

**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)**2010****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 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

MAINE PUBLIC BROADCASTING CORPORATION  
 D/B/A MAINE PUBLIC BROADCASTING NETWORK  
 1450 LISBON STREET  
 LEWISTON, ME 04240

**D** Employer Identification Number

22-3171529

**E** Telephone number

207-783-9101

**G** Gross receipts \$ 12,673,058.**F** Name and address of principal officer:

SAME AS C ABOVE

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No  
If 'No,' attach a list. (see instructions)**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.MPBN.NET**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of Formation: 1992**M** State of legal domicile: ME**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>EVERY DAY, THE MAINE PUBLIC BROADCASTING NETWORK CONNECTS THE PEOPLE OF MAINE TO EACH OTHER AND TO THE WORLD THROUGH THE OPEN EXCHANGE OF INFORMATION, IDEAS, AND CULTURAL CONTENT. AS MAINE'S PREMIER INDEPENDENT MEDIA RESOURCE, WE CREATE EXCEPTIONAL OPPORTUNITIES FOR THE</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	20	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	20	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	114	
	6	Total number of volunteers (estimate if necessary)	224	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	70,598.	
7b	Net unrelated business taxable income from Form 990-T, line 34	54,977.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	10,101,897.	10,567,072.
	9	Program service revenue (Part VIII, line 2g)	7,553.	110,305.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	131,209.	117,989.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	287,171.	273,556.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,527,830.	11,068,922.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	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)	4,857,357.	5,122,679.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	39,282.	59,209.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	2,022,542.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,226,471.	5,830,323.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,123,110.	11,012,211.
	19	Revenue less expenses. Subtract line 18 from line 12	-595,280.	56,711.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	16,368,893.	16,977,947.
	21	Total liabilities (Part X, line 26)	895,666.	745,361.
	22	Net assets or fund balances. Subtract line 21 from line 20	15,473,227.	16,232,586.

**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.

Sign Here	Signature of officer		Date	
	JOHN ISACKE		VP ADMIN & CFO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	PATRICK NICHOLAS	<i>Patrick Nicholas</i>	10/19/2011	P00289567
	Firm's name ▶	MACDONALD PAGE & CO LLC		
	Firm's address ▶	30 LONG CREEK DR SOUTH PORTLAND, ME 04106		
			Firm's EIN ▶	01-0242373
			Phone no.	207-774-5701

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

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III. ☒ **X**

- 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
- ☒
- No

If 'Yes,' describe these new services on Schedule O.

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If 'Yes,' describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 7,621,992. including grants of \$ ) (Revenue \$ 110,305.)

SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 7,621,992.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i> .....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) .....		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i> .....	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III</i> .....		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i> .....		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i> .....	X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> .....	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i> .....		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i> .....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX</i> .....		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i> .....	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i> .....		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		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 United States? <i>If 'Yes,' complete Schedule F, Parts I and IV</i> .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV</i> .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions)</i> .....	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> .....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i> .....		X
20 a Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i> .....		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		

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

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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)?		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2010)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b> 33		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	<b>2a</b> 114		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year.	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders.	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand.	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	<b>14b</b>		

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI. ☒ X**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1a</b> 20		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent. . . . . <b>1b</b> 20		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? . . . . . <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		X
<b>6</b> Does the organization have members or stockholders? . . . . . <b>6</b>		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . . <b>7a</b>		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . . <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: . . . . .		
<b>a</b> The governing body? . . . . . <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	X	
<b>9</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. . . . . <b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . . <b>10a</b>		X
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . . <b>10b</b>		
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . . <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
<b>12a</b> Does the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . . <b>12a</b>	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12b</b>	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. . . . . SEE SCHEDULE O. . . . . <b>12c</b>	X	
<b>13</b> Does the organization have a written whistleblower policy? . . . . . <b>13</b>	X	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . . <b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .		
<b>a</b> The organization's CEO, Executive Director, or top management official. . . . . <b>15a</b>	X	
<b>b</b> Other officers of key employees of the organization. . . . . SEE SCHEDULE O. . . . . <b>15b</b>	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16a</b>		X
<b>b</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? . . . . . <b>16b</b>		

**Section C. Disclosure**

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

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

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ► MICHAEL R. BRETON 1450 LISBON STREET LEWISTON ME 04240 (207) 783-9101

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) JAMES DOWE PRESIDENT & CEO	40	X		X				175,537.	0.	11,484.
(2) WAYNE A. NEWALL TRUSTEE	1	X						0.	0.	0.
(3) CRAIG N. DENEKAS CHAIRMAN	1	X		X				0.	0.	0.
(4) KEVIN P. MCCARTHY TRUSTEE	1	X						0.	0.	0.
(5) WILLIAM ADAMS TRUSTEE	1	X		X				0.	0.	0.
(6) MARJORIE MURRAY MEDD TRUSTEE	1	X						0.	0.	0.
(7) PHYLLIS JALBERT TRUSTEE	1	X						0.	0.	0.
(8) BILL BURKE TRUSTEE	1	X						0.	0.	0.
(9) WILLIAM COHEN TRUSTEE	1	X						0.	0.	0.
(10) MARJORIE BRADFORD TRUSTEE	1	X						0.	0.	0.
(11) THOMAS PLATZ TRUSTEE	1	X						0.	0.	0.
(12) JAY FORTIER TRUSTEE	1	X						0.	0.	0.
(13) AL GLICKMAN TRUSTEE	1	X						0.	0.	0.
(14) ELAINE TUTTLE HANSEN TRUSTEE	1	X						0.	0.	0.
(15) GEORGE ISAACSON TRUSTEE	1	X						0.	0.	0.
(16) JIM SHAFFER TRUSTEE	1	X						0.	0.	0.
(17) MARK LAWRENCE TRUSTEE	1	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(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
(18) ANNA MARIE THRON TRUSTEE	1	X						0.	0.	0.
(19) BARRY MILLS TRUSTEE	1	X						0.	0.	0.
(20) RICHARD PATTENAUDE TRUSTEE	1	X						0.	0.	0.
(21) HANK SCHMELZER VICE PRESIDENT	1	X						0.	0.	0.
(22) ALEXANDER G MAXWELL SR. VP AND CTO	40			X				103,464.	0.	7,356.
(23) JOHN ISACKE VP ADMIN & CFO	40			X				85,556.	0.	6,176.
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
<b>1 b Sub-total</b>								364,557.	0.	25,016.
<b>c Total from continuation sheets to Part VII, Section A.</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								364,557.	0.	25,016.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	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? <i>If 'Yes' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	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
BLACKBOUD INC 2000 DANIEL ISLAND DRIVE CHARLESTON, SC 29492-7541	ON-LINE DONATION	164,502.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**



