

Form **990**

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

OMB No. 1545-0047
2008
 Open to Public Inspection

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 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.	C Name of organization COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA Doing Business As KCET		D Employer identification number 95-2211661
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4401 SUNSET BLVD.		E Telephone number 323-666-6500
		City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90027		G Gross receipts \$ 60,888,952.
		F Name and address of principal officer: DEBORAH HINTON 4401 SUNSET BLVD., LOS ANGELES, CA 90027		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.KCET.ORG				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: 1964 M State of legal domicile: CA				

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 42
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 42
	5	Total number of employees (Part V, line 2a)	5 583
	6	Total number of volunteers (estimate if necessary)	6 371
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 2,475,067.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b -530,354.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 55,097,300. Current Year 57,962,234.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	352,704. 202,253.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,960,574. 2,693,111.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,410,578. 60,857,598.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	281,250. 711,853.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,510,789. 19,364,702.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	495,267.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,803,800.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	47,157,431. 43,856,611.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	64,949,470. 64,428,433.
	19	Revenue less expenses. Subtract line 18 from line 12	-6,538,892. -3,570,835.
	20	Total assets (Part X, line 16)	Beginning of Year 51,803,657. End of Year 46,761,876.
	21	Total liabilities (Part X, line 26)	9,887,545. 8,980,105.
22	Net assets or fund balances. Subtract line 21 from line 20	41,916,112. 37,781,771.	

Part II Signature Block

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

COPY

Sign Here ▶ Signature of officer: DEBORAH HINTON, CFO Date: _____

Type or print name and title

Paid Preparer's Use Only

Preparer's signature:	Date: 05/11/10	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions):
Firm's name (or yours if self-employed), address, and ZIP + 4: SINGERLEWAK LLP, 10960 WILSHIRE BLVD. SUITE 1100, LOS ANGELES, CALIFORNIA 90024-3783	EIN: ▶	Phone no. ▶ (310) 477-3924	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA

Form 990 (2008)

95-2211661 Page 2

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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.

4a (Code:) (Expenses \$ 38598336. including grants of \$) (Revenue \$) PROGRAMMING AND PRODUCTION - KCET PROVIDES LIFE-LONG LEARNING EXPERIENCES FOR INDIVIDUALS OF ALL AGES. HAVING EARNED A REPUTATION AS ONE OF THE MOST TRUSTED SOURCES FOR LOCAL AND NATIONAL PUBLIC AFFAIRS, CHILDREN'S PROGRAMMING, THE ARTS, AND INFORMATIONAL PROGRAMMING, KCET IS A TRUE DESTINATION FOR PEOPLE THROUGHOUT THE REGION. IN ADDITION, KCET PRODUCES CHILDREN'S PROGRAMS LIKE SID THE SCIENCE KID, EDUCATIONAL PROGRAMS FOR PARENTS AND CAREGIVERS LIKE A PLACE OF OUR OWN AND LOS NINOS EN SU CASA, AND PUBLIC AFFAIRS PROGRAMS LIKE TAVIS SMILEY THAT ARE USED AND ENJOYED BY INDIVIDUALS ACROSS THE COUNTRY.

4b (Code:) (Expenses \$ 6,187,093. including grants of \$) (Revenue \$) DISTRIBUTION - KCET OFFERS OVER-THE-AIR AND CABLE BROADCAST OF ITS PROGRAM SERVICES TO MILLIONS OF HOUSEHOLDS THROUGHOUT 11 COUNTIES IN SOUTHERN AND CENTRAL CALIFORNIA. KCET'S EXTENSIVE DISTRIBUTION SYSTEM MAKES IMPORTANT INFORMATIONAL AND EDUCATIONAL CONTENT AVAILABLE TO HOMES, SCHOOLS, LIBRARIES AND INSTITUTIONS THROUGHOUT THE REGION. THE SERVICES PROVIDED BY KCET ARE ACCESSIBLE AND FREE OF CHARGE TO EVERYONE, WHICH IS ESPECIALLY CRUCIAL FOR THE MANY INDIVIDUALS WHO HAVE LIMITED INCOMES OR WHO WOULD OTHERWISE NOT HAVE SERVICE AVAILABLE TO THEM.

4c (Code:) (Expenses \$ 2,257,930. including grants of \$) (Revenue \$) PUBLIC INFORMATION - KCET PUBLISHES A MONTHLY ON-LINE PROGRAM GUIDE THAT IS AVAILABLE TO THE GENERAL PUBLIC AND ALSO PUBLISHES REGULAR NEWSLETTERS MAILED TO ITS MEMBERS. IN ADDITION, KCET WIDELY DISTRIBUTES LISTINGS OF ITS EDUCATIONAL AND INFORMATIONAL PROGRAMS AND OUTREACH ACTIVITIES AND CREATES PROMOTIONAL MATERIALS THAT BUILD AWARENESS OF KCET'S SERVICES.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 2,141,151. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 49,184,510. (Must equal Part IX, Line 25, column (B).)

