

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
 Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> COMMONWEALTH PUBLIC BROADCASTING Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 23 SESAME STREET City or town, state or country, and ZIP + 4 RICHMOND, VA 23235	<b>D Employer identification number</b> 54-0735782
		<b>E Telephone number</b> (804) 320-1301	<b>G Gross receipts \$</b> 21,916,071.
		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	<b>H(c)</b> Group exemption number ▶
		<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
		<b>J Website:</b> ▶ WWW.WCVE.ORG	
		<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L Year of formation:</b> 1962 <b>M State of legal domicile:</b> VA

Part I Summary			
	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
Activities & Governance	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3 11
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4 11
	<b>5</b>	Total number of employees (Part V, line 2a)	5 205
	<b>6</b>	Total number of volunteers (estimate if necessary)	6 298
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 610,083.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	7b -151,161.
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	8,540,746. 7,152,578.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	4,037,009. 4,413,271.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,304,500. -2,515,052.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,606,253. 1,503,570.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,488,508. 10,554,367.
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,404,291. 7,772,688.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,146,185.	
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,865,943. 7,940,323.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,270,234. 15,713,011.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	218,274. -5,158,644.
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	25,928,119. 19,091,209.
	<b>21</b>	Total liabilities (Part X, line 26)	5,006,845. 7,063,432.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	20,921,274. 12,027,777.

<b>Part II Signature Block</b>			
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.			
<b>Sign Here</b>	Signature of officer _____ <b>JOSEPH H. KOCH, VICE PRESIDENT &amp; CFO</b> Type or print name and title	Date	
<b>Paid Preparer's Use Only</b>	Preparer's signature _____ Firm's name (or yours if self-employed), address, and ZIP + 4 KEITER, STEPHENS, HURST, GARY & SHREAVES, PC P.O. BOX 32066 RICHMOND, VA 23294-2066	Date	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ _____ Phone no. ▶ (804) 747-0000

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
PRODUCTION AND/OR BROADCASTING OF INSTRUCTIONAL AND NONCOMMERCIAL
PUBLIC INTEREST TELEVISION AND RADIO PROGRAMS IN CENTRAL & NORTHERN
VIRGINIA

2 Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 3,636,988. including grants of \$ ) (Revenue \$ )
EDUCATIONAL TELEVISION: K-12 EDUCATION - WE PROVIDE EDUCATORS AND
STUDENTS IN CENTRAL AND NORTHERN VIRGINIA (44 SCHOOL DIVISIONS IN
CENTRAL VA AND 14 SCHOOL DIVISIONS IN NORTHERN VA AND WASHINGTON DC)
WITH HIGH-QUALITY PROFESSIONAL DEVELOPMENT FOCUSED ON INTEGRATING
TECHNOLOGY INTO THE CLASSROOM AND THE VIRGINIA STANDARDS OF LEARNING
(SOLS); AND EDUCATIONAL RESOURCES, INCLUDING EDUCATIONAL TELEVISION
CONTENT AND TECHNOLOGICAL SUPPORT TO SCHOOLS. EARLY CHILDHOOD
EDUCATION - WE PROVIDE WORKSHOPS THAT INCORPORATE PBS CHILDREN'S
PROGRAMS, BOOKS AND LITERACY ACTIVITIES TO PARENTS AND DAYCARE
PROVIDERS IN AN EFFORT TO DEVELOP EMERGENT LITERACY SKILLS IN YOUNG
CHILDREN.

4b (Code: ) (Expenses \$ 7,526,404. including grants of \$ ) (Revenue \$ )
PUBLIC TELEVISION: CENTRAL VA - WE STRENGTHEN THE COMMUNITIES, EMPOWER
THE FAMILIES AND INFORM THE CITIZENS OF CENTRAL VA (REACHING 636,300
HOUSEHOLDS IN THE GREATER RICHMOND ON WCVE RICHMOND PBS AND THE GREATER
CHARLOTTESVILLE REGION ON WHTJ CHARLOTTESVILLE PBS) BY PROVIDING
NATIONALLY ACCLAIMED PBS PROGRAMS, AND SUPPORTING AND SHOWCASING
COMMUNITY ASSETS AND ISSUES THROUGH LOCALLY PRODUCED PROGRAMS. OUR
COMMUNITY IMPACT IS CONCENTRATED IN THE AREAS OF ARTS & CULTURE,
HISTORY & HERITAGE, NEWS & PUBLIC AFFAIRS AND SCIENCE & TECHNOLOGY.