**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
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns.....	<b>1 a</b>				
	<b>b</b> Membership dues.....	<b>1 b</b> 3,820,832.				
	<b>c</b> Fundraising events.....	<b>1 c</b>				
	<b>d</b> Related organizations.....	<b>1 d</b>				
	<b>e</b> Government grants (contributions).....	<b>1 e</b> 2,467,610.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above....	<b>1 f</b> 4,278,630.				
	<b>g</b> Noncash contributions included in lns 1a-1f: \$	69,435.				
	<b>h Total.</b> Add lines 1a-1f.....		10,567,072.			
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> <u>PRODUCTION &amp; ENGINEERING</u>		<b>Business Code</b>			
	<b>b</b> -----		110,305.	110,305.		
	<b>c</b> -----					
	<b>d</b> -----					
	<b>e</b> -----					
	<b>f</b> All other program service revenue ...					
	<b>g Total.</b> Add lines 2a-2f.....		110,305.			
	<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts).....		56,443.		
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties.....						
<b>6 a</b> Gross Rents.....		(i) Real (ii) Personal				
<b>b</b> Less: rental expenses.....			140,215.			
<b>c</b> Rental income or (loss)....			80,785.			
<b>d</b> Net rental income or (loss).....			59,430.		59,430.	
<b>7 a</b> Gross amount from sales of assets other than inventory..		(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses.....			1,169,612. 220,856.			
<b>c</b> Gain or (loss).....			1,165,840. 163,082.			
<b>d</b> Net gain or (loss).....			3,772. 57,774.			
<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.....		<b>a</b>	378,543.			
<b>b</b> Less: direct expenses.....		<b>b</b>	194,429.			
<b>c</b> Net income or (loss) from fundraising events.....			184,114.			184,114.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19.....		<b>a</b>				
<b>b</b> Less: direct expenses.....		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities.....						
<b>10 a</b> Gross sales of inventory, less returns and allowances.....		<b>a</b>				
<b>b</b> Less: cost of goods sold.....		<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory.....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> <u>OTHER</u>		18,844.			18,844.	
<b>b</b> <u>PROGRAM/ADVERTISING</u>		10,004.		10,004.		
<b>c</b> <u>DUBBING</u>		1,164.		1,164.		
<b>d</b> All other revenue.....						
<b>e Total.</b> Add lines 11a-11d.....		30,012.				
<b>12 Total revenue.</b> See instructions.....		11,068,922.	110,305.	70,598.	320,947.	

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.				
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	389,573.	110,820.	278,753.	0.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
<b>7</b> Other salaries and wages.	3,556,907.	2,309,901.	341,282.	905,724.
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	187,824.	133,111.	20,569.	34,144.
<b>9</b> Other employee benefits.	705,689.	485,033.	75,785.	144,871.
<b>10</b> Payroll taxes.	282,686.	177,994.	39,975.	64,717.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.				
<b>c</b> Accounting.				
<b>d</b> Lobbying.	25,408.		25,408.	
<b>e</b> Professional fundraising services. See Part IV, line 17.	59,209.			59,209.
<b>f</b> Investment management fees.				
<b>g</b> Other.	861,456.	681,799.	48,576.	131,081.
<b>12</b> Advertising and promotion.	10,234.	9,414.	820.	
<b>13</b> Office expenses.	56,254.	32,204.	20,094.	3,956.
<b>14</b> Information technology.	64,324.	64,324.		
<b>15</b> Royalties.				
<b>16</b> Occupancy.	228,622.	108,137.	120,485.	
<b>17</b> Travel.	143,459.	74,254.	35,264.	33,941.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	1,064,975.	938,125.	33,407.	93,443.
<b>23</b> Insurance.	153,187.	88,659.	16,994.	47,534.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.).				
<b>a</b> PROGRAMMING	1,798,236.	1,798,236.		
<b>b</b> ELECTRICITY - TOWERS	307,533.	307,533.		
<b>c</b> MAINTENANCE AND REPAIR	245,949.	153,854.	92,095.	
<b>d</b> PRINTING AND PUBLICATIONS	236,149.	15,403.	2,522.	218,224.
<b>e</b> POSTAGE AND SHIPPING	168,310.	27,081.	10,464.	130,765.
<b>f</b> All other expenses.	466,227.	106,110.	205,184.	154,933.
<b>25</b> Total functional expenses. Add lines 1 through 24f.	11,012,211.	7,621,992.	1,367,677.	2,022,542.
<b>26</b> Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing .....	1,100.	1	1,100.
	2 Savings and temporary cash investments .....	2,102,518.	2	1,297,335.
	3 Pledges and grants receivable, net .....	1,741,558.	3	2,344,482.
	4 Accounts receivable, net .....	5,494.	4	28,174.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	93,913.	9	139,209.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 30,088,022.		
b Less: accumulated depreciation .....	10b 21,247,283.	8,793,563.	10c 8,840,739.	
11 Investments — publicly traded securities .....	3,478,084.	11	4,251,079.	
12 Investments — other securities. See Part IV, line 11 .....		12		
13 Investments — program-related. See Part IV, line 11 .....		13		
14 Intangible assets .....		14		
15 Other assets. See Part IV, line 11 .....	152,663.	15	75,829.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	16,368,893.	16	16,977,947.	
LIABILITIES	17 Accounts payable and accrued expenses .....	771,202.	17	628,497.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial 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 .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....	124,464.	25	116,864.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	895,666.	26	745,361.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	10,511,151.	27	11,344,469.
	28 Temporarily restricted net assets .....	4,746,138.	28	4,672,179.
	29 Permanently restricted net assets .....	215,938.	29	215,938.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 Total net assets or fund balances .....	15,473,227.	33	16,232,586.
34 Total liabilities and net assets/fund balances .....	16,368,893.	34	16,977,947.	