**COMMUNITY TELEVISION OF SOUTHERN
CALIFORNIA**

Form 990 (2008)

95-2211661 Page 3

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>	1	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	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>	3		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5		
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>	6		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>	7		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>	8		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>	9		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	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>	11	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>	12		X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		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>	14b		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>	15		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>	16		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>	17	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>	18	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20		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>	21	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>	22		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23	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>	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		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>	25b		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>	26		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>	27		X

Form 990 (2008)

COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA

Form 990 (2008)

95-2211661 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a 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 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
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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	
35 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
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA

Form 990 (2008)

95-2211661 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	248		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	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		
2a	583		
b	If at least one is reported on-line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	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	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
12b			

Form 990 (2008)

**COMMUNITY TELEVISION OF SOUTHERN
CALIFORNIA**

Form 990 (2008)

95-2211661 Page 6

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
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 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	
3 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
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
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?		
10 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	
11 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
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 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:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a 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 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 **CA**
- 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: **DEBORAH HINTON & SUSAN REARDON - 323-666-6500**
4401 SUNSET BLVD., LOS ANGELES, CA 90027

832006 12-18-08

Form 990 (2008)

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			
ALBERT JEROME PRESIDENT & CEO	40.00			X			424,427.	0.	42,990.	
GORDON M. BAVA CHAIR	1.00	X		X			0.	0.	0.	
ANN EHRINGER VICE CHAIR	1.00	X		X			0.	0.	0.	
VICKI REYNOLDS SECRETARY	1.00	X		X			0.	0.	0.	
W. SCOTT SANFORD TREASURER	1.00	X		X			0.	0.	0.	
MARY MAZUR EXEC VP & PROGRAMMING	40.00			X			225,926.	0.	30,142.	
DEBORAH HINTON MONEY EXEC VP & CFO	40.00			X			248,835.	0.	27,221.	
SUSAN REARDON EXEC VP & GEN COUNSEL	40.00			X			211,886.	0.	28,955.	
NANCY RISHAGEN EXEC VP & DEVELOPMENT	40.00			X			205,106.	0.	23,716.	
SHAWN AMINIAN VICE PRESIDENT	40.00					X	147,935.	0.	0.	
JACQUELINE KAIN SENIOR VICE PRESIDENT	40.00					X	151,916.	0.	0.	
JOANN M. BOURNE DIRECTOR	1.00	X					0.	0.	0.	
CHRISTY CARPENTER DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL J. CONNELL DIRECTOR	1.00	X					0.	0.	0.	
FRANK H. CRUZ DIRECTOR	1.00	X					0.	0.	0.	
TIMOTHY W. DIETENHOFER DIRECTOR	1.00	X					0.	0.	0.	
DIANE DIXON DIRECTOR	1.00	X					0.	0.	0.	

COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA

Form 990 (2008)

95-2211661 Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
SCOTT A. EDELMAN DIRECTOR	1.00	X					0.	0.	0.	
MRS. JOHN O. FRY DIRECTOR	1.00	X					0.	0.	0.	
MARCIA WILSON HOBBS DIRECTOR	1.00	X					0.	0.	0.	
STUART HOLDEN, M.D. DIRECTOR	1.00	X					0.	0.	0.	
WINTER D. HORTON DIRECTOR	1.00	X					0.	0.	0.	
CHANNING D. JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
DAVID G. JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL KARLIN DIRECTOR	1.00	X					0.	0.	0.	
ROGER A. KOZBERG DIRECTOR	1.00	X					0.	0.	0.	
SANDRA KRAUSE DIRECTOR	1.00	X					0.	0.	0.	
1b Total							2,610,003.	0.	226,512.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **45**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
44 BLUE PRODUCTIONS, 4040 VINELAND AVE. STE 105, STUDIO CITY, CA 91604	PRODUCTION SERVICES	286,875.
FABLE VISION 308 CONGRESS ST., BOSTON, MA 02210	WEBSITE DEVELOPMENT	261,000.
DIGITARIA INTERACTIVE 533 F ST., SAN DIEGO, CA 92101	WEBSITE DEVELOPMENT	183,285.
VALENCIA PEREZ & ECHEVESTE 1605 HOPE ST. #250, PASADENA, CA 91030	PUBLIC RELATIONS	164,844.
WHAT'S THE BIG IDEA PRODUCTIONS 1416 LA BREA AVE., LOS ANGELES, CA 90019	PRODUCTION SERVICES	158,034.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **8**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA

Form 990 (2008)

95-2211661 Page 9

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	850,157.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	5,476,877.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	51,635,200.			
	g Noncash contributions included in lines 1a-1f: \$		2,039,640.			
	h Total. Add lines 1a-1f		57,962,234.			
	Program Service Revenue	2 a	Business Code			
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		208,601.		208,601.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	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 FACILITY RENTALS	532000	1932325.		1,932,325.		
b TRANSMITTER TOWER	532000	542,742.		542,742.		
c ROYALTIES AND FEES	900099	133,621.			133,621.	
d All other revenue	900099	84,423.			84,423.	
e Total. Add lines 11a-11d		2693111.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		60,857,598.	0.	2,475,067.	420,297.	

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COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA

Form 990 (2008)

95-2211661 Page 10

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	711,853.	711,853.		
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	1,316,180.	225,926.	885,148.	205,106.
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	13,550,606.	9,860,649.	1,802,753.	1,887,204.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	3,096,323.	2,085,302.	573,925.	437,096.
10 Payroll taxes	1,401,593.	949,065.	252,910.	199,618.
11 Fees for services (non-employees):				
a Management				
b Legal	66,920.		66,920.	
c Accounting	120,848.	22,547.	78,748.	19,553.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	495,267.			495,267.
f Investment management fees				
g Other	640,370.	57,823.	200,767.	381,780.
12 Advertising and promotion	1,799,363.	568,741.	816.	1,229,806.
13 Office expenses	410,111.	334,642.	36,575.	38,894.
14 Information technology	162,234.	78,725.	80,865.	2,644.
15 Royalties				
16 Occupancy	2,229,457.	2,044,828.	167,619.	17,010.
17 Travel	222,463.	81,610.	65,032.	75,821.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	219,105.		219,105.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,838,809.	2,160,732.	678,077.	
23 Insurance	495,949.		495,949.	
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 PRODUCTION COSTS	20,525,224.	20,525,224.		
b FILM RIGHTS	7,178,896.	7,178,896.	0.	0.
c PRINTING & PUBLICATION	3,929,407.	120,978.	21,872.	3,786,557.
d TRADE EXPENSES	1,230,500.	1,230,500.		
e REPAIRS AND MAINTENANCE	1,143,849.	911,371.	232,478.	
f All other expenses	643,106.	35,098.	580,564.	27,444.
25 Total functional expenses. Add lines 1 through 24f	64,428,433.	49,184,510.	6,440,123.	8,803,800.
26 Joint Costs. 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 ...				

COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA

Form 990 (2008)

95-2211661 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	11,614.	1	7,545.
	2 Savings and temporary cash investments	11,533,287.	2	4,877,709.
	3 Pledges and grants receivable, net	8,009,475.	3	7,773,644.
	4 Accounts receivable, net	2,057,228.	4	2,903,517.
	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	2,250.	9	43,387.
	10a Land, buildings, and equipment: cost basis	10a 81,063,465.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 55,910,390.	25,022,995.	10c 25,153,075.
	11 Investments - publicly traded securities	4,807,566.	11	5,294,693.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	523,200.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	359,242.	15	185,106.
16 Total assets. Add lines 1 through 15 (must equal line 34)	51,803,657.	16	46,761,876.	
Liabilities	17 Accounts payable and accrued expenses	3,791,041.	17	5,378,532.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	3,000,000.	20	3,000,000.
	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	489,108.	23	121,813.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	2,607,396.	25	479,760.
	26 Total liabilities. Add lines 17 through 25	9,887,545.	26	8,980,105.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	14,850,870.	27	14,696,631.
	28 Temporarily restricted net assets	23,641,340.	28	18,868,933.
	29 Permanently restricted net assets	3,423,902.	29	4,216,207.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	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 Total net assets or fund balances	41,916,112.	33	37,781,771.	
34 Total liabilities and net assets/fund balances	51,803,657.	34	46,761,876.	