THROUGH MHZ WORLDVIEW, AN INNOVATIVE, DYNAMIC PROGRAM FORMAT ORPERATED
BY MHZ NETWORKS IN NORTHERN VA, WE PRESENT NONCOMMERCIAL, INTERNATIONAL
CONTENT TO 13.8 MILLION HOUSEHOLDS IN WASHINGTON DC, CHICAGO, SAN

4c (Code: ) (Expenses \$ 1,541,614. including grants of \$ ) (Revenue \$ )
PUBLIC RADIO: WE STRENGTHEN THE COMMUNITIES, EMPOWER THE FAMILIES AND
INFORM THE CITIZENS OF CENTRAL VA (REACHING 117,400 LISTENERS IN
GREATER RICHMOND, THE NORTHERN NECK AND MECKLENBURG COUNTY REGIONS) BY
PROVIDING NATIONALLY ACCLAIMED NPR PROGRAMS, AND SUPPORTING AND
SHOWCASING COMMUNITY ASSETS AND ISSUES THROUGH LOCALLY PRODUCED
PROGRAMS. OUR COMMUNITY IMPACT IS CONCENTRATED IN THE AREAS OF ARTS &
CULTURE, HISTORY & HERITAGE, NEWS & PUBLIC AFFAIRS AND SCIENCE &
TECHNOLOGY.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 12,705,006. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 42		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 205		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		11
<b>1b</b>	Enter the number of voting members that are independent .....		11
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
<b>6</b>	Does the organization have members or stockholders? .....		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? .....	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....		X
<b>9b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	X	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....		X
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....		X
<b>13</b>	Does the organization have a written whistleblower policy? .....		X
<b>14</b>	Does the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>15a</b>	The organization's CEO, Executive Director, or top management official? .....	X	
<b>15b</b>	Other officers or key employees of the organization? .....	X	
Describe the process in Schedule O. (see instructions)			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► NONE

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
JOSEPH H. KOCH - (804) 560-8113  
23 SESAME STREET, RICHMOND, VA 23235-3713

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD A. ARENSTEIN DIRECTOR	2.00	X					0.	0.	0.	
RICHARD J. BODORFF DIRECTOR	2.00	X					0.	0.	0.	
NANCY S. CURRY DIRECTOR	2.00	X					0.	0.	0.	
DR. WILLIAM M. GOTTWALD DIRECTOR	2.00	X					0.	0.	0.	
JAMES P. HOLDEN DIRECTOR	2.00	X					0.	0.	0.	
DAVID N. MARTIN DIRECTOR	2.00	X					0.	0.	0.	
DR. KARMALIJIT SETHI DIRECTOR	2.00	X					0.	0.	0.	
WILLIAM A. PUSEY DIRECTOR	2.00	X					0.	0.	0.	
THOMAS G. ROSENTHAL DIRECTOR	2.00	X					0.	0.	0.	
A. CURTIS MONK PRESIDENT & CEO	40.00			X			153,483.	0.	41,113.	
FREDERICK W. THOMAS EXEC. VP & CHIEF OF MHZ	40.00			X			145,441.	0.	38,569.	
JOSEPH KOCH VICE PRESIDENT & CFO	40.00			X			86,063.	0.	22,639.	
JOHN H. FELTON VP OF PROGRAMMING & GM	40.00			X			96,328.	0.	30,065.	
MARK W. SPILLER VP OF ENGINEERING	40.00			X			76,029.	0.	35,345.	
ELLEN S. TAIT VP OF DEVELOPMENT	40.00			X			83,345.	0.	29,674.	
IRIS B. SCOTT VP OF EDUCATION SERVICES	40.00			X			71,698.	0.	26,571.	
WILLIAM MILLER VP OF PUBLIC RADIO	40.00			X			80,604.	0.	35,493.	