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Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,068,922.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,012,211.
3	Revenue less expenses. Subtract line 2 from line 1	3	56,711.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,473,227.
5	Other changes in net assets or fund balances (explain in Schedule O) <b>SEE SCHEDULE O</b>	5	702,648.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	16,232,586.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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Form 990 (2010)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **MAINE PUBLIC BROADCASTING CORPORATION**  
**D/B/A MAINE PUBLIC BROADCASTING NETWORK**

Employer identification number  
**22-3171529**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III — Functionally integrated      d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. \_\_\_\_\_
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? ☐

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

**h** Provide the following information about the supported organization(s).

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

**BAA** For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)	10195300.	10524582.	10122520.	10101897.	10659072.	51,603,371.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 <b>Total.</b> Add lines 1 through 3.	10195300.	10524582.	10122520.	10101897.	10659072.	51,603,371.
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).						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						51,603,371.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.	10195300.	10524582.	10122520.	10101897.	10659072.	51,603,371.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	251,858.	227,541.	122,794.	88,208.	56,443.	746,844.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	20,505.	15,995.	32,160.	52,467.	70,598.	191,725.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). SEE PART IV.	755,338.	614,184.	505,541.	404,804.	397,366.	2,677,233.
11 <b>Total support.</b> Add lines 7 through 10.						55,219,173.
12 Gross receipts from related activities, etc (see instructions)					12	152,616.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b>						<input type="checkbox"/>

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	93.5 %
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	93.1 %
16a <b>33-1/3% support test – 2010.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b <b>33-1/3% support test – 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test – 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test – 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

BAA

Schedule A (Form 990 or 990-EZ) 2010

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lns 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17.	<b>18</b>	%
<b>19a 33-1/3% support tests – 2010.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>b 33-1/3% support tests – 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the paper.



2010

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

MAINE PUBLIC BROADCASTING CORPORATION  
D/B/A MAINE PUBLIC BROADCASTING NETWORK

22-3171529

## PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2010	2009	2008	2007	2006
OTHER INCOME	18,823.	5,318.	62,358.	91,428.	99,002.
SPECIAL EVENTS	378,543.	391,933.	441,036.	519,799.	534,682.
PRODUCTION & ENGINEERING		7,553.	2,147.	2,957.	1,654.
STATE OF ME CONTRACT					120,000.
TOTAL	<u>\$ 397,366.</u>	<u>\$ 404,804.</u>	<u>\$ 505,541.</u>	<u>\$ 614,184.</u>	<u>\$ 755,338.</u>

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

► **Complete if the organization is described below.**

► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

**If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

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

Name of organization

MAINE PUBLIC BROADCASTING CORPORATION

Employer identification number

22-3171529

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 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 Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ► \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955. . . . . ► \$ 0.
- 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 Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 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 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. . . . . ► \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**BAA** For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- 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
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		25,408.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		25,408.	0.
<b>d</b> Other exempt purpose expenditures .....		7,621,992.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		7,647,400.	0.
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		532,370.	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		133,093.	0.
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.	0.
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.	0.
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2 a</b> Lobbying non-taxable amount .....	794,224.	587,358.	520,663.	532,370.	2,434,615.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)) .....					3,651,923.
<b>c</b> Total lobbying expenditures .....	27,045.	27,120.	27,283.	25,408.	106,856.
<b>d</b> Grassroots nontaxable amount .....	198,556.	146,840.	130,166.	133,093.	608,655.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) .....					912,983.
<b>f</b> Grassroots lobbying expenditures .....					0.

BAA

Schedule C (Form 990 or 990-EZ) 2010

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV.			
j Total. Add lines 1c through 1i.			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1 Dues, assessments and similar amounts from members.	1	
2 Section 162(e) nondeductible 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 (see instructions).	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.

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<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

- ▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

MAINE PUBLIC BROADCASTING CORPORATION  
D/B/A MAINE PUBLIC BROADCASTING NETWORK

Employer identification number

22-3171529

**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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register.....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds?..... ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, 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 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.

1 a 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

2 a 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 the 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
1 a Beginning of year balance	3,380,747.	3,073,525.	0.		
b Contributions	77,640.	124,453.			
c Net investment earnings, gains, and losses	758,521.	322,779.			
d Grants or scholarships					
e Other expenditures for facilities and programs	140,000.	140,000.			
f Administrative expenses					
g End of year balance	4,076,908.	3,380,757.	0.		

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

- a Board designated or quasi-endowment ▶ 91.93 %  
 b Permanent endowment ▶ 5.29 %  
 c Term endowment ▶ 2.78 %

3 a 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	3a(i)	X
(ii) related organizations	3a(ii)	X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	X

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI 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) Accumulated depreciation	(d) Book value
1 a Land		238,378.		238,378.
b Buildings		4,417,344.		4,417,344.
c Leasehold improvements		21,600.		21,600.
d Equipment		21,276,318.		21,276,318.
e Other		4,134,382.	21,247,283.	-17,112,901.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,840,739.

BAA

Schedule D (Form 990) 2010

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

**Part VIII Investments—Program Related.** (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.** (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	

**Part X Other Liabilities.** (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ACCRUED POST RETIREMENT BENEFITS	116,864.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	116,864.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	11,068,922.
2	Total expenses (Form 990, Part IX, column (A), line 25)	11,012,211.
3	Excess or (deficit) for the year. Subtract line 2 from line 1.	56,711.
4	Net unrealized gains (losses) on investments.	702,648.
5	Donated services and use of facilities.	
6	Investment expenses.	
7	Prior period adjustments.	
8	Other (Describe in Part XIV).	
9	Total adjustments (net). Add lines 4 through 8.	702,648.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.	759,359.

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

1	Total revenue, gains, and other support per audited financial statements.	1	12,081,639.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments.	2a	702,648.
b	Donated services and use of facilities.	2b	34,855.
c	Recoveries of prior year grants.	2c	
d	Other (Describe in Part XIV). SEE PART XIV.	2d	275,214.
e	Add lines 2a through 2d.	2e	1,012,717.
3	Subtract line 2e from line 1.	3	11,068,922.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b.	4a	
b	Other (Describe in Part XIV).	4b	
c	Add lines 4a and 4b.	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,068,922.