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?	X	

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Form 990 (2008)

COMMUNITY TELEVISION OF SOUTHERN

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	58,379,466.	46,052,896.	53,219,828.	47,877,545.	52,490,860.	258,020,595.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	58,379,466.	46,052,896.	53,219,828.	47,877,545.	52,490,860.	258,020,595.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.						258,020,595.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	58,379,466.	46,052,896.	53,219,828.	47,877,545.	52,490,860.	258,020,595.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	187,856.	366,117.	439,264.	634,645.	339,920.	1,967,802.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,431,053.	-71,206.	-459,189.	-508,409.	-530,354.	-1,381,053.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,343,771.	1,000.				1,344,771.
11 Total support. Add lines 7 through 10						261,195,063.
12 Gross receipts from related activities, etc. (see instructions)					12	37,304,421.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.78 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	95.40 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2007. 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 stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. 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 stop here. 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 10% -facts-and-circumstances test - 2007. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. 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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 16 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

COMMUNITY TELEVISION OF SOUTHERN

Schedule A (Form 990 or 990-EZ) 2008 CALIFORNIA

95-2211661 Page 4

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

2004 OTHER INCOME:

PRODUCTION SERVICE 1,343,771

2005 OTHER INCOME:

ADVERTISING 1,000

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA

Employer identification number

95-2211661

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA	Employer identification number 95-2211661
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MRS. RUTH S. GOLDSTEIN 5252 YARMOUTH AVE ENCINO, CA, 91316	\$ 1,666,034.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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 **COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA** Employer identification number **95-2211661**

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-

COMMUNITY TELEVISION OF SOUTHERN

Schedule C (Form 990 or 990-EZ) 2008

CALIFORNIA

95-2211661 Page 2

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<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.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a															
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c															
j 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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

COMMUNITY TELEVISION OF SOUTHERN

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
1 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:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

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.

1 Dues, assessments and similar amounts from members	1	
2 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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

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.

PART I-A, LINE 1:

KCET IS A MEMBER OF THE ASSOCIATION OF PUBLIC TELEVISION STATIONS (APTS). APTS CARRIES OUT CERTAIN LOBBYING ACTIVITIES WITH CONGRESS ON BEHALF OF PUBLIC TELEVISION.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

Part IV Supplemental Information (continued)

KCET'S CEO AND BOARD MEMBER MET WITH CALIFORNIA CONGRESSMEN TO ASK FOR
SUPPORT OF FEDERAL PTV APPROPRIATION.

Multiple horizontal lines for supplemental information.

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 **COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA**

Employer identification number
95-2211661

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 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
1a Beginning of year balance	3833274.				
b Contributions	831,717.				
c Investment earnings or losses	-323,409.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4341582.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 3.00 %
- b Permanent endowment 97.00 %
- 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
(i) unrelated organizations		X
(ii) related organizations		X

- 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
1a Land		3,330,277.		3,330,277.
b Buildings		20,918,205.	10,929,892.	9,988,313.
c Leasehold improvements				
d Equipment		44,273,063.	35,161,661.	9,111,402.
e Other		12,541,920.	9,818,837.	2,723,083.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				25,153,075.

COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA

Schedule D (Form 990) 2008

95-2211661 Page 4

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)	60,857,598.
2	Total expenses (Form 990, Part IX, column (A), line 25)	64,428,433.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-3,570,835.
4	Net unrealized gains (losses) on investments	-490,188.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	-73,318.
9	Total adjustments (net). Add lines 4-8	-563,506.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-4,134,341.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	60,294,092.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	-490,188.
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	-73,318.
e	Add lines 2a through 2d	-563,506.
3	Subtract line 2e from line 1	60,857,598.
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	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	60,857,598.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	64,428,433.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Losses reported on Form 990, Part IX, line 25	
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	0.
3	Subtract line 2e from line 1	64,428,433.
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	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	64,428,433.

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:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT: -73318.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS: -73318.

Schedule F
(Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

Name of the organization COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA	Employer identification number 95-2211661
--	---

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) if activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EUROPE	0	2	PROGRAM SERVICES	FILM PRODUCTION	16,443.
NORTH AMERICA	0	2	PROGRAM SERVICES	FILM PRODUCTION	36,657.
SOUTH AMERICA	0	2	PROGRAM SERVICES	FILM PRODUCTION	10,596.
Totals ▶		6			63,696.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2008

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization **COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA** Employer identification number **95-2211661**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SD&A TELESERVICES	TELEMARKETING		X	665,594.	469,232.	196,362.
DIRECT ADVANTAGE MARKETING	TELEMARKETING		X	29,270.	24,928.	4,342.
SHARE GROUP	TELEMARKETING		X	661.	1,107.	-446.
Total				695,525.	495,267.	200,258.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
CA

COMMUNITY TELEVISION OF SOUTHERN

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		VIRTUAL GALASERIES (event type)	CINEMA (event type)	4 (total number)	(Add col. (a) through col. (c))	
Revenue	1	410,535.	363,089.	379,936.	1,153,560.	
	2	410,293.	259,859.	180,005.	850,157.	
	3	242.	103,230.	199,931.	303,403.	
Direct Expenses	4					
	5					
	6					
	7	242.	103,230.	199,931.	303,403.	
	8	Direct expense summary. Add lines 4 through 7 in column (d) ▶				(303,403.)
	9	Net income summary. Combine lines 3 and 8 in column (d) ▶				0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
		1				
Direct Expenses	2					
	3					
	4					
	5					
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %		
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," Explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," Explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

13a	%
13b	%

b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

	Yes	No

15a

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.