Part VIII Statement of Revenue			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2522428.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4630150.				
	g	Noncash contributions included in lines 1a-1f: \$		80,798.				
	h	<b>Total.</b> Add lines 1a-1f		7,152,578.				
	Program Service Revenue	2 a	<b>DATA TRANSMISSION</b>	Business Code 515100	2,599,956.	2,226,016.	373,940.	
b		<b>FEES FROM GOVERNMENT A</b>	900099	1,121,421.	1,121,421.			
c		<b>PRODUCTION SERVICES</b>	515100	395,507.	166,578.	228,929.		
d		<b>EDUCATIONAL SERVICES</b>	611710	296,387.	296,387.			
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		4,413,271.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		302,217.			302,217.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a		(i) Real	(ii) Personal				
			1419898.					
		b	Less: rental expenses					
		c	Rental income or (loss)		1419898.			
	d	Net rental income or (loss)		1,419,898.			1419898.	
	7 a		(i) Securities	(ii) Other				
			8543099.	1,336.				
		b	Less: cost or other basis and sales expenses		10315915	1045789.		
		c	Gain or (loss)		-1772816	-1044453		
	d	Net gain or (loss)		-2817269.			-2817269.	
	8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b	Less: direct expenses	b				
c		Net income or (loss) from fundraising events						
9 a		Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities						
10 a		Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	<b>OTHER REVENUE</b>	515100	84,190.	76,458.	7,732.			
b								
c								
d	All other revenue	515100	-518.		-518.			
e	<b>Total.</b> Add lines 11a-11d		83,672.					
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		10554367.	3,886,860.	610,083.	-1095154.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	976,049.	508,410.	324,734.	142,905.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	6,796,639.	5,378,211.	312,116.	1,106,312.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....				
10 Payroll taxes .....				
11 Fees for services (non-employees):				
a Management .....	23,420.	21,745.	1,675.	
b Legal .....	25,520.	18,076.	4,701.	2,743.
c Accounting .....	47,263.	3,619.	42,807.	837.
d Lobbying .....	69,719.	55,183.	10,508.	4,028.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	56,991.		56,991.	
g Other .....	246,140.	178,650.	18,315.	49,175.
12 Advertising and promotion .....	367,019.	352,218.	785.	14,016.
13 Office expenses .....	347,341.	296,383.	4,514.	46,444.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	978,396.	870,601.	27,479.	80,316.
17 Travel .....	114,907.	66,254.	3,698.	44,955.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	50,722.	45,023.	138.	5,561.
20 Interest .....	25,014.	25,014.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	1,797,337.	1,692,160.	7,453.	97,724.
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>PROGRAM ACQUISITIONS</b> .....	1,774,387.	1,774,387.		
b <b>COMPUTER SERVICES</b> .....	655,148.	535,655.	13,106.	106,387.
c <b>COMMUNICATIONS</b> .....	431,927.	404,049.	6,988.	20,890.
d <b>POSTAGE AND SHIPPING</b> .....	307,203.	29,407.	8,507.	269,289.
e <b>PRINTING AND PUBLICATIO</b> .....	212,124.	177,785.	1,524.	32,815.
f All other expenses .....	409,745.	272,176.	15,781.	121,788.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	15,713,011.	12,705,006.	861,820.	2,146,185.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash - non-interest-bearing .....	399,784.	1	328,722.	
	2	Savings and temporary cash investments .....	792,482.	2	331,361.	
	3	Pledges and grants receivable, net .....	18,732.	3	25,733.	
	4	Accounts receivable, net .....	618,553.	4	384,542.	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6		
	7	Notes and loans receivable, net .....		7		
	8	Inventories for sale or use .....		8		
	9	Prepaid expenses and deferred charges .....	530,997.	9	430,933.	
	10a	Land, buildings, and equipment: cost basis ...	10a	31,017,544.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D .....	10b	20,657,633.	10c	10,359,911.
	11	Investments - publicly traded securities .....	10,442,954.	11	5,964,803.	
	12	Investments - other securities. See Part IV, line 11 .....	1,425,305.	12	1,265,204.	
	13	Investments - program-related. See Part IV, line 11 .....		13		
	14	Intangible assets .....		14		
	15	Other assets. See Part IV, line 11 .....		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	25,928,119.	16	19,091,209.		
Liabilities	17	Accounts payable and accrued expenses .....	2,690,566.	17	4,389,957.	
	18	Grants payable .....		18		
	19	Deferred revenue .....	1,846,857.	19	2,355,618.	
	20	Tax-exempt bond liabilities .....		20		
	21	Escrow account liability. Complete Part IV of Schedule D .....		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	23	Secured mortgages and notes payable to unrelated third parties .....	469,422.	23	317,857.	
	24	Unsecured notes and loans payable .....		24		
	25	Other liabilities. Complete Part X of Schedule D .....		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	5,006,845.	26	7,063,432.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets .....	19,883,475.	27	11,436,711.	
	28	Temporarily restricted net assets .....	652,308.	28	204,575.	
	29	Permanently restricted net assets .....	385,491.	29	386,491.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds .....		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	32	Retained earnings, endowment, accumulated income, or other funds .....		32		
33	<b>Total net assets or fund balances .....</b>	20,921,274.	33	12,027,777.		
34	<b>Total liabilities and net assets/fund balances .....</b>	25,928,119.	34	19,091,209.		

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
b	Were the organization's financial statements audited by an independent accountant? .....	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
b	If "Yes," did the organization undergo the required audit or audits? .....		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **COMMONWEALTH PUBLIC BROADCASTING** Employer identification number **54-0735782**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 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. See **section 509(a)(2)**. (Complete the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7229368.	7589444.	7472590.	8540746.	7152578.	37984726.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 - 3 .....	7229368.	7589444.	7472590.	8540746.	7152578.	37984726.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public Support.</b> Subtract line 5 from line 4.						37984726.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....	7229368.	7589444.	7472590.	8540746.	7152578.	37984726.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1681938.	1616601.	1649681.	1881691.	1725366.	8555277.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	44,472.	70,544.	143,735.	164,942.	84,190.	507,883.
<b>11 Total support.</b> Add lines 7 through 10						47047886.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12 17,884,459.	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	80.74 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>	81.96 %
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 - 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ **To be completed by organizations described below.**  
▶ **Attach to Form 990 or Form 990-EZ.**

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

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>COMMONWEALTH PUBLIC BROADCASTING</b>	Employer identification number <b>54-0735782</b>
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**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		90,644.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		90,644.													
<b>d</b> Other exempt purpose expenditures		12,614,362.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		12,705,006.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		785,250.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		196,313.													
<b>h</b> Subtract line 1g from line 1a. Enter -0- if line g is more than line a		0.													
<b>i</b> Subtract line 1f from line 1c. Enter -0- if line f is more than line c		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**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 2a through 2f of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2a</b> Lobbying non-taxable amount	872,165.	848,297.	913,512.	785,250.	3,419,224.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,128,836.
<b>c</b> Total lobbying expenditures	55,250.	90,681.	96,195.	90,644.	332,770.
<b>d</b> Grassroots non-taxable amount	218,041.	212,074.	228,378.	196,313.	854,806.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,282,209.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? .....			
<b>i</b> Other activities? If "Yes," describe in Part IV .....			
<b>j</b> Total lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) .....	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