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

1	Total expenses and losses per audited financial statements.	1	11,322,280.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities.	2a	34,855.
b	Prior year adjustments.	2b	
c	Other losses.	2c	
d	Other (Describe in Part XIV). SEE PART XIV.	2d	275,214.
e	Add lines 2a through 2d.	2e	310,069.
3	Subtract line 2e from line 1.	3	11,012,211.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b.	4a	
b	Other (Describe in Part XIV).	4b	
c	Add lines 4a and 4b.	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,012,211.

**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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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## Part XIV Supplemental Information (continued)

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2010

## SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

MAINE PUBLIC BROADCASTING CORPORATION  
D/B/A MAINE PUBLIC BROADCASTING NETWORK

22-3171529

## SCHEDULE D, PART XII, LINE 2D

OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

AUCTION EXPENSES.....	\$	194,429.
RENTAL EXPENSES.....		80,785.
TOTAL	\$	<u>275,214.</u>

## SCHEDULE D, PART XIII, LINE 2D

OTHER EXPENSES AND LOSSES PER AUDITED F/S

AUCTION EXPENSES.....	\$	194,429.
RENTAL EXPENSES.....		80,785.
TOTAL	\$	<u>275,214.</u>

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public Inspection**

Name of the organization MAINE PUBLIC BROADCASTING CORPORATION  
D/B/A MAINE PUBLIC BROADCASTING NETWORK

Employer identification number  
22-3171529

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a ☒ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

**2a** 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.

(i) Name and address 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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 MARTS & LUNDY 1200 WALL STREE LYNDHURST NJ 07071	CONSULTING		X		59,209.	
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					59,209.	0.

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

-----

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>AUCTION</u> (event type)	(event type)	(total number)	(add column (a) through column (c))
REVENUE	1 Gross receipts.....	378,543.			378,543.
	2 Less: Charitable contributions .....				
	3 Gross income (line 1 minus line 2).....	378,543.			378,543.
DIRECT EXPENSES	4 Cash prizes .....				
	5 Noncash prizes.....				
	6 Rent/facility costs.....				
	7 Food and beverages.....				
	8 Entertainment.....				
	9 Other direct expenses.....	194,429.			194,429.
	10 Direct expense summary. Add lines 4- through 9 in column (d).....				194,429.
	11 Net income summary. Combine line 3, column (d), and line 10.....				184,114.

**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 column (a) through column (c))
REVENUE	1 Gross revenue.....				
DIRECT EXPENSES	2 Cash prizes .....				
	3 Non-cash prizes .....				
	4 Rent/facility costs.....				
	5 Other direct expenses.....				
	6 Volunteer labor.....	<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, column (d) and line 7.....				

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?..... ☐ Yes ☐ Nob If 'No,' explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?..... ☐ Yes ☐ Nob If 'Yes,' explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 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
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter 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 contact with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

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 of the third party:

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? ☐ Yes ☐ No

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**  
► **Attach to Form 990. ► See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

MAINE PUBLIC BROADCASTING CORPORATION

Employer identification number

22-3171529

**Part I Questions Regarding Compensation**

**1 a** 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 any of the boxes on line 1a are 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 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 with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment from the organization or a related organization? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**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? .....

**b** Any related organization? .....

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? .....

**b** Any related organization? .....

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. ....

**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 Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III. ....

**9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

1 b

2

4 a

4 b

4 c

5 a

5 b

6 a

6 b

7

8

9

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies 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) Retirement and other 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 and incentive compensation	(iii) Other reportable compensation				
1 JAMES DOWE	(i) 175,537.	(ii) 0.	(iii) 0.	11,484.	0.	187,021.	0.
2	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
3	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
4	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
5	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
6	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
7	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
8	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
9	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
10	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
11	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
12	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
13	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
14	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
15	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
16	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----



**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.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- **Complete if the organizations answered 'Yes'**  
**on Form 990, Part IV, lines 29 or 30.**  
► **Attach to Form 990.**

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization **MAINE PUBLIC BROADCASTING CORPORATION**  
**D/B/A MAINE PUBLIC BROADCASTING NETWORK**

Employer identification number  
**22-3171529**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art .....				
2 Art—Historical treasures .....				
3 Art—Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities—Publicly traded .....	X	31	69,435.	FMV
10 Securities—Closely held stock .....				
11 Securities—Partnership, LLC, or trust interests ..				
12 Securities—Miscellaneous .....				
13 Qualified conservation contribution— Historic structures .....				
14 Qualified conservation contribution—Other .....				
15 Real estate—Residential .....				
16 Real estate—Commercial .....				
17 Real estate—Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► (.....) .....				
26 Other ► (.....) .....				
27 Other ► (.....) .....				
28 Other ► (.....) .....				

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

29

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

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

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

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

b If 'Yes,' describe in Part II.

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

	Yes	No
30a		X
31		X
32a	X	
33		

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule M (Form 990) 2010

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **MAINE PUBLIC BROADCASTING CORPORATION**  
**D/B/A MAINE PUBLIC BROADCASTING NETWORK**

Employer identification number  
**22-3171529**

**ORGANIZATIONAL OVERVIEW**

THE MAINE PUBLIC BROADCASTING NETWORK (MPBN) HAS ADMINISTRATIVE OFFICES AND PRODUCTION FACILITIES FOR TELEVISION, RADIO AND WEB SERVICES IN LEWISTON, BANGOR, AUGUSTA AND PORTLAND. THE STATION'S TRANSMITTERS AND TRANSLATORS, LOCATED THROUGHOUT THE STATE, DELIVER PROGRAMS TO NEARLY ALL OF MAINE'S CITIZENS. THE ORGANIZATION EMPLOYS 119 FULL- AND PART-TIME STAFF MEMBERS.

MPBN IS GOVERNED BY A VOLUNTEER BOARD OF TRUSTEES CONSISTING OF REPRESENTATIVES FROM ITS FOUNDING ORGANIZATIONS (THE UNIVERSITY OF MAINE SYSTEM, COLBY COLLEGE, BATES COLLEGE AND BOWDOIN COLLEGE), APPOINTEES FROM THE GOVERNOR, AND PUBLIC MEMBERS ELECTED TO THE BOARD. THE BOARD OF TRUSTEES MEETS FOUR TIMES A YEAR AND ITS MEETINGS ARE OPEN TO THE PUBLIC.

