Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 6

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.lrs.gov/form990.

r tax year beginning JUL 1, 2016 and ending JUN 30, 2017

Open to Public Inspection

Αī	For the	e 2016 calendar year, or tax year beginning $$ JUL $1,$ 2016 $$ and ending	JUN 30, 2017	
_	Check if		D Employer identific	cation number
- 8	pplicabl	Maine Public Broadcasting Corporation		
Г	Addre chang	SS J./le / a Madas a Declarity		
F	Name chang		22-3	171529
F	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	return □Final □return	1450 Lisbon Street		783-9101
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	17,396,263.
	Amen _return	ded Lewiston, ME 04240	H(a) Is this a group re	eturn
	Applied tion	F Name and address of principal officer: Mark Vogelzang	for subordinates	?Yes X No
	pendi	same as C above	H(b) Are all subordinates in	ncluded? Yes No
Ţ.		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or		list. (see instructions)
J	Nebsi	te: ▶ www.mainepublic.org	H(c) Group exemptio	
				State of legal domicile: ME
	art 🗐	Summary		•
4	1	Briefly describe the organization's mission or most significant activities: Maine Pu	blic is Maine	's premier,
Activities & Governance	'	independent media resource serving the entir	ety of Maine,	dedicated
ja Ja	2	Check this box if the organization discontinued its operations or disposed of r		
ě	1		3	17
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)		17
ර	1	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		99
Ē		Total number of volunteers (estimate if necessary)		91
ξ				216,171.
¥	1	Total unrelated business revenue from Part VIII, column (C), line 12		93,534.
_	l D	Net unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year
	,	Contributions and areats (Part VIII line 1b)	13,701,743.	14,967,950.
Ē	1	Contributions and grants (Part VIII, line 1h)	2,754.	6,989.
Revenue		Program service revenue (Part VIII, line 2g)	238,788.	342,924.
æ	ŀ	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	238,525.	359,331.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,181,810.	15,677,194.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	I	Benefits paid to or for members (Part IX, column (A), line 4)	6,471,886.	6,873,252.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0,471,000.	0,0,0,2020
ĕ	10a	Professional fundraising fees (Part IX, column (A), line 11e)	THE STATE OF THE STATE OF THE	TEST COURT DE LA MISSE DE L'ATTENDA
X	_ b	Total fundraising expenses (Part IX, column (D), line 25) 2,644,818.	6,290,303.	6,455,368.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,762,189.	13,328,620.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,419,621.	2,348,574.
- Ses	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
ts o		Total accepts (Doct V. Para 40)	19,092,130.	21,711,148.
SSE	20	Total assets (Part X, line 16)	945,314.	753,121.
Net Assets	21	Total liabilities (Part X, line 26)	18,146,816.	20,958,027.
	22 21	Net assets or fund balances. Subtract line 21 from line 20	10,140,0401	20/330/02/1
		alties of perjury, I declare that I have examined this return, including accompanying schedules and st	staments, and to the hest of m	v knowledge and belief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prej		y Knowledge and Const, it is
uuc	,	t, and complete. Declaration of preparer (other than officer) is based on all information of which pro-	are nas any knowledge.	
O!		Signature of officer	Date	
Sig		Mark Vogelzang, President & CEO		
He	r e	Type or print name and title		······································
		,	Date Check	PTIN
p.:	d	Print/Type preparer's name Preparer's signature Patrick Nicholas Patrick Nicholas	11/06/17 off self-employ	
Pai				01-0242373
	parer	Firm's name Macpage LLC	Firm's EIN ▶	<u>01 0242313</u>
use	Only	Firm's address 30 Long Creek Drive South Portland, ME 04106	Dhana na 20	7-774-5701
			Priorie iiu. 20	
Ma	y the l	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