COMMONWEALTH PUBLIC BROADCASTING

Employer identification number

54-0735782

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure)       Preservation of an historically important land area

Protection of natural habitat       Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	385,491.				
<b>b</b> Contributions	1,000.				
<b>c</b> Investment earnings or losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	386,491.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  100.00 %
  - c** Term endowment  \_\_\_\_\_ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes                      | No                                  |
|------------------------------------|--------------------------|-------------------------------------|
| <b>(i)</b> unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land		278,661.		278,661.
<b>b</b> Buildings		6,303,362.	4,199,353.	2,104,009.
<b>c</b> Leasehold improvements		192,560.	181,231.	11,329.
<b>d</b> Equipment		19,212,599.	12,736,320.	6,476,279.
<b>e</b> Other		5,030,362.	3,540,729.	1,489,633.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				10,359,911.



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,554,367.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,713,011.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-5,158,644.
4	Net unrealized gains (losses) on investments	4	-1,352,837.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,382,016.
9	Total adjustments (net). Add lines 4-8	9	-3,734,853.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-8,893,497.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	9,473,400.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-1,352,837.
b	Donated services and use of facilities	2b	317,789.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-45,527.
e	Add lines 2a through 2d	2e	-1,080,575.
3	Subtract line 2e from line 1	3	10,553,975.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	392.
c	Add lines 4a and 4b	4c	392.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	10,554,367.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	15,985,273.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	317,789.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	317,789.
3	Subtract line 2e from line 1	3	15,667,484.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	45,527.
c	Add lines 4a and 4b	4c	45,527.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	15,713,011.

**Part XIV Supplemental Information**

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

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**INTEREST RATE SWAP FMV CHANGE: -2897.**

**BOOK TO TAX DIFFERENCE - INCOME FROM PASSTHROUGH ENTITIES: -392.**

**MINIMUM PENSON LIABILITY ADJUSTMENT: -2378727.**

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**MANAGEMENT FEES NETTED AGAINST INVESTMENT INCOME: -45527.**

**Part XIV** Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INCOME FROM PASSTHROUGH ENTITIES: 392.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

MANAGEMENT FEES NETTED AGAINST INVESTMENT INCOME: 45527.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization <b>COMMONWEALTH PUBLIC BROADCASTING</b>	Employer identification number <b>54-0735782</b>
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
<b>a</b> Receive a severance payment or change of control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes," to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>

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

Schedule J (Form 990) 2008

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
A. CURTIS MONK	(i)	153,483.	0.	0.	31,912.	9,201.	194,596.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
FREDERICK W. THOMAS	(i)	145,441.	0.	0.	27,987.	10,582.	184,010.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

**2008**

Open to Public  
Inspection

▶ Attach to Form 990.

Name of the organization

COMMONWEALTH PUBLIC BROADCASTING

Employer identification number

54-0735782

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....	X	232	61,617.	AUCTION
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	6	19,181.	NY STOCK EXCHANGE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution (historic structures) .....				
14 Qualified conservation contribution (other) ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment .....

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a	X	

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

Schedule M (Form 990) 2008

**Part II**

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

SCHEDULE M, LINE 32B: CARS OF SAN DIEGO, CALIFORNIA, ACTS AS OUR  
AUTHORIZED AGENT TO ACCEPT DONATED VEHICLES, PROVIDE WRITTEN  
SUBSTANTIATION OF DONATIONS TO DONORS, AND PROVIDE THE FOLLOWING  
SERVICES ON BEHALF OF THE ORGANIZATION:

- \* TOLL FREE NUMBER
- \* VEHICLE PICKUP
- \* TITLE PROCESSING
- \* SALE OF VEHICLE
- \* REPORTING/ACCOUNTING

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

COMMONWEALTH PUBLIC BROADCASTING

Employer identification number

54-0735782

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRODUCTION AND/OR BROADCASTING OF INSTRUCTIONAL AND NONCOMMERCIAL

PUBLIC INTEREST TELEVISION AND RADIO PROGRAMS IN CENTRAL & NORTHERN

VIRGINIA

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

FRANCISCO, SEATTLE, DENVER, MINNEAPOLIS/ST. PAUL, SALT LAKE CITY,

FLINT, RICHMOND AND CHARLOTTESVILLE. TARGETED TO A GLOBALLY MINDED

AUDIENCE, MHZ WORLDVIEW PROVIDES A BROADER PERSPECTIVE OF THE WORLD BY

PRESENTING NEWS AND ENTERTAINMENT PROGRAMS FROM COUNTRIES AROUND THE

WORLD. WHEN VIEWED ON A COLLECTIVE BASIS, THESE PROGRAMS CREATE A TRUE

WORLD VIEW.

FORM 990, PART VI, SECTION A, LINE 10: THE FINANCE COMMITTEE REVIEWS THE

FORM 990 PRIOR TO FILING WITH THE IRS. THE BOARD WILL RECEIVE A COPY AFTER

FILING. IN SUBSEQUENT YEARS, THE BOARD WILL RECEIVE A COPY PRIOR TO

FILING.

