36,986	14,277	22,709	
36	Occupancy	57,136		57,136	
37	Equipment rental and maintenance.	16,297	150	16,147	
38	Printing and publications	29,796	24,189	5,607	
39	Travel.	43,788	43,788		
40	Conferences, conventions, and meetings	140,784	34,626	106,158	
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	37,474		37,474	
43	Other expenses (itemize): a				
b	SEE STMT 2	405,499	247,261	158,238	
c					
d					
e					
f					
44	Total functional expenses (add lines 22 through 43) <small>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</small>	4,803,934	3,774,247	1,029,687	0

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 and section 4947(a)(1) charitable trusts must also enter the amount of grants and allocations to others.

Expenses
Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

a	SEE STATEMENT 3				
	(Grants and allocations \$)				1,892,270
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))				1,892,270

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
Assets				
45	Cash—noninterest-bearing	61,345	45	84,236
46	Savings and temporary cash investments	2,291,366	46	1,338,140
47 a	Accounts receivable	16,211,800		
	47a			
	b Less: allowance for doubtful accounts	0	47c	16,211,800
	47b			
48 a	Pledges receivable	14,058		
	48a			
	b Less: allowance for doubtful accounts	0	48c	14,058
	48b			
49	Grants receivable		49	
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)		50	
51 a	Other notes and loans receivable (attach schedule)			
	51a			
	b Less: allowance for doubtful accounts		51c	0
	51b			
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	7,393	53	9,519
54	Investments—securities (attach schedule)		54	
55 a	Investments—land, buildings, and equipment: basis			
	55a			
	b Less: accumulated depreciation (attach schedule).		55c	0
	55b			
56	Investments—other (attach schedule)		56	
57 a	Land, buildings, and equipment: basis	424,080		
	57a			
	b Less: accumulated depreciation (attach schedule)	54,829	57c	369,251
	57b			
58	Other assets (describe ► <u>SEE STMT 4</u>)	1,567	58	1,567
59	Total assets (add lines 45 through 58) (must equal line 75)	13,298,861	59	18,028,571
Liabilities				
60	Accounts payable and accrued expenses	70,108	60	133,054
61	Grants payable	0	61	1,409,869
62	Support and revenue designated for future periods (attach schedule)	12,836,015	62	15,724,275
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64	Mortgages and other notes payable (attach schedule)	250,000	64	250,000
65	Other liabilities (describe ► <u>DUE TO OPERATING FUND</u>)	32,954	65	0
66	Total liabilities (add lines 60 through 65)	13,189,077	66	17,517,198
Fund Balances or Net Assets				
Organizations that use fund accounting, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75 (see instructions).				
67 a	Current unrestricted fund	45,581	67a	142,122
	67a			
	b Current restricted fund		67b	
	67b			
68	Land, buildings, and equipment fund	64,203	68	369,251
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 (see instructions).				
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 (add lines 67a through 70 OR lines 71 through 73: column (A) must equal line 19 and column (B) must equal line 21)	109,784	74	511,373
75	Total liabilities and fund balances/net assets (add lines 66 and 74)	13,298,861	75	18,028,571

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure your return is complete and accurate and fully describes your organization's programs and accomplishments.

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

Table with 5 columns: (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. Row 1 contains 'SEE STMT 6'.

Part VI Other Information

Form with questions 76-92 and Yes/No columns. Includes questions about activities, changes, income, political expenditures, and state filing. Includes handwritten entries like 'MINNESOTA, DC' and 'ORGANIZATION'.

**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

1991

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
NONE		
Total number of others receiving over \$30,000 for professional services		

Part III Statements About Activities

	Yes	No
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? If "Yes," enter the total expenses paid or incurred in connection with the legislative activities. \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities AND either complete Part VI-B or attach a classified schedule of the expenses paid or incurred.		X
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e 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
3 Do you make grants for scholarships, fellowships, student loans, etc.?		X
4 Attach a statement explaining how you determine that individuals or organizations receiving grants or loans 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)
	1990	1989	1988	1987	Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . .	1,002,636	454,981			1,457,617
16 Membership fees received					0
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	0	0			0
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	45,429	339			45,768
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for your benefit and either paid to you or expended on your behalf					0
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					0
22 Other income. Attach schedule. Do not include gain or (loss) from sale of capital assets . . .					0
23 Total of lines 15 through 22	1,048,065	455,320	0	0	1,503,385
24 Line 23 minus line 17	1,048,065	455,320	0	0	1,503,385
25 Enter 1% of line 23	10,481	4,553	0	0	15,034
26 Organizations described in box 10 or 11:					60,135
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 1987 through 1990 exceeded the amount shown in line 26a. Enter the sum of all excess amounts here ▶					0

(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:

(1990) 0 (1989) 0 (1988) N/A (1987) N/A

b Attach a list showing, for 1987 through 1990, 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:

(1990) 0 (1989) 0 (1988) N/A (1987) N/A

28 For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1987 through 1990, 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)

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?

	Yes	No
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		
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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		
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32 Do you maintain the following:

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
 - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
 - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
 - 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.)