OMB No. 1545-0047

2008

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Open to Public
Inspection

Employer identification number
95-2211661

Name of the organization
COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALABAMA PUBLIC TELEVISION 2112 11TH, AVENUE SOUTH BIRMINGHAM, AL 35256	63-6050895	501(C)(3)	7,500.	0.	FMV	N/A	GENERAL SUPPORT
ASSOCIATION FOR COMMUNITY 4343 ELGIN ST HOUSTON, TX 77204-0008	74-1670740	501(C)(3)	29,650.	0.	FMV	N/A	GENERAL SUPPORT
DETROIT PUBLIC TELEVISION 1 CLOVER COURT WIXOM, MI 48393-2247	38-1440200	501(C)(3)	7,500.	0.	FMV	N/A	GENERAL SUPPORT
EDUCATIONAL BROADCASTING CORP 450 W 33RD STREET NEW YORK, NY 10001	13-1945149	501(C)(3)	26,550.	0.	FMV	N/A	GENERAL SUPPORT
GEORGIA PUBLIC 260 14TH ST NW ATLANTA, GA 30318	58-1496258	501(C)(3)	20,000.	0.	FMV	N/A	GENERAL SUPPORT
KAET/EIGHT 555 N CENTRAL AVE # 500 PHOENIX, AZ 85004-1252	86-0196696	501(C)(3)	36,250.	0.	FMV	N/A	GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations **33.**
- 3 Enter total number of other organizations **33.**

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

COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA

Schedule I (Form 990) 2008

95-2211661

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: KCET PROVIDES OUTREACH MINI-GRANTS AND CAREGIVER RECOGNITION GRANTS TO CERTAIN PBS STATIONS WHO BROADCAST THE "A PLACE OF OUR OWN/LOS NINOS EN SU CASA" AND "SID THE SCIENCE KID" SERIES. RECIPIENTS OF OUTREACH GRANTS MUST ATTEND A TRAINING SESSION THEN SUBMIT A SCHEDULE OF WORKSHOPS. ALL STATIONS MUST SUBMIT A FINAL REPORT THAT INCLUDES PARTICIPANT WORKSHOP EVALUATIONS. FOR CAREGIVER RECOGNITION GRANTS STATIONS MUST APPLY THROUGH AN RFP PROCESS. STATIONS WHO PARTICIPATE MUST SUBMIT A FINAL REPORT ONCE THE PROJECT IS COMPLETE.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA

Employer identification number
95-2211661

Part I. Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KCTS TELEVISION 401 MERCER ST SEATTLE, WA 98109	91-1221895	501(C)(3)	61,250.	0. FMV		N/A	GENERAL SUPPORT
KEET-TV PO BOX 13 EUREKA, CA 95502-0013	94-1658168	501(C)(3)	7,500.	0. FMV		N/A	GENERAL SUPPORT
KETC/CHANNEL 9 3655 OLIVE STREET ST. LOUIS, MO 63108	43-0685345	501(C)(3)	7,500.	0. FMV		N/A	GENERAL SUPPORT
KIXE TV CHANNEL 9 603 N MARKET ST REDDING, CA 96003	94-1569300	501(C)(3)	11,250.	0. FMV		N/A	GENERAL SUPPORT
KLRN-TV 501 BROADWAY SAN ANTONIO, TX 78215	74-2461534	501(C)(3)	11,250.	0. FMV		N/A	GENERAL SUPPORT
KLRU-TV 2504-B WHITIS AVE AUSTIN, TX 78712	75-7126012	501(C)(3)	32,576.	0. FMV		N/A	GENERAL SUPPORT
KNME TV 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	46,550.	0. FMV		N/A	GENERAL SUPPORT
KFTS CHANNEL 8 320 W 21ST STREET NORTH WICHITA, KS 67203	48-0735215	501(C)(3)	7,500.	0. FMV		N/A	GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA

Employer identification number
95-2211661

Part I: Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KDHT/HOUSTON PBS 4343 ELGIN HOUSTON, TX 77204	74-6001399	501(C)(3)	25,000.	0. FMV		N/A	GENERAL SUPPORT
XVIE INC 2030 W EL CAMINO AVE SACRAMENTO, CA 95833	94-1421463	501(C)(3)	11,250.	0. FMV		N/A	GENERAL SUPPORT
LOUISIANA PUBLIC BROADCASTING 7733 PERKINS RD BATON ROUGE, LA 70810	72-0850372	501(C)(3)	25,000.	0. FMV		N/A	GENERAL SUPPORT
MARYLAND PUBLIC TELEVISION 11767 OWING MILLS BLVD OWINGS MILLS, MD 21117	52-6002033	501(C)(3)	22,000.	0. FMV		N/A	GENERAL SUPPORT
MONTANA STATE UNIVERSITY PO BOX 172470 BOZEMAN, MT 59717-2470	81-6010045	501(C)(3)	7,500.	0. FMV		N/A	GENERAL SUPPORT
NCPE INC 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	11,250.	0. FMV		N/A	GENERAL SUPPORT
SAN DIEGO STATE UNIVERSITY 5250 CAMPANILE DR SAN DIEGO, CA 92182-1948	95-6042721	501(C)(3)	11,250.	0. FMV		N/A	GENERAL SUPPORT
SO TEXAS PUB BROAD SYS INC 4455 S PADRE ISLAND DRIVE #38 CORPUS CHRISTI, TX 78411-4481	74-1616224	501(C)(3)	36,000.	0. FMV		N/A	GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
 2008

Open to Public
 Inspection

Name of the organization
COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA

Employer identification number
95-2211661

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I).									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY #300 TALLAHASSEE, FL 32306-4166	59-3211153	501(C)(3)	19,850.	0.FMV		N/A	GENERAL SUPPORT		
THE OHIO STATE UNIVERSITY/WOSU 2400 OLENTANGY RIVER RD COLUMBUS, OH 43210-1027	31-6025986	501(C)(3)	17,945.	0.FMV		N/A	GENERAL SUPPORT		
THINK TV NETWORK 110 S JEFFERSON ST DAYTON, OH 45402-2415	31-9858459	501(C)(3)	7,500.	0.FMV		N/A	GENERAL SUPPORT		
VALLEY PUBLIC TELEVISION 1544 VAN NESS AVENUE FRESNO, CA 93721-1213	77-0162617	501(C)(3)	7,500.	0.FMV		N/A	GENERAL SUPPORT		
WETA 2775 S QUINCY ST ARLINGTON, VA 22206-2392	53-0242992	501(C)(3)	15,000.	0.FMV		N/A	GENERAL SUPPORT		
WFYI 1630 N MERIDIAN ST INDIANAPOLIS, IN 46202	35-1147600	501(C)(3)	25,000.	0.FMV		N/A	GENERAL SUPPORT		
WGTE/ PUBLIC BROADCASTING 1270 S DETROIT AVE TOLEDO, OH 43614	34-6554586	501(C)(3)	21,250.	0.FMV		N/A	GENERAL SUPPORT		
WPBF CHANNEL 2 14901 NE 20TH AVE MIAMI, FL 33181	59-0737868	501(C)(3)	20,770.	0.FMV		N/A	GENERAL SUPPORT		

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Name of the organization
COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA

Employer identification number
95-2211661

Part I: Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WTTW-CHICAGO 5400 N ST LOUIS AVE CHICAGO, IL 60625	36-2246703	501(C)(3)	10,262.	0.	FMV	N/A	GENERAL SUPPORT
WVIZ/IDEASTREAM 1375 EUCLID AVE CLEVELAND, OH 44115-1835	34-1943865	501(C)(3)	28,750.	0.	FMV	N/A	GENERAL SUPPORT
WYOMING PBS -KCWC 2660 PECK AVENUE RIVERTON, WY 82501	83-0206286	501(C)(3)	27,200.	0.	FMV	N/A	GENERAL SUPPORT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

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.

Open to Public Inspection

Name of the organization **COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA** Employer identification number **95-2211661**

Part I Questions Regarding Compensation

1a 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 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

2 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?

3 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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a Receive a severance payment or change of control payment? **4a** Yes No
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 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:

- a The organization? **5a** Yes No
- b Any related organization? **5b** Yes No
- If "Yes," to line 5a or 5b, describe in Part III.