FORM 990, PART VI, SECTION B, LINE 15: THE HUMAN RESOURCE DIRECTOR ALONG

WITH THE DEPARTMENTAL MANAGER WORK TOGETHER TO DETERMINE AN APPROPRIATE

SALARY FOR NEW HIRES. HUMAN RESOURCES RESEARCHES CURRENT SALARY TRENDS AND

THEN EVALUATES THE EMPLOYEE'S EXPERIENCE, ALONG WITH THE DEPARTMENTAL

MANAGER. ALL INCREASES IN PAY MUST BE APPROVED BY THE CEO.

THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS. THE BOARD

RELIES ON COMPARABLE DATA WHEN AVAILABLE.

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

COMMONWEALTH PUBLIC BROADCASTING

Employer identification number

54-0735782

THE NORMAL REVIEW PROCESS FOR FUTURE INCREASES IS THE SAME FOR ALL FULL-TIME EMPLOYEES. THE EMPLOYEE RECEIVES A YEARLY REVIEW. BASED ON THEIR PERFORMANCE AND WORKING WITHIN THE SALARY GRADE AND MATRIX AN INCREASE IS CALCULATED. ANY INCREASES OUTSIDE OF THE MATRIX MUST BE APPROVED BY THE CEO.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE VIA PUBLIC FILES WHICH ARE MAINTAINED ON SITE AND AVAILABLE UPON REQUEST. THE ORGANIZATION ALSO POSTS THE ANNUAL FINANCIAL STATEMENT AND FORM 990 ON THE WEBSITE.

PART XI, LINE 2C:

THE FINANCE COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THEY MEET AT LEAST TWICE A YEAR WITH THE AUDITORS. PART OF THE MEETING IS DONE IN EXECUTIVE SESSION.

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2009

<b>Prepared for</b>	COMMONWEALTH PUBLIC BROADCASTING 23 SESAME STREET RICHMOND, VA 23235
<b>Prepared by</b>	KEITER, STEPHENS, HURST, GARY & SHREAVES, PC P.O. BOX 32066 RICHMOND, VA 23294-2066
<b>Amount due or refund</b>	NO AMOUNT IS DUE.
<b>Make check payable to</b>	NO AMOUNT IS DUE.
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	MAY 17, 2010
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2008

Department of the Treasury Internal Revenue Service

For calendar year 2008 or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing organization name (COMMONWEALTH PUBLIC BROADCASTING), address (23 SESAME STREET, RICHMOND, VA 23235), and identification number (54-0735782).

H Describe the organization's primary unrelated business activity. PRODUCTION SERVICES & DATA TRANSMISSION

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of JOSEPH H. KOCH Telephone number (804) 560-8113

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include gross receipts (610,601), cost of goods sold (761,244), and total net income (-151,161).

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.)

Table with 4 columns: Line number, Description, and Amount. Rows include compensation of officers, salaries, repairs, interest, taxes, and total deductions (0).

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here [ ] See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ [ ] (2) \$ [ ] (3) \$ [ ] b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ [ ] (2) Additional 3% tax (not more than \$100,000) \$ [ ] c Income tax on the amount on line 34 35c 0. 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041) 36 37 Proxy tax. See instructions 37 38 Alternative minimum tax 38 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a 40b Other credits (see instructions) 40b 40c General business credit. Attach Form 3800 40c 40d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d 40e Total credits. Add lines 40a through 40d 40e 41 Subtract line 40e from line 39 41 0. 42 Other taxes. Check if from: [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule) 42 43 Total tax. Add lines 41 and 42 43 0. 44a Payments: A 2007 overpayment credited to 2008 44a 44b 2008 estimated tax payments 44b 44c Tax deposited with Form 8868 44c 44d Foreign organizations: Tax paid or withheld at source (see instructions) 44d 44e Backup withholding (see instructions) 44e 44f Other credits and payments: [ ] Form 2439 [ ] Form 4136 [ ] Other Total 44f 45 Total payments. Add lines 44a through 44f 45 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached [ ] 46 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0. 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0. 49 Enter the amount of line 48 you want: Credited to 2009 estimated tax 49 Refunded 49

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here [ ] Yes No X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. [ ] Yes No X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ [ ]

Schedule A - Cost of Goods Sold. Enter method of inventory valuation [ ]

N/A

1 Inventory at beginning of year 1 2 Purchases 2 3 Cost of labor 3 4a Additional section 263A costs 4a b Other costs (attach schedule) 4b 5 Total. Add lines 1 through 4b 5 6 Inventory at end of year 6 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No X

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date Title VICE PRESIDENT & CFO Date Title Preparer's signature Date Check if self-employed [ ] Preparer's SSN or PTIN Firm's name (or yours if self-employed), address, and ZIP code KEITER, STEPHENS, HURST, GARY & SHREAVES, PC EIN 54-1631262 P.O. BOX 32066 RICHMOND, VA 23294-2066 Phone no. (804) 747-0000 May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 19)

Table for Schedule C: Rent Income. Includes columns for Description of property, Rent received or accrued (a) and (b), Deductions directly connected with the income (3(a)), Total income, and Total deductions.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

Table for Schedule E: Unrelated Debt-Financed Income. Includes columns for Description of debt-financed property, Gross income from or allocable to debt-financed property, Deductions directly connected with or allocable to debt-financed property (a) and (b), Amount of average acquisition debt, Average adjusted basis, Column 4 divided by column 5, Gross income reportable, and Allocable deductions.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

Table for Schedule F: Interest, Annuities, Royalties, and Rents From Controlled Organizations. Includes columns for Name of controlled organization, Employer identification number, Exempt Controlled Organizations (Net unrelated income, Total of specified payments made, Part of column 4 that is included in the controlling organization's gross income, Deductions directly connected with income in column 5).