MPBN HAS A VOLUNTEER COMMUNITY ADVISORY BOARD (CAB) WITH MEMBERSHIP REFLECTING THE DIVERSITY OF THE STATE AND MPBN'S VIEWING AND LISTENING AUDIENCES. THE PURPOSE OF THE CAB IS TO ADVISE THE BOARD OF TRUSTEES AND MPBN STAFF AS TO WHETHER THE PROGRAMMING AND OTHER POLICIES OF MPBN MEET THE NEEDS OF THE COMMUNITIES THAT THE STATION SERVES. THE CAB MEETS TWICE A YEAR AND ITS MEETINGS ARE ALSO OPEN TO THE PUBLIC.

THE MAJORITY OF MPBN'S ANNUAL FUNDING IS ATTAINED THROUGH THE SUPPORT OF 23,800 TELEVISION MEMBERS AND 22,300 RADIO MEMBERS, AS WELL AS FOUNDATIONS AND CORPORATIONS. ADDITIONAL FUNDING IS RECEIVED FROM THE STATE OF MAINE AND FROM FEDERAL FUNDS ADMINISTERED THROUGH THE CORPORATION FOR PUBLIC BROADCASTING

Name of the organization **MAINE PUBLIC BROADCASTING CORPORATION**  
**D/B/A MAINE PUBLIC BROADCASTING NETWORK**

Employer identification number  
**22-3171529**

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

EVERY DAY, THE MAINE PUBLIC BROADCASTING NETWORK CONNECTS THE PEOPLE OF MAINE TO EACH OTHER AND TO THE WORLD THROUGH THE OPEN EXCHANGE OF INFORMATION, IDEAS, AND CULTURAL CONTENT. AS MAINE'S PREMIER INDEPENDENT MEDIA RESOURCE, WE CREATE EXCEPTIONAL OPPORTUNITIES FOR THE COMMUNITIES WE SERVE TO ENGAGE WITH CRITICAL ISSUES, COMPELLING STORIES AND QUALITY ENTERTAINMENT.

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

**PROGRAM OVERVIEW**

MPBN IS THE ONLY STATEWIDE EDUCATIONAL TELEVISION SERVICE AVAILABLE TO MAINE RESIDENTS FREE-OF-CHARGE. THE ORGANIZATION HAS AN EXCEPTIONAL COMMITMENT TO PRODUCING LOCAL PROGRAMS ABOUT TOPICS THAT SPECIFICALLY ADDRESS ISSUES AFFECTING MAINE PEOPLE. MPBN'S LOCAL TELEVISION PRODUCTIONS INCLUDE: THE WEEKLY PUBLIC AFFAIRS SERIES MAINE WATCH WITH JENNIFER ROOKS; CONVERSATIONS WITH MAINE; A SIX PROGRAM PER YEAR SERIES OF ENGAGING CONVERSATIONS WITH MAINE LEADERS AND VISIONARIES; COVERAGE OF THE MAINE PRINCIPALS' ASSOCIATION INVITATIONAL HIGH SCHOOL BASKETBALL TOURNAMENT, WITH THE VIDEO OF EVERY GAME "STREAMED" LIVE OVER THE INTERNET FOR THE FIRST TIME SINCE SPRING 2007; AND THE ANNUAL BROADCAST OF THE GOVERNOR'S STATE OF THE STATE ADDRESS, WHICH WAS ALSO STREAMED LIVE.

THE STATION'S RADIO SERVICE CARRIES INTERNATIONAL, NATIONAL AND LOCAL PROGRAMMING.

MPBN'S AWARD-WINNING WEEKDAY PROGRAM MAINE THINGS CONSIDERED EXPLORES TOPICS AND ISSUES WITH DEPTH AND SUBSTANCE. OVER THE YEARS, THE MAINE ASSOCIATED PRESS

BROADCASTERS' ASSOCIATION HAS NAMED MPBN "STATION OF THE YEAR" MULTIPLE TIMES IN RECOGNITION OF OUR REPORTING. BEYOND ITS STRATEGIC FOCUS ON MAINE AND REGIONAL NEWS AND PUBLIC AFFAIRS, INCLUDING ITS SPEAKING IN MAINE SERIES FEATURING SPEECHES GIVEN IN MAINE BY ACCLAIMED SPEAKERS ON THE NATIONAL LECTURE CIRCUIT; MPBN ALSO PRODUCES A

Name of the organization **MAINE PUBLIC BROADCASTING CORPORATION**  
**D/B/A MAINE PUBLIC BROADCASTING NETWORK**

Employer identification number  
**22-3171529**

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

GREAT DEAL OF ORIGINAL CULTURAL PROGRAMMING, INCLUDING: ITS OWN REGULAR CLASSICAL, FOLK AND JAZZ MUSIC PROGRAMS FOR RADIO; BROADCASTS OF ORCHESTRA AND CHAMBER CONCERTS ON THE PROGRAM MAINE STAGE; AND REGULAR LIVE PERFORMANCES FROM ITS BANGOR STUDIOS OF JAZZ AND CLASSICAL MUSICIANS WITH TIES TO MAINE. CULTURAL PROGRAMMING IS NOT LIMITED TO MUSIC ALONE, BUT ALSO FEATURES REGULAR WEEKLY CULTURAL CONVERSATION FEATURES WITH ARTISTS AND CULTURAL ADMINISTRATORS FROM AROUND THE STATE.