6 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:

- a The organization? **6a** Yes No
- b Any related organization? **6b** Yes No
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 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 **8** Yes No

	Yes	No
1b		
2		
4a	<input checked="" type="checkbox"/>	
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2008

COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA

95-2211661

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				
ALBERT JEROME	407,906.	0.	16,521.	0.	42,990.	467,417.	194,457.
MARY MAZUR	215,552.	0.	10,374.	0.	30,142.	256,068.	107,716.
DEBORAH HINTON MONEY	237,664.	0.	11,171.	0.	27,221.	276,056.	116,791.
SUSAN REARDON	201,574.	0.	10,312.	0.	28,955.	240,841.	99,650.
NANCY RISHAGEN	196,706.	0.	8,400.	0.	23,716.	228,822.	95,364.
SHAWN AMINIAN	147,935.	0.	0.	0.	0.	147,935.	72,316.
JACQUELINE KAIN	151,916.	0.	0.	0.	0.	151,916.	72,100.
GORDON BELL	153,596.	0.	5,154.	0.	19,831.	178,581.	78,848.
PAULA BRYNEN	180,019.	0.	238.	0.	10,266.	190,523.	95,680.
JOYCE CAMPBELL	134,351.	0.	7,668.	0.	9,931.	151,950.	64,600.
DEENA KUPER	139,383.	0.	676.	0.	10,221.	150,280.	68,024.
BRET MARCUS	199,384.	0.	1,253.	0.	8,670.	209,307.	96,650.
VALERIE ZAVALA	167,498.	0.	4,752.	0.	14,569.	186,819.	83,876.
	0.	0.	0.	0.	0.	0.	0.

COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA

Part III Supplemental Information

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

PART I, LINE 4A: PER A CONFIDENTIALITY AGREEMENT SIGNED BY THE ORGANIZATION, THE SEVERANCE PACKAGE PAID TO AN EMPLOYEE IS NOT OPEN FOR PUBLIC INSPECTION.

Multiple horizontal lines for supplemental information.

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA**

Employer Identification number
95-2211661

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
NORMAN LEAR DIRECTOR	1.00	X						0.	0.	0.
CYNTHIA C. LEBOW DIRECTOR	1.00	X						0.	0.	0.
CAROL ANN LEIF DIRECTOR	1.00	X						0.	0.	0.
RONALD S. LUSHING DIRECTOR	1.00	X						0.	0.	0.
BRUCE MACLIN DIRECTOR	1.00	X						0.	0.	0.
HEATHER MACPHERSON INTERNATIONAL BOARD MEMB	1.00	X						0.	0.	0.
JOHN M. MASS DIRECTOR	1.00	X						0.	0.	0.
JOE PHELPS DIRECTOR	1.00	X						0.	0.	0.
BRUCE M. RAMER DIRECTOR	1.00	X						0.	0.	0.
MATT S. REZVANI DIRECTOR	1.00	X						0.	0.	0.
DR. PIEDAD F. ROBERTSON DIRECTOR	1.00	X						0.	0.	0.
SID SHEINBERG DIRECTOR	1.00	X						0.	0.	0.
KAREN SONNEBORN DIRECTOR	1.00	X						0.	0.	0.
RONALD E. STEIN DIRECTOR	1.00	X						0.	0.	0.
J. DAVID TRACY DIRECTOR	1.00	X						0.	0.	0.
CHRISTOPHER V. WALKER DIRECTOR	1.00	X						0.	0.	0.
STASIA CATO WASHINGTON DIRECTOR	1.00	X						0.	0.	0.
ROBERT ZEMECKIS DIRECTOR	1.00	X						0.	0.	0.
DAVID J. ZUERCHER DIRECTOR	1.00	X						0.	0.	0.
MARGARET BLACK EX-OFFICIO BOARD MEMBER	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2008

**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 **COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA** Employer identification number **95-2211661**

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					
2					
3					
4					
5					
6	X	698	260,934.	SALES OF THE VEHICLES	
7					
8					
9	X	10	25,006.	SALE OF SECURITIES	
10					
11					
12					
13					
14					
15					
16					
17	X	1	523,200.	APPRAISAL/LEGAL ADVICE	
18					
19					
20					
21					
22					
23					
24					
25	X	11	1,230,500.	FMV	
26					
27					
28					

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**

	Yes	No
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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
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.		

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

Schedule M (Form 990) 2008

COMMUNITY TELEVISION OF SOUTHERN

Schedule M (Form 990) 2008 CALIFORNIA

95-2211661

Page 2

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:

THE ORGANIZATION HIRES A THIRD PARTY INDEPENDENT CONTRACTOR TO SELL ALL
VEHICLES DONATED. THE ORGANIZATION USES AN OUTSIDE SECURITIES BROKER TO
SELL ALL DONATED SECURITIES UPON RECEIPT.