Table for Schedule F: Nonexempt Controlled Organizations. Includes columns for Taxable Income, Net unrelated income (loss), Total of specified payments made, Part of column 9 that is included in the controlling organization's gross income, and Deductions directly connected with income in column 10.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected, 4 Set-asides, 5 Total deductions and set-asides. Totals row shows 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income (loss), 5 Gross income from activity, 6 Expenses attributable, 7 Excess exempt expenses. Totals row shows 0.

Schedule J - Advertising Income (see instructions on page 21)

Part I: Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Totals row shows 0.

Part II: Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Totals row shows 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

Table with 4 columns: 1 Name, 2 Title, 3 Percent of time devoted to business, 4 Compensation attributable to unrelated business. Total row shows 0.

## FOOTNOTES

STATEMENT 1

## NOL CARRYOVER ATTACHMENT TO 990T

NOL CARRYOVER FROM 2002	46,171.
NOL CARRYOVER FROM 2003	12,867.
NOL CARRYOVER FROM 2004	80,470.
NOL CARRYOVER FROM 2005	39,374.
NOL CARRYOVER USED FOR 2006	-5,669.
NOL CARRYOVER FROM 2007	170,584.
NOL CARRYOVER FROM 2008	151,161.

TOTAL NOL CARRYOVER TO 2009	494,958.
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FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	2
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DESCRIPTION	AMOUNT
PUBLIC TELEVISION MAJOR MARKET GROUP	-518.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-518.

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**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning JUL 1, 2008, and ending JUN 30, 2009

**2008**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**COMMONWEALTH PUBLIC BROADCASTING**

**54-0735782**

Name and title of officer

**JOSEPH H KOCH  
VICE PRESIDENT & CFO**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

<b>1a</b> Form 990 check here	▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, line 12)	<b>1b</b>	<u>10554367</u>
<b>2a</b> Form 990-EZ check here	▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	_____
<b>3a</b> Form 1120-POL check here	▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>	_____
<b>4a</b> Form 990-PF check here	▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>	_____
<b>5a</b> Form 8868 check here	▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c)	<b>5b</b>	_____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize KEITER, STEPHENS, HURST, GARY & SHREAVES, PC to enter my PIN 35782  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 54522423294  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

# 2008 TAX RETURN FILING INSTRUCTIONS

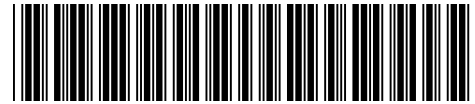
VIRGINIA FORM 500

FOR THE YEAR ENDING

JUNE 30, 2009

<b>Prepared for</b>	COMMONWEALTH PUBLIC BROADCASTING 23 SESAME STREET RICHMOND, VA 23235
<b>Prepared by</b>	KEITER, STEPHENS, HURST, GARY & SHREAVES, PC P.O. BOX 32066 RICHMOND, VA 23294-2066
<b>To be signed and dated by</b>	THE APPROPRIATE CORPORATE OFFICER(S).
<b>Amount of tax</b>	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
<b>Overpayment</b>	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	VIRGINIA DEPT. OF TAXATION P.O. BOX 1500 RICHMOND, VA 23218-1500
<b>Return must be mailed on or before</b>	APRIL 15, 2010
<b>Special Instructions</b>	

**2008 Virginia Corporation  
 Income Tax Return**



FISCAL or  
 SHORT Year Filer: Beginning Date JULY 1, 2008 ; Ending Date JUNE 30, 2009

Short Year Return  
 Change in Accounting Period

Federal ID Number <b>54-0735782</b>		<b>Check if :</b> <input type="checkbox"/> Initial Filer <input type="checkbox"/> Name Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Physical Address Change	
Name <b>COMMONWEALTH PUBLIC BROADCASTING</b>			
Mailing Address <b>23 SESAME STREET</b>			
City Or Town <b>RICHMOND</b>		State <b>VA</b>	ZIP Code <b>23235</b>
Physical Address		Entity Type Code	
Physical City or Town		State	ZIP Code
		NAICS <b>515100</b>	
Date Incorporated	State or Country of Incorporation <b>VIRGINIA</b>	Description of Business Activity <b>PROD. SERV &amp; DATA TR</b>	