The cit is Schedule Contains a response or note to any line in this Part III Selety decorate the organization remision: By very day, Maine Public connects the people of Maine to each other, to the world, and the world to Maine through the open exchange of information, ideas and cultural content. Maine Public is renowned for creating award-winning programs, as well as airling content from Public Did the organization undertake any significant program services during the year which were not listed on the prior form soo of 900 EZ? Yes IN no if 'Yes,' Oscorbe those new services on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services Yes IN no if 'Yes,' Oscorbe those change on Schedule O. Describe the organization program service accomplainments for each of its three largest program services, as measured by expenses. Sociolo 501(5) and 501(6) expensizations accomplainments for each of its three largest program services, and neverus, if any, for each program service accomplainments for each of its three largest program services, as measured by expenses. Sociolo 501(5) and 501(6) expensizations accomplainments for each of its three largest program services, as measured by expenses. Sociolo 501(5) and 501(6) expensizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program services accomplainments for each of its three largest program services and expenses. \$\$ (Pai	rt III Statement of Program Service Accomplishments									
Svery day, Maine Public connects the people of Maine to each other, to the world, and the world to Maine through the open exchange of information, ideas and cultural content. Maine Public is renowned for creating award—winning programs, as well as airing content from Public Did the organization undertake any significant program services during the year which were not isted on the prior form 980 or 980 er		Check if Schedule O contains a response or note to any line in this Part III									
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2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ7											
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4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse. If any, for each program service reported. 4a (Coss) (scores) 9,025,537. Including grants of s) (Revenue)	•										
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Maine Public is the only statewide Public Media service providing local and national content over multiple radio signals, multiple television channels and online to Maine residents, free of charge. Maine Public is committed to bringing local, national and international news, public affairs and cultural programming that informs, educates and enriches our citizens. Public Outreach Maine Public recognizes the need to engage the Maine community in both our content and mission and to ensure that we are meeting the needs and preferences of all Mainers. Maine Public connects with our viewers and appearances of all Mainers. Maine Public connects with our viewers and to ensure that we are meeting the needs and preferences of all Mainers. Maine Public connects with our viewers and to ensure that we are meeting the needs and preferences of all Mainers. Maine Public connects with our viewers and to ensure that we are meeting the needs and preferences of all Mainers. Maine Public connects with our viewers and to ensure that we are meeting the needs and preferences of all Mainers. Maine Public connects with our viewers and the decided of		revenue, if any, for each program service reported.									
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		0.005.505									
	4e										

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3_	_	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	,		
	during the tax year? If "Yes," complete Schedule C, Part II	4_	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.7
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	_5_		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	l _		w
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u>_</u>		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		Х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X	18/213	2.52	
• •	as applicable.			更多。 多。第二
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		4 a & & &	23.017.000
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		- <u></u> -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	,_		_V
	complete Schedule G, Part III	19	000	(2016)
		– rorm	330	レレリかり

	The second secon	<u> </u>	Yes	No X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
3	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? If "Yes," complete Schedule J	23	x	
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		χ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		2
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? If "Yes," complete Schedule L, Part I	25b		2
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		2
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		;
В	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<u>.</u>	*(7.5%)	š,
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	er all via	Ž
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		2
	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? If "Yes," complete Schedule L, Part IV	28c		,
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	H
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7
	contributions? If "Yes," complete Schedule M	30		Ľ
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		2
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		2
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		7
	Part V, line 1	35a		۲
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ľ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		_ ;
7	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? If "Yes," complete Schedule R, Part VI	37		
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

-	Check if Schedule O contains a response or note to any line in this Part V					
•					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	29	150 AM		<u> </u>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			多数
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			3X		Š(Syl)
	filed for the calendar year ending with or within the year covered by this return	2a	99	(49. A) (39. A)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)	***************************************	37/33		3000
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3а	X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	Ο		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ►					美原
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			SEL.
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ection?	·	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	, , , , , , , , , , , , , , , , , , , ,	ne orga	anization solicit			,,
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions o	r gifts			
	were not tax deductible?			6b_	es. 1880	19 (1983)sp
7	Organizations that may receive deductible contributions under section 170(c).			30		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	rovided to the payor?	7a	X	
b	, , , , , , , , , , , , , , , , , , , ,			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired	_		x
	to file Form 8282?	 I – , I	 	7с	Bar (J. Sa	
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			ace and said	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ж	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the property of the personal benefit control of		200 as required?	7g		
9	If the organization received a contribution of qualified intellectual property, did the organization file File If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h		\vdash
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				850 FM	Sixtii
٠	On the state of th			8	Sam respec	IBBCC is
9	Sponsoring organizations maintaining donor advised funds.			38430	500	\$X\$.)
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	late (1176	Lix Falking*
b				9b		
10	Section 501(c)(7) organizations. Enter:			13.44	375 X	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				4. 10.0
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:				Siring	
а	Gross income from members or shareholders	11a		GALL.	ŽAŽ (P	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			30.3		
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			F.200		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				12 (L)	
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1		¥145.	¥ \$
	organization is licensed to issue qualified health plans	13b			数数: 数(2)	
C	Enter the amount of reserves on hand	13c		11 × 12 × 15		18.84
	0 11 1			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b	255	
				Form	990	(2016)

d/b/a Maine Public

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.