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 COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA	Employer identification number 95-2211661
--	---

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

KCET'S MISSION IS TO PROVIDE THE MILLIONS OF HOUSEHOLDS THROUGHOUT SOUTHERN AND CENTRAL CALIFORNIA WITH THE HIGHEST-QUALITY MEDIA CONTENT THROUGH ITS FREE, ACCESSIBLE AND UNINTERRUPTED BROADCAST, CABLE, INTERNET AND OUTREACH SERVICES. AS THE WEST COAST FLAGSHIP STATION OF THE PUBLIC BROADCASTING SERVICE (PBS), KCET SERVES AS A MUCH-NEEDED RESOURCE FOR THE MANY MULTICULTURAL AND ECONOMICALLY DIVERSE COMMUNITIES OF THE REGION. THE VARIETY OF MEDIA SERVICES AND OUTREACH ACTIVITIES KCET OFFERS FURTHER EXTENDS ITS REACH INTO LOCAL NEIGHBORHOODS, WHERE IT CAN FOSTER COMMUNITY ENGAGEMENT, RAISE AWARENESS OF THE SOCIAL ISSUES THAT AFFECT US ALL, AND PROMOTE EDUCATION AND POSITIVE CHANGE.

FORM 990, PART VI, SECTION A, LINE 2: TWO KCET BOARD DIRECTORS WORK FOR THE SAME COMPANY.

FORM 990, PART VI, SECTION A, LINE 10: THE AUDIT COMMITTEE MEETS WITH THE AUDITORS TO REVIEW AND DISCUSS A DRAFT OF THE FORM 990. ONCE ACCEPTED BY THE AUDIT COMMITTEE, THE FORM IS MADE AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS. THE RETURN IS THEN ELECTRONICALLY FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, THE AUDIT COMMITTEE MONITORS THE CONFLICT OF INTEREST POLICY DURING BOARD AND THE AUDIT COMMITTEE MEETINGS.

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

COMMUNITY TELEVISION OF SOUTHERN
CALIFORNIA

Employer identification number
95-2211661

FORM 990, PART VI, SECTION B, LINE 15: A SURVEY OF COMPENSATION FOR
COMPARABLE POSITIONS WAS PERFORMED AND APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 18: FORM 1023 AND ALL OTHER
INFORMATIONAL RETURN DOCUMENTS ARE AVAILABLE TO THE PUBLIC EITHER THROUGH
WWW.GUIDESTAR.ORG OR UPON WRITTEN REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: KCET - COMMUNITY TELEVISION OF
SOUTHERN CALIFORNIA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, FINANCIAL STATEMENTS, AND INFORMATIONAL RETURNS AVAILABLE UPON
WRITTEN REQUEST. THE INFORMATIONAL RETURNS ARE ALSO MADE AVAILABLE TO THE
PUBLIC THROUGH WWW.GUIDESTAR.ORG, A PUBLIC WEBSITE.

FORM 990, PART III, LINE 1

DESCRIPTION OF ORGANIZATION'S MISSION

KCET'S MISSION IS TO PROVIDE THE MILLIONS OF HOUSEHOLDS THROUGHOUT
SOUTHERN AND CENTRAL CALIFORNIA WITH THE HIGHEST-QUALITY MEDIA CONTENT
THROUGH ITS FREE, ACCESSIBLE AND UNINTERRUPTED BROADCAST, CABLE,
INTERNET AND OUTREACH SERVICES. AS THE WEST COAST FLAGSHIP STATION OF
THE PUBLIC BROADCASTING SERVICE (PBS), KCET SERVES AS A MUCH-NEEDED
RESOURCE FOR THE MANY MULTICULTURAL AND ECONOMICALLY DIVERSE
COMMUNITIES OF THE REGION. THE VARIETY OF MEDIA SERVICES AND OUTREACH
ACTIVITIES KCET OFFERS FURTHER EXTENDS ITS REACH INTO LOCAL
NEIGHBORHOODS, WHERE IT CAN FOSTER COMMUNITY ENGAGEMENT, RAISE
AWARENESS OF THE SOCIAL ISSUES THAT AFFECT US ALL, AND PROMOTE
EDUCATION AND POSITIVE CHANGE.

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

COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA

Employer identification number
95-2211661

FORM 990, PART VI, SECTION B, LINES 13 & 14

IMPLEMENTATION OF POLICIES

THE ORGANIZATION CURRENTLY HAS A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY FOR VARIOUS DEPARTMENTS, AND IS CURRENTLY WORKING ON AN OVERALL ORGANIZATION WIDE POLICY.

AS OF 06/30/09 THE ORGANIZATION DID NOT HAVE A WHISTLEBLOWER POLICY, HOWEVER, THE POLICY HAS BEEN IMPLEMENTED PRIOR TO THE FILING OF THE RETURN.

COMMUNITY TELEVISION OF SOUTHERN CALIFORNIA

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