<p><b>Check Applicable Boxes</b></p> <input type="checkbox"/> Multistate Sch 500A Attached <input type="checkbox"/> Consolidated - Sch 500AC Attached <input type="checkbox"/> Combined - Sch 500AC Attached <input type="checkbox"/> Change in Filing Status <input type="checkbox"/> Schedule 500AB Attached	<p><b>Final Return</b></p> <input type="checkbox"/> Final Return - Check here and other applicable boxes below. <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved-No longer liable for tax Dissolved Date _____ <input type="checkbox"/> Merged Merged Date _____ Merged FEIN # _____ <input type="checkbox"/> S Corp Election	<p><b>Telecommunications Company</b></p> Enter amount from Form 500T, Line 7: _____ .00 Noncorporate Telecommunications Company: Check box and enter amount from Form 500T, Line 10 <input type="checkbox"/> .00 <p><b>Electric Supplier Company</b></p> Enter amount from Sch 500EL, Line 7 or 14: _____ .00
--	---	---

<p><b>Amended Return</b></p> Complete Form 500 and Schedule 500ADJ. Attach an explanation of changes to income and modifications. <b>DO NOT FILE THIS FORM TO CARRYBACK A NET OPERATING LOSS. File Form 500NOLD.</b>	<input type="checkbox"/> Amended Return - Check here and other applicable boxes. <input type="checkbox"/> Federal Audit - Attach copy of IRS final determination <input type="checkbox"/> Schedule 500A Changes <input type="checkbox"/> Schedule 500ADJ Changes	<input type="checkbox"/> Nonrefundable or Refundable Credit Change <input type="checkbox"/> Schedule 500AB Changes <input type="checkbox"/> Capital Loss Carryback <input type="checkbox"/> Other-Attach Explanation
---	---	---

**Questions and Related Information**

**A** Have you made any payments to an affiliated corporation or a related individual or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights and similar intangible property)? If yes, complete and attach Schedule 500AB.  
 Enter Exception amount from Schedule 500AB, Line 8 \_\_\_\_\_ .00

**B** Coalfield Employment Enhancement Tax Credit earned from Form 306, Line 11 \_\_\_\_\_ .00

**C** If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If NOL results from merger, enter below the FEIN of company generating NOL prior to merger date.  
 FEIN \_\_\_\_\_  
 (If there are NOL's for more than one year, attach a schedule)

(1) Year of loss \_\_\_\_\_  
 (2) Federal NOL \_\_\_\_\_  
 (3) Percent of federal NOL used this year \_\_\_\_\_ %

**D** If Pass-Through Entity Withholding is claimed, enter the number of Schedule VK-1's and complete and attach Schedule 500ADJ, Page 2. \_\_\_\_\_ **2**

**E** Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Virginia Department of Taxation? If Yes, provide the years. Year(s) \_\_\_\_\_

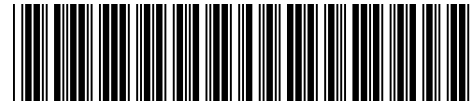
**F** Location of the Corporation's books 23 SESAME STREET, RICHMOND, VA 23235

Contact for Corporation's books **A. CURTIS MONK** Contact Telephone Number **(804) 231-7608**

**2008 Virginia Form 500**

Federal ID Number 54-0735782

Page 2



**INCOME**

1	Federal taxable income (from attached federal return)	1	<u>-151161.00</u>
2	Total Additions from Schedule 500ADJ, Section A, Line 7	2	<u>.00</u>
3	Total (add Lines 1 and 2)	3	<u>-151161.00</u>
4	Total Subtractions from Schedule 500ADJ, Section B, Line 10	4	<u>.00</u>
5	Balance (subtract Line 4 from Line 3)	5	<u>-151161.00</u>
6	Savings and Loan Association's Bad Debt Deduction (see Instructions)	6	<u>.00</u>
7	<b>Virginia Taxable Income</b> (subtract Line 6 from Line 5)	7	<u>-151161.00</u>

**TAX COMPUTATION**

**8 Multistate Corporation** - If business conducted within and without VA (Multistate Corporation), attach Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in VA, skip to Line 9.

(a)	Income subject to Virginia tax (from Schedule 500A, Line 16)	8(a)	<u>.00</u>
(b)	Apportionment factor from Schedule 500A, Line 2, 3, 4, 5 or 10	8(b)	<u>%</u>
(c)	Nonapportionable investment function income from Schedule 500A, Line 12(b)	8(c)	<u>.00</u>
(d)	Nonapportionable investment function loss from Schedule 500A, Line 12(d)	8(d)	<u>.00</u>
9	<b>Income tax</b> (6% of Line 7 or 6% of Line 8(a))	9	<u>0.00</u>

**PAYMENTS AND CREDITS**

10	Nonrefundable Tax Credits: Enter the amount from Schedule 500CR, Line 91	10	<u>.00</u>
11	Adjusted Corporate Tax (subtract Line 10 from Line 9)	11	<u>.00</u>
12	2008 estimated Virginia income tax payments and overpayment credit from 2007	12	<u>.00</u>
13	Extension payment	13	<u>.00</u>
14	Refundable Tax Credits (Schedule 500CR, Line 100)	14	<u>.00</u>
15	Pass-Through Entity withholding from Schedule 500ADJ, Section D	15	<u>.00</u>
16	<b>Total payments and credits</b> (add Lines 12 through 15)	16	<u>.00</u>