MPBN'S WEB-BASED SERVICES AT WWW.MPBN.NET CONTINUE TO EXPAND AND CONNECT AN EVER-GROWING AUDIENCE TO MAINE NEWS, EVENTS AND CULTURE. FOR THE FIRST TIME, MPBN STREAMED LIVE VIDEO OVER ITS WEB SITE OF ALL 46 TELEVISED GAMES OF THE MAINE PRINCIPAL'S ASSOCIATION HIGH SCHOOL BASKETBALL TOURNAMENT. MPBN GREATLY EXPANDED THE POTENTIAL AUDIENCE FOR ITS BROADCAST CONTENT BY DIGITIZING ITS ENTIRE AUDIO LIBRARY OF "SPEAKING IN MAINE" RADIO BROADCASTS AND POSTING IT AT I TUNES U. MANY OF MPBN RADIO'S LOCAL PRODUCTIONS ARE AVAILABLE FOR ON-DEMAND STREAMING OR PODCASTS. MPBN TELEVISION ALSO POSTS MANY OF ITS LOCAL TELEVISION PRODUCTIONS FOR ON-DEMAND VIEWING ON ITS WEB-BASED VIDEO PLAYER (PART OF THE PBS COVE PROJECT). THE WEBSITE ALSO SERVES AS A DELIVERY VEHICLE FOR NEWS AND WEATHER, PROGRAM LISTINGS AND DESCRIPTIONS, MUSIC PLAY LISTS AND THE LIKE. MPBN IS ALSO INVOLVED WITH SOCIAL MEDIA, WITH FACEBOOK PAGES FOR ORGANIZATIONS, CLASSICAL AND AAAMUSIC AND POLITICAL NEWS. TWITTER PROVIDES NEWS UPDATES.

**PUBLICATIONS**

MPBN CONTINUES TO OFFER A MONTHLY RADIO AND TELEVISION PROGRAM GUIDE IN THE FORM OF A SINGLE PUBLICATION CALLED "EXPERIENCE." THE MAGAZINE FORMAT IS MAILED TO MEMBERS EACH MONTH AND ALLOWS MPBN TO COMMUNICATE MORE INFORMATION THAN EVER BEFORE.

Name of the organization **MAINE PUBLIC BROADCASTING CORPORATION  
D/B/A MAINE PUBLIC BROADCASTING NETWORK**

Employer identification number  
**22-3171529**

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

**PUBLIC OUTREACH**

MPBN CONTINUES TO HOLD QUARTERLY TOWN MEETINGS AROUND THE STATE TO MEET AND CONSULT WITH USERS OF ALL OUR SERVICES AND TO HELP US ASCERTAIN WHETHER WE ARE SERVICING OUR COMMUNITIES WITH THE MOST ESSENTIAL AND RELEVANT PROGRAMMING POSSIBLE. IN ADDITION, MPBN IS INCREASING ITS "FACE" IN THE PUBLIC, WITH SOCIAL MEDIA, VISIBLE PARTNERSHIPS, CO-SPONSOR OF EVENT SITUATIONS, AND MORE LIVE STAGED EVENTS.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE 990 IS REVIEWED BY THE CONTROLLER AND STAFF ACCOUNTANT AT MPBN. THE CFO REVIEWS AND GIVES FINAL APPROVAL OF THE 990. IN ADDITION, THE BOARD OF TRUSTEES' FINANCE COMMITTEE REVIEWS AND APPROVES THE FORM 990 AND THE ENTIRE BOARD OF TRUSTEES RECEIVES A COPY FOR REVIEW PRIOR TO ITS FILING.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

MPBN PROVIDES A CONFLICT OF INTEREST QUESTIONNAIRE TO ALL BOARD MEMBERS AND OFFICERS ANNUALLY. EACH BOARD MEMBER AND OFFICER COMPLETES AND SIGNS THE QUESTIONNAIRE, WHICH IS THEN KEPT ON FILE. MPBN'S EMPLOYEE HANDBOOK STATES THAT EMPLOYEES ARE EXPECTED TO REPORT ANY CONFLICTS OF INTEREST IN WRITING TO THE CHAIR OF THE MPBN AUDIT/COMPLIANCE COMMITTEE WITHOUT FEAR OF RETALIATION. THE EMPLOYEE HANDBOOK SPECIFICALLY ADDRESSES CONFLICT OF INTEREST CONCERNS IN REGARDS TO EMPLOYEES BEING RELATED TO EACH OTHER AND WORKING AT THE SAME JOB AND EMPLOYEES WORKING AT SECOND JOBS OUTSIDE MPBN.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES**

THE HR DIRECTOR DOES A COMPARATIVE STUDY OF SALARIES FOR EQUIVALENT POSITIONS AT OTHER STATIONS. THE HR DIRECTOR CONDUCTS INTERVIEWS AND MEETS WITH SENIOR MANAGEMENT TO DISCUSS THE CANDIDATE(S) AND APPROPRIATE COMPENSATION. THE CANDIDATE,

Name of the organization **MAINE PUBLIC BROADCASTING CORPORATION**  
**D/B/A MAINE PUBLIC BROADCASTING NETWORK**

Employer identification number  
**22-3171529**

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES**

ALONG WITH SALARY, MUST BE APPROVED BY THE BOARD OF DIRECTORS. IN THE PAST, MPBN HAS  
HIRED AN OUTSIDE CONSULTANT TO FIND CANDIDATES FOR THE CEO POSITION.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

MPBN'S AUDITED FINANCIAL STATEMENTS, 990 TAX RETURNS AND ANNUAL REPORT CAN BE FOUND  
ON ITS WEBSITE. IN ADDITION, MPBN'S ANNUAL REPORT IS REPORTED IN THE FALL EDITION OF  
ITS EXPERIENCE MAGAZINE. ANY MEMBER OF THE GENERAL PUBLIC CAN ALSO REQUEST EITHER  
VERBALLY OR IN WRITING THAT THESE DOCUMENTS BE SENT TO THEM.



2010

**SCHEDULE O - SUPPLEMENTAL INFORMATION**

**PAGE 4**

MAINE PUBLIC BROADCASTING CORPORATION  
D/B/A MAINE PUBLIC BROADCASTING NETWORK

22-3171529

FORM 990, PART XI, LINE 5  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.....	\$	702,648.
TOTAL	\$	<u>702,648.</u>

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))For calendar year 2010 or other tax year beginning 7/01, 2010,  
and ending 6/30, 2011**2010**Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

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

<b>A</b> <input type="checkbox"/> Check box if address changed <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(29) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	( <input type="checkbox"/> Check box if name changed and see instructions.) <b>MAINE PUBLIC BROADCASTING CORPORATION</b> <b>D/B/A MAINE PUBLIC BROADCASTING NETWORK</b> <b>1450 LISBON STREET</b> <b>LEWISTON, ME 04240</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>22-3171529</b> <b>E</b> Unrelated business activity codes (See instructions.) <b>532000 515100</b>
<b>C</b> Book value of all assets at end of year <b>16,977,947.</b>		<b>F</b> Group exemption number (See instructions.) ▶ <b>G</b> Check organization type..... <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