				77
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			T
		PER A	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15		1.7.	
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		14.27	
b	Enter the number of voting members included in line 1a, above, who are independent	表表	545	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	3012		
	officer, director, trustee, or key employee?	_2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	_	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	英德	3800	VX.4
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1		-
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
366	tion p. Policies (this section a requests information about policies not required by the internal revenue code.)		Yes	No
10-	Did the everying tion have level chanters broughes or affiliation?	10a	103	X
	Did the organization have local chapters, branches, or affiliates?	IVa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	118	2 <u>2</u>	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	X	Dr law N
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	├─
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		\vdash
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1	v	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	_
14	Did the organization have a written document retention and destruction policy?	14	X	131 NO. 8
15	Did the process for determining compensation of the following persons include a review and approval by independent		30.7	il desired Tuliya
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
đ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	i oz szere Arteszeres		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	30.0		
	exempt status with respect to such arrangements?	16b		
Sec	tion 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 (Section 501(c)(3)s only)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	id finar	cial	
	statements available to the public during the tax year.		•	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Michael R. Breton - (207) 330-4502			
	1450 Lisbon Street, Lewiston, ME 04240			
	The suppose were seed a section of the section of t			

Form 990 (2016) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a 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 ($\check{\mathbf{D}}$), (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.

│ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title	(B) Average hours per week	(do box,	not cl	(C Posi heck i	ition more rson i	than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Ron Bancroft	1.00	.,		7.7					0.	0
Chair	1.00	X		X				0.	U .	0.
(2) Marion Freeman Vice Chair	1.00	X		х				0.	0.	0.
(3) Mazie Cox	1.00	Δ		Δ				0.	U •	0.
Trustee	1.00	$ \mathbf{x} $						0.	0.	0.
(4) Maria Gallace	1.00									
Trustee		$ \mathbf{x} $						l 0.	0.	0.
(5) Eleanor Baker	1.00					T				
Trustee		$ \mathbf{x} $						0.	0.	0.
(6) Brenda Garrand	1.00					\Box				
Trustee		X		ľ				0.	0.	0.
(7) George Isaacson	1.00					Ì				
Trustee		x						0.	0.	0.
(8) Phyllis Jalbert	1.00	П								
Trustee		X						0.	0.	0.
(9) Adam Lee	1.00									
Trustee		X						0.	0.	0.
(10) Marge Medd	1.00									
Trustee		X			_			0.	0.	0.
(11) Kathryn Olmstead	1.00]				1		_		
Trustee		X						0.	0.	0.
(12) Tom Platz	1.00	_							•	_
Trustee		Х						0.	0.	0.
(13) Ann Robinson	1.00	ا ا							0	_
Trustee	1 00	Х			L			0.	0.	0.
(14) George Silverman	1.00	,,							0.	^
Trustee	1 00	X			ļ	-	_	0.	0.	0.
(15) Ken Spirer	1.00	X						0.	0.	0.
Trustee (16) Anna Marie Thron	1.00	^	_		ļ			0.	0.	<u> </u>
Trustee	1.00	X						0.	0.	0.
(17) Karl Turner	1.00	╬		<u> </u>	\vdash	\vdash	\vdash			
Trustee	1.00	x						0.	0.	0.
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632007 11-11-16