32a		
32b		
32c		
32d		

33 Do you discriminate by race in any way with respect to:

- a Students' rights or privileges?
 - b Admissions policies?
 - c Employment of faculty or administrative staff?
 - d Scholarships or other financial assistance? (See instructions.)
 - e Educational policies?
 - f Use of facilities?
 - g Athletic programs?
 - h Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		

34a Do you receive any financial aid or assistance from a governmental agency?

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.

34a		
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		
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Part VI-A Lobbying Expenditures by Electing Public Charities (see instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

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—		
	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	41	0
	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.)

		Lobbying Expenses During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶		(a) 1991	(b) 1990	(c) 1989	(d) 1988	(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 VI-B Lobbying Activity by Nonelecting Public Charities
(For optional reporting by organizations that did not complete Part VI-A.)

During the year, did you attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenses (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the activities.

INDEPENDENT TELEVISION SERVICES, INC.
TAX ID. NUMBER: 52-1654276
STATEMENT 1
SEPTEMBER 30, 1992

LIST OF CONTRIBUTORS – LINE 1(a)

NAME AND ADDRESS	AMOUNT
----- CORPORATION FOR PUBLIC BROADCASTING 1111 16TH STREET N. W. WASHINGTON, D.C. 20036	----- \$4,766,459 =====

REVENUE AND EXPENSES – LINE 4

----- INTERST REVENUE BANK INTERST	----- \$93,406 =====
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NET ASSETS – OTHER CHANGES IN NET ASSETS, LINE 20

----- CAPITAL ADDITIONS	----- \$345,281 =====
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INDEPENDENT TELEVISION SERVICES, INC.
 TAX ID. NUMBER: 52-1654276
 STATEMENT 2
 SEPTEMBER 30, 1992

OTHER EXPENSES	TOTAL	PROGRAM MANAGEMENT SERVICES & GENERAL	
ADVERTISING	\$985	\$0	\$985
BANK SERVICES & PAYROLL	8,893	0	8,893
CONSULTANTS	159,976	147,825	12,151
COORDINATING PRODUCER FEES	21,150	21,150	0
DESIGN	26,839	5,009	21,830
DUBBING SERVICES	635	0	635
DUPLICATION	1,523	1,015	508
ENTERTAINMENT	23,542	7,030	16,512
HIRING/TRAINING	50,157	28,691	21,466
INSURANCE	16,283	0	16,283
MISCELLANEOUS	975	25	950
OUTSIDE SERVICES	10,062	8,256	1,806
PACKAGING EXPENSES	60	60	0
PANEL SITE COSTS	4,365	4,365	0
PANELIST FEES	23,150	23,150	0
PHOTOGRAPHY	532	532	0
PRODUCTION	35,395	0	35,395
PROGRAM DEVELOPMENT	20,824	0	20,824
PROMOTION	153	153	0
TOTAL	\$405,499	\$247,261	\$158,238

INDEPENDENT TELEVISION SERVICES, INC.
 TAX ID. NUMBER: 52-1654276
 STATEMENT 3
 SEPTEMBER 30, 1992

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 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, 1992

BALANCE SHEET DETAIL
 =====

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

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INDEPENDENT TELEVISION SERVICES, INC.
 TAX ID. NUMBER: 52-1654276
 STATEMENT 5
 SEPTEMBER 30, 1992

BALANCE SHEET DETAIL
 =====

SUPPORT AND REVENUE FOR FUTURE PERIODS – PART IV, LINE 62

	BEGINNING	ENDING
CORPORATION FOR PUBLIC BROADCASTING	12,836,015	15,724,275
TOTAL	12,836,015	15,724,275

=====

MORTGAGES AND OTHER NOTE PAYABLE – PART IV, LINE 64

	BEGINNING	ENDING
NOTE PAYABLE – CORPORATION FOR PUBLIC BROADCASTING	250,000	250,000
TOTAL	250,000	250,000

=====

INDEPENDENT TELEVISION SERVICES, INC.
TAX ID. NUMBER: 52-1654276
STATEMENT 6
SEPTEMBER 30, 1992

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 GODMLOW
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

INDEPENDENT TELEVISION SERVICES, INC.
TAX ID. NUMBER: 52-1654276
STATEMENT 7
SEPTEMBER 30, 1992

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

JOHN SCHOTT
500 E. 4th Street
Northfield, MN 55057
Title: Executive Director
Hours: 40 + per week
Compensation: \$78,780.00
Contribution to employee benefit plans: \$10,841.00
Expense Accounts: \$0.00

KEVIN MARTIN
15201 Greenhaven Drive, #225
Burnsville, MN 55337
Title: Director of Business Affairs
Hours: 40 + per week
Compensation: \$54,870.00
Contribution to employee benefit plans: \$4,358.00
Expense Accounts: \$0.00

ELLEN SCHNEIDER
333 Sibley, #200
ST. PAUL, MN 55101
Title: Director of Communication
Hours: 40 + per week
Compensation: \$56,215.00
Contribution to employee benefit plans: \$2,199.00
Expense Accounts: \$0.00

BIENVENIDA MATIAS
333 Sibley, #200
ST. PAUL, MN 55101
Title: Director of Productions
Hours: 40 + per week
Compensation: \$53,160.00
Contribution to employee benefit plans: \$2,235.00
Expense Accounts: \$0.00

TOTAL NUMBER OF OTHER EMPLOYEES PAID OVER \$30,000: THREE (2)