**H** Describe the organization's primary unrelated business activity.▶ **TOWER RENTAL AND TAPE DUBBING****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ... ☐ Yes ☒ No

If 'Yes,' enter the name and identifying number of the parent corporation .. ▶

**J** The books are in care of. ▶ **MICHAEL R. BRETON**Telephone number ▶ **(207) 783-9101**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales .....			
<b>b</b> Less returns and allowances .....			
<b>c</b> Balance ▶	<b>1 c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7) .....	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D) .....	<b>4 a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) .....	<b>4 b</b>		
<b>c</b> Capital loss deduction for trusts .....	<b>4 c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement) .....	<b>5</b>		
<b>6</b> Rent income (Schedule C) .....	<b>6</b> 140,215.	80,785.	59,430.
<b>7</b> Unrelated debt-financed income (Schedule E) .....	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F) .....	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) .....	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I) .....	<b>10</b>		
<b>11</b> Advertising income (Schedule J) .....	<b>11</b> 10,004.		10,004.
<b>12</b> Other income (See instructions; attach schedule.) SEE STATEMENT 1	<b>12</b> 1,164.		1,164.
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b> 151,383.	80,785.	70,598.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K) .....	<b>14</b>	
<b>15</b> Salaries and wages .....	<b>15</b>	460.
<b>16</b> Repairs and maintenance .....	<b>16</b>	
<b>17</b> Bad debts .....	<b>17</b>	
<b>18</b> Interest (attach schedule) .....	<b>18</b>	
<b>19</b> Taxes and licenses .....	<b>19</b>	4,000.
<b>20</b> Charitable contributions (See instructions for limitation rules.) .....	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562) .....	<b>21</b>	23,387.
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return .....	<b>22 a</b>	23,387.
<b>23</b> Depletion .....	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans .....	<b>24</b>	
<b>25</b> Employee benefit programs .....	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I) .....	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J) .....	<b>27</b>	10,004.
<b>28</b> Other deductions (attach schedule) .....	<b>28</b>	157.
<b>29 Total deductions.</b> Add lines 14 through 28 .....	<b>29</b>	14,621.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 .....	<b>30</b>	55,977.
<b>31</b> Net operating loss deduction (limited to the amount on line 30) .....	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 .....	<b>32</b>	55,977.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) .....	<b>33</b>	1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32. ....	<b>34</b>	54,977.

**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐. See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 35 c 8,744.

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amounton line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) 36**37 Proxy tax.** See instructions. 37**38 Alternative minimum tax.** 38**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies. 39 8,744.**Part IV Tax and Payments****40 a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) 40 a

b Other credits (see instructions) 40 b

c General business credit. Attach Form 3800. 40 c

d Credit for prior year minimum tax (attach Form 8801 or 8827) 40 d

e **Total credits.** Add lines 40a through 40d. 40 e 0.**41 Subtract line 40e from line 39.** 41 8,744.**42 Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866☐ Other (attach schedule) 42**43 Total tax.** Add lines 41 and 42. 43 8,744.**44 a Payments:** A 2009 overpayment credited to 2010. 44 a 6,736.

b 2010 estimated tax payments 44 b

c Tax deposited with Form 8868. 44 c

d Foreign organizations: Tax paid or withheld at source (see instructions) 44 d

e Backup withholding (see instructions) 44 e

f Credit for small employer health insurance premiums (Attach Form 8941) 44 f

g Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total 44 g**45 Total payments.** Add lines 44a through 44g. 45 6,736.**46 Estimated tax penalty** (see instructions). Check if Form 2220 is attached. ☒ 46**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed. 47 2,008.**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. 48**49 Enter the amount of line 48 you want:** Credited to 2011 estimated tax ☐ Refunded ☐ 49**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. Yes No X

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No X

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0.

**Schedule A — Cost of Goods Sold.** Enter method of inventory valuation

1 Inventory at beginning of year. 1

2 Purchases 2

3 Cost of labor 3

4a Additional section 263A costs (attach schedule) 4a

b Other costs (attach sch) 4b

5 **Total.** Add lines 1 through 4b. 5

6 Inventory at end of year. 6

7 **Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2. 7

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No X

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

Signature of officer 10/24/11 Date

VP ADMIN &amp; CFO Title

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

Print/Type preparer's name Preparer's signature Date

PATRICK NICHOLAS 10/19/2011

Firm's name MACDONALD PAGE &amp; CO LLC

Firm's address 30 LONG CREEK DR

SOUTH PORTLAND, ME 04106

Phone no. 207-774-5701

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)**1** Description of property

(1) TOWER

(2)

(3)

(4)

**2** Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) <b>SEE STATEMENT 3</b>
(1)	140,215.	80,785.
(2)		
(3)		
(4)		
Total	Total 140,215.	
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)..... ▶		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B)..... ▶ 80,785.

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

<b>1</b> Description of debt-financed property	<b>2</b> Gross income from or allocable to debt-financed property	<b>3</b> Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6</b> Column 4 divided by column 5	<b>7</b> Gross income reportable (column 2 x column 6)
(1)		%	<b>8</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(2)		%	
(3)		%	
(4)		%	
<b>Totals</b> ..... ▶			
<b>Total dividends-received deductions</b> included in column 8..... ▶			

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

<b>1</b> Name of Controlled Organization	<b>2</b> Employer Identification Number	Exempt Controlled Organizations			
		<b>3</b> Net unrelated income (loss) (see instructions)	<b>4</b> Total of specified payments made	<b>5</b> Part of column 4 that is included in the controlling organization's gross income	<b>6</b> Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
<b>7</b> Taxable Income	<b>8</b> Net unrelated income (loss) (see instructions)	<b>9</b> Total of specified payments made	<b>10</b> Part of column 9 that is included in the controlling organization's gross income	<b>11</b> Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income** (See instructions.)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....						

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) EXPERIENCE MAGAZINE	10,004.		10,004.	15,142.	42,871.	10,004.
(2)						
(3)						
(4)						
(5) Totals from Part I .....						
<b>Totals</b> , Part II (lines 1-5) .....	Enter here and on page 1, Part II, line 11, column (A). 10,004.	Enter here and on page 1, Part II, line 11, column (B).				Enter here and on page 1, Part II, line 27. 10,004.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total</b> . Enter here and on page 1, Part II, line 14. ....			