**REFUND OR TAX DUE**

17	Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17	<u>.00</u>
18	Penalty (see Instructions)	18	<u>.00</u>
19	Interest (see Instructions)	19	<u>.00</u>
20	Additional charge from Form 500C, Line 17 (attach Form 500C)	20	<u>.00</u>
21	<b>Total due</b> (add Lines 17 through 20). <b>Attach Form 500V</b> with payment or if paid by EFT, check this box: <input type="checkbox"/>	21	<u>.00</u>
22	Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22	<u>.00</u>
23	Amount to be credited to 2009 estimated tax	23	<u>.00</u>
24	<b>Amount to be refunded</b> (subtract Line 23 from Line 22)	24	<u>.00</u>

Mail this return to the Virginia Department of Taxation, P.O. Box 1500, Richmond, Virginia 23218-1500 on or before the fifteenth day of the fourth month (15th day of the sixth month for nonprofit corporations) following the close of the taxable year. Make checks payable to the Virginia Department of Taxation.

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act, of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than taxpayer, their declaration is based on all information of which they have any knowledge.

\_\_\_\_\_  
(Date) (Signature of officer) (Title)

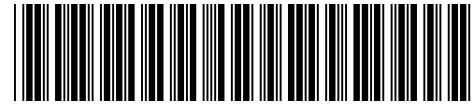
**KEITER, STEPHENS, HURST, GARY & SHREAV**  
P.O. BOX 32066  
**(804) 747-0000** RICHMOND, VA 23294-2066

\_\_\_\_\_  
(Date) (Individual or firm, signature of preparer, and phone number) (Address)

Preparer's FEIN, PTIN or SSN 54-1631262 Approved Vendor Code 1019

**IMPORTANT: ATTACH A COPY OF YOUR FEDERAL RETURN TO THIS RETURN  
IF NONPROFIT CORPORATION, ATTACH FORM 990 OR 990-T**

Schedule of Federal  
Line Items



Name as shown on Virginia return COMMONWEALTH PUBLIC BROADCASTING

Federal Employer ID Number 54-0735782

**Form 1120-Deductions and Taxable Income**

1. Domestic Production Activities Deduction .....	1	.00
2. Federal Taxable income before NOL and Special Deductions .....	2	<u>-151161 .00</u>
3. Net operating loss deduction .....	3	<u>.00</u>
4. Special Deductions .....	4	<u>.00</u>
5. Federal Taxable Income after NOL and Special Deductions .....	5	<u>-151161 .00</u>

**Schedule C, Form 1120-Dividends and Special Deductions**

6. Subpart F Income .....	6	<u>.00</u>
7. Foreign dividend gross-up .....	7	<u>.00</u>

**Schedule K or M-3, Form 1120**

8. Tax exempt interest .....	8	<u>.00</u>
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**Form 5884**

9. Salaries and Wages not deducted due to the WOTC .....	9	<u>.00</u>
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**Form 4562-Special Depreciation Allowance and Other Depreciation**

10. Special allowance for qualified property placed in service during the tax year .....	10	<u>.00</u>
11. Property Subject to 168(f)(1) .....	11	<u>.00</u>
12. Other Depreciation .....	12	<u>.00</u>

**Form 1118, Schedule A, Foreign Source Income-Income or Loss Before Adjustments**

13. Total: Deemed Dividends (Exclude Gross-up) .....	13	<u>.00</u>
14. Total: Deemed Dividend (Gross-up) .....	14	<u>.00</u>
15. Total: Other Dividends (Exclude Gross-up) .....	15	<u>.00</u>
16. Total: Other Dividends (Gross-up) .....	16	<u>.00</u>
17. Total: Interest .....	17	<u>.00</u>
18. Total: Gross Rents, Royalties, and License Fees .....	18	<u>.00</u>
19. Total: Gross Income from Performance of Services .....	19	<u>.00</u>
20. Total: Other .....	20	<u>.00</u>
21. Total: Total Gross Income or Loss from Outside The US .....	21	<u>.00</u>

**Form 1118, Schedule A, Foreign Source Income-Deductions**

22. Total: Definitely Allocable-Rental, Royalty, and Licensing Expenses- Depreciation, Depletion, and Amortization .....	22	<u>.00</u>
23. Total: Definitely Allocable-Rental, Royalty, and Licensing Expenses- Other Expenses .....	23	<u>.00</u>
24. Total: Definitely Allocable-Expenses Related to Gross Income From Performances of Services .....	24	<u>.00</u>
25. Total: Definitely Allocable - Other Definitely Allocable Deductions .....	25	<u>.00</u>
26. Total: Definitely Allocable Deductions .....	26	<u>.00</u>
27. Total: Apportioned Share of Deductions Not Definitely Allocable .....	27	<u>.00</u>
28. Total: Net Operating Loss Deduction .....	28	<u>.00</u>
29. Total: Total Deductions .....	29	<u>.00</u>

**Form 1118, Schedule A, Foreign Source Income-Income or Loss**

30. Total: Total Income or (Loss) Before Adjustments .....	30	<u>.00</u>
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Attach Schedule 500FED to Your Virginia Corporation Return, Form 500