Form 990 (2016) d/b/a 1	Maine Pub.	lic	<u> </u>						22-3171	529 Page 8
Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees/	, an	d Hi	ghe	st C	Compensated Employe	es (continued)	 -
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	l (do	not c	Pos	ition more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	⊢		luau	I	1711 00	100,	from	from related	other
	(list any hours for	juecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	D Lo	ag			sated		(W-2/1099-MISC)	(44-271099-141100)	organization
	organizations	asar	l trus		93	mpen		(17-27 1055 111100)		and related
	below	ndividual trustee or director	nstitutional trustee		age (oyee oyee	E E			organizations
	line)	ig.	Instit	Officer	Key emplayee	Highest compensated employee	Former			
(18) Mark Vogelzang	40.00									
President & CEO		}		X				245,455.	0.	30,283.
(19) Alexander G Maxwell	40.00									
Sr. VP and COO				X				129,724.	0.	23,259.
(20) Clare Hannan	40.00									
VP Admin & CFO				X				124,709.	0.	28,784.
(21) Scott Marchildon	40.00									
VP of Development						X	<u> </u>	125,319.		8,260.
(22) Charles Beck	40.00					1				
Dir Programming						X	_	112,191.	0.	7,369.
(23) Robert Holt	40.00]								
Director of Digital		L				X		111,881.	0.	3,458.
]								
						<u> </u>				
		<u> </u>					ļ <u>. </u>			
		1								
4. 0.1.1.1					L	l	L	849,279.	0.	101,413.
1b Sub-total c Total from continuation sheets to Pa								0.	0.	0.
							-	849,279.	0.	101,413.
d Total (add lines 1b and 1c)	out not limited to th		licte	ad al	hove	<u>۵</u> سرا	bo r			, ===, ====
compensation from the organization		1036	i liote	su a	DOV	e) w	1101	eceived more than proc	,000 of reportable	6
Compensation from the organization								-		Yes No
3 Did the organization list any former off	icer director or tr	iste	e ke	ev er	mple	vee	. or	highest compensated e	mplovee on	
line 1a? If "Yes," complete Schedule J										3 X
4 For any individual listed on line 1a, is the										(550) Grove (500)
and related organizations greater than										4 X
5 Did any person listed on line 1a receive										
rendered to the organization? If "Yes,"										5 X
Section B. Independent Contractors										
Complete this table for your five higher	st compensated in	depe	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of compens	sation from
the organization. Report compensation										

 $the\ organization.\ Report\ compensation\ for\ the\ calendar\ year\ ending\ with\ or\ within\ the\ organization's\ tax\ year.$

(A) Name and business address	(B) Description of services	(C) Compensation
Blackbaud Inc., 2000 Daniel Island Drive, Charleston, SC 29492-7541	Membership database management	241,228.
Greater Public 1645 Hennepin Ave, Minneapolis, MN 55403	Print direct mail pieces	145,052.
Brit Video Systems 2 Valley Stream Dr, Cumberland, RI 02864	Technical upgrades	136,595.
2 Total number of independent contractors (including but not limited to those lis \$100,000 of compensation from the organization	ted above) who received more than	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) (B) Related or Unrelated Total revenue exempt function business revenue révenue Grants 1 a Federated campaigns , Gifts, Grant nilar Amount 4 959 419 b Membership dues c Fundraising events 1c d Related organizations 1d Contributions, and Other Simi 1,500,000 e Government grants (contributions) 1e f All other contributions, gifts, grants, and 8,508,531 similar amounts not included above 582,302, g Noncash contributions included in lines 1a-1f: \$ 14,967,950 h Total. Add lines 1a-1f Business Code 6,989 2 a Production & Engineering 6,989 Program Service Revenue All other program service revenue g Total. Add lines 2a-2f 6,989. Investment income (including dividends, interest, and 102,327. 102,327 other similar amounts) Income from investment of tax-exempt bond proceeds 139 060. 139,060. 5 Royalties (i) Real (ii) Personal 196,529 6 a Gross rents 100,751 b Less: rental expenses 95,778 c Rental income or (loss) 95,778. 95,778 d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 1,539,166 319,749 assets other than inventory b Less: cost or other basis 1,476,296 142,022 and sales expenses 62,870 177,727. c Gain or (loss) 240,597 240,597 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses _____ b c Net income or (loss) from gaming activities . 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a UW Web, radio & TV revenue 541800 89,213 89,213 30,526 30,526 Program/Advertising 541800 Miscellaneous 4,100. 4,100 654 654 d All other revenue 124,493. e Total. Add lines 11a-11d 15,677,194. 11,089 216,171. 481,984. Total revenue. See instructions.

2016.05000 Maine Public Broadcasting C 003696_1

Part IX Statement of Functional Expenses

	n 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations	-			
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			A STATE OF THE STA	er (mogalik diselektik bilane)
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members			Colonia (1965) (Alego albate Par Politica di Lorenza di Par	, onwester (Eq. 1) in the relevant on Equine
	trustees, and key employees	597,144.	154,670.	299,311.	143,163
	Compensation not included above, to disqualified	33,72220	23270,01		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	4,851,966.	3,308,144.	442,512.	1,101,310
	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	292,699.	174,551.	38,559.	79,589 234,716
	Other employee benefits	759,031.	421,827.	102,488.	234,716
	Payroll taxes	372,412.	207,199.	51,191.	114,022
	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17			经1000年的	·
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				445.060
	column (A) amount, list line 11g expenses on Sch O.)	1,055,681.	772,359.	169,360.	113,962
12	Advertising and promotion	7,398.		785.	0.000
13	Office expenses	117,278.	78,639.	30,377.	8,262
	Information technology	81,080.	81,080.		.
15	Royalties	040 046	000 450	440 250	
16	Occupancy	319,816.	209,459.	110,357.	E2 760
	Travel	163,913.	66,047.	44,106.	53,760
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
_	Interest				·
	Payments to affiliates	1,157,237.	993,435.	43,819.	119,983
	Depreciation, depletion, and amortization	120,977.	72,707.	12,912.	35,358
_	Insurance Charles are are a second	120,311.	12,101.	12,712	The section of the se
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.) Programming	1,776,470.	1,776,470.	100 mg 1208 mg 1000 1000 1000 1000 1000 1000 1000 1	A SOLD AND AND AND AND AND AND AND AND AND AN
	Electricity - Towers	302,040.	270,619.	31,421.	
	Printing	266,644.	39,714.	4,323.	222,607
	Maintenance and Repair	265,548.	168,899.	96,649.	
	All other expenses	821,286.	223,105.	180,095.	418,086
	Total functional expenses. Add lines 1 through 24e	13,328,620.	9,025,537.	1,658,265.	2,644,818
	Joint costs. Complete this line only if the organization	-,,			<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		1		
	Check here if following SOP 98-2 (ASC 958-720)				

632010 11-11-16

ırt X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			<u></u>
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	1,100.	1	1,100.
2	Savings and temporary cash investments	2,186,521.	2	3,456,478.
3	Pledges and grants receivable, net	4,091,341.	3	5,042,987.
4	Accounts receivable, net	6,519.	4	25,046
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(i)(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 instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	206,125.	9	153,295
108	a Land, buildings, and equipment; cost or other			
	basis. Complete Part VI of Schedule D 10a 29,784,044.			
ı	basis. Complete Part VI of Schedule D 10a 29,784,044. Less: accumulated depreciation 10b 22,753,866.	7,159,913 <u>.</u>	10c	7,030,178.
11	Investments - publicly traded securities	5,440,611.	11	6,002,064
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		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	19,092,130.	16	21,711,148.
17	Accounts payable and accrued expenses	866,450.	17	681,857.
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	Service Assert Control of the Service Control
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.		50 mm 120 mm	
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	<u> </u>
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of	E0 064		71 064
	Schedule D	78,864.		71,264.
26	Total liabilities. Add lines 17 through 25	945,314.	26	753,121
	Organizations that follow SFAS 117 (ASC 958), check here			
	complete lines 27 through 29, and lines 33 and 34.	10 000 015	STATE	1 1 1 1 1 7 7 7 7 1
27	Unrestricted net assets	12,269,015.	27	14,159,731
28	Temporarily restricted net assets	5,532,669.	28	6,411,315
29	Permanently restricted net assets	345,132.	29	300,301
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
-	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	10 1/6 016	32	20 050 027
33	Total net assets or fund balances	18,146,816. 19,092,130.	33 34	20,958,027
34	Total liabilities and net assets/fund balances			

Form	[990 (2016)] C/D/A MATHE TADITE		32,232	гaş	ye
	rt XI Reconciliation of Net Assets				\equiv
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,67		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,328		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,348		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,146		
5	Net unrealized gains (losses) on investments	5	462	<u>2,6</u>	<u>37.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	20,958	3 <u>,0</u>	27.
Pa	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			<u> </u>	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		MM	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	, 34		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			3.3	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	, liki		200
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C). [\$\frac{1}{2}\frac{1}{2}\frac{1}{2}		7/4/7) 21/3/79
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit		1
	or guidte, explain why in Schedule O and describe any steps taken to undergo such audits		3b		ı

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Maine Public Broadcasting Corporation 22-3171529 d/b/a Maine Public 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2016 d/b/a Maine Public 22-31715 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and				_		
	membership fees received. (Do not					,	
	include any "unusual grants.")	12,097,635.	12,825,902.	11,747,311.	13,701,743.	14,913,550.	65,286,141.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to				_		
	the organization without charge				_		
4	Total. Add lines 1 through 3	12,097,635.	12,825,902.	11,747,311.	13,701,743.	14,913,550.	65,286,141.
5	The portion of total contributions	PACKS TOX					
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			77847X			
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						65,286,141.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	12,097,635.	12,825,902.	11,747,311.	13,701,743.	14,913,550.	65,286,141.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	75,674.	84,605.	91,652.	280,899.	270,120.	802,950.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	49,494.	27,922.	41,855.	37,984.	94,534.	<u>251,789.</u>
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	28,529.	70,607.	28,978.			128,114.
11	Total support. Add lines 7 through 10						66,468,994.
12	Gross receipts from related activities	, etc. (see instruction	ons)			12	142,201.
13	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	here					<u>▶</u>
	ction C. Computation of Publ						
	Public support percentage for 2016 (- ·			14	98.22 %
	Public support percentage from 2015					15	98.31 %
16a	33 1/3% support test - 2016. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2015. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	n in Part VI how the	•
	organization meets the "facts-and-cire		-				▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b , 17a, or 17t			
					Sche	edule A (Form 990	or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 d/b/a Maine Public Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	***					
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,		1	_			
	merchandise sold or services per-						+
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that				-		
J	are not an unrelated trade or bus-						
	iness under section 513						
					 	-	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			<u> </u>	<u> </u>		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		<u></u>		. —		
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and	•					
	3 received from disqualified persons						
Ł	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					<u> </u>	
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6		"				
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
į	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	paguired offer June 20, 1975						
			 		-		
	Add lines 10a and 10b Net income from unrelated business				-		-
••	activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on					 	
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)					 	
	Total support. (Add lines 9, 10c, 11, and 12.)			<u>L</u> ,			
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a sectī	on 501(c)(3) organi	ization,
	check this box and stop here			······	·····		<u></u>
	ction C. Computation of Publ					т т	
	Public support percentage for 2016 (I			column (f))			%
	Public support percentage from 2015					16	%
<u>Se</u>	ction D. Computation of Inves						
17	Investment income percentage for 20	16 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	<u>%</u>
	Investment income percentage from					18	%
198	33 1/3% support tests - 2016. If the	organization did	not chec <mark>k t</mark> he box	on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
E	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
_							00 or 990-E7) 2016

632023 09-21-16

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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Schedule A (Form 990 or 990-EZ) 2016	d/b/a	Maine	Public		22
Part IV Supporting Organiza	tions _{(CC}	ntinued)			

Pa	† IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Sec	tion B. Type I Supporting Organizations			
		U-800-80	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		ů.	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			30.4107.1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1-6-2-56:22 1	3800h	13352351
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	September 1	1007.86	51 000 vd
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Driff dan Arif
800	tion C. Type II Supporting Organizations			
<u> </u>	tion of Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	775	\$8.5%	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1,721
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	***************************************	ti tit til dakti vra
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		W.C	
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1500 B	379
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1.400		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		201803 18.553	
	significant voice in the organization's investment policies and in directing the use of the organization's		34.550	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		多的	
	supported organizations played in this regard.	3		<u>. </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		T
2	Activities Test. Answer (a) and (b) below.	\$585 H (1787)	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	A Section	25 A 10	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			10.20
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	22.00 A.S.	et ar	1999
	that these activities constituted substantially all of its activities.	2a	1.00	4 19 ³ \$10 <u>4</u> 15.7
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	TO SE	2.5	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		1 12/65/54 ALC: 22/20	
	activities but for the organization's involvement.	2b	1 24 (\$P\$)."	1 Tyres 10
3	Parent of Supported Organizations. Answer (a) and (b) below.	100	Sanda.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			4828
	trustees of each of the supported organizations? Provide details in Part VI.	3a	1 63/675/0	8 88 5°F
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Village Village	File.	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	1	

632025 09-21-16

	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	_		Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	1		
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1,867 (d) (d) 2,571		
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	1454		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8_		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	7 (
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	CONCERN SUMMER	