**Underpayment of Estimated Tax by Corporations**

► See separate instructions.  
► Attach to the corporation's tax return.

OMB No. 1545-0142

**2010**

Name **MAINE PUBLIC BROADCASTING CORPORATION**  
**D/B/A MAINE PUBLIC BROADCASTING NETWORK**

Employer identification number  
**22-3171529**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

<b>1</b> Total tax (see instructions).....	<b>1</b>	<b>8,744.</b>
<b>2a</b> Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1.....	<b>2a</b>	
<b>b</b> Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method.....	<b>2b</b>	
<b>c</b> Credit for federal tax paid on fuels (see instructions).....	<b>2c</b>	
<b>d Total.</b> Add lines 2a through 2c.....	<b>2d</b>	
<b>3</b> Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty.....	<b>3</b>	<b>8,744.</b>
<b>4</b> Enter the tax shown on the corporation's 2009 income tax return (see instructions). <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5.</b> .....	<b>4</b>	<b>6,761.</b>
<b>5 Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3.....	<b>5</b>	<b>6,761.</b>

**Part II Reasons for Filing** – Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220, even if it does not owe a penalty (see instructions).

- 6** ☐ The corporation is using the adjusted seasonal installment method.  
**7** ☐ The corporation is using the annualized income installment method.  
**8** ☐ The corporation is a 'large corporation' figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
<b>9</b> <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990 – PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year.....	<b>9</b>	10/15/10	12/15/10	3/15/11	6/15/11
<b>10</b> <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column.....	<b>10</b>	1,690.	1,690.	1,690.	1,691.
<b>11</b> Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15.....	<b>11</b>	6,736.			
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
<b>12</b> Enter amount, if any, from line 18 of the preceding column.....	<b>12</b>		5,046.	3,356.	1,666.
<b>13</b> Add lines 11 and 12.....	<b>13</b>		5,046.	3,356.	1,666.
<b>14</b> Add amounts on lines 16 and 17 of the preceding column.....	<b>14</b>				
<b>15</b> Subtract line 14 from line 13. If zero or less, enter -0-.....	<b>15</b>	6,736.	5,046.	3,356.	1,666.
<b>16</b> If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-.....	<b>16</b>		0.	0.	
<b>17</b> <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18.....	<b>17</b>				25.
<b>18</b> <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column.....	<b>18</b>	5,046.	3,356.	1,666.	

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 – no penalty is owed.**

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). <i>(Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)</i> .....	<b>19</b>			11/15/11
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19.....	<b>20</b>			153
<b>21</b> Number of days on line 20 after 4/15/2010 and before 7/1/2010.....	<b>21</b>			
<b>22</b> Underpayment on line 17 $\times$ $\frac{\text{Number of days on line 21}}{365}$ $\times$ 4%.....	<b>22</b>			
<b>23</b> Number of days on line 20 after 6/30/2010 and before 10/1/2010.....	<b>23</b>			
<b>24</b> Underpayment on line 17 $\times$ $\frac{\text{Number of days on line 23}}{365}$ $\times$ 4%.....	<b>24</b>			
<b>25</b> Number of days on line 20 after 9/30/2010 and before 1/1/2011.....	<b>25</b>			
<b>26</b> Underpayment on line 17 $\times$ $\frac{\text{Number of days on line 25}}{365}$ $\times$ 4%.....	<b>26</b>			
<b>27</b> Number of days on line 20 after 12/31/2010 and before 4/1/2011.....	<b>27</b>			
<b>28</b> Underpayment on line 17 $\times$ $\frac{\text{Number of days on line 27}}{365}$ $\times$ 3%.....	<b>28</b>			
<b>29</b> Number of days on line 20 after 3/31/2011 and before 7/1/2011.....	<b>29</b>			15
<b>30</b> Underpayment on line 17 $\times$ $\frac{\text{Number of days on line 29}}{365}$ $\times$ 4 *%.....	<b>30</b>			0.04
<b>31</b> Number of days on line 20 after 6/30/2011 and before 10/1/2011.....	<b>31</b>			92
<b>32</b> Underpayment on line 17 $\times$ $\frac{\text{Number of days on line 31}}{365}$ $\times$ 4 *%.....	<b>32</b>			0.25
<b>33</b> Number of days on line 20 after 9/30/2011 and before 1/1/2012.....	<b>33</b>			46
<b>34</b> Underpayment on line 17 $\times$ $\frac{\text{Number of days on line 33}}{365}$ $\times$ 3 *%.....	<b>34</b>			0.09
<b>35</b> Number of days on line 20 after 12/31/2011 and before 2/16/2012.....	<b>35</b>			
<b>36</b> Underpayment on line 17 $\times$ $\frac{\text{Number of days on line 35}}{366}$ $\times$ *%.....	<b>36</b>			
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36.....	<b>37</b>			0.38
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns.....	<b>38</b>			0.

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

2010

## FEDERAL STATEMENTS

PAGE 1

MAINE PUBLIC BROADCASTING CORPORATION  
D/B/A MAINE PUBLIC BROADCASTING NETWORK

22-3171529

STATEMENT 1  
FORM 990-T, PART I, LINE 12  
OTHER INCOME

DUBBING.....	\$	1,164.
TOTAL	\$	<u>1,164.</u>

STATEMENT 2  
FORM 990-T, PART II, LINE 28  
OTHER DEDUCTIONS

POSTAGE & MAILERS.....	\$	119.
TAPES.....		38.
TOTAL	\$	<u>157.</u>

STATEMENT 3  
FORM 990-T, SCHEDULE C, LINE 3  
DEDUCTIONS DIRECTLY CONNECTED WITH INCOME

TOWER		
CLEANING AND MAINTENANCE.....	\$	11,547.
DEPRECIATION.....		23,387.
INSURANCE.....		8,166.
LEGAL AND PROFESSIONAL FEES.....		19,244.
MISCELLANEOUS.....		500.
UTILITIES.....		5,942.
WAGES AND SALARIES.....		10,799.
TRAVEL.....		1,200.
TOTAL	\$	<u>80,785.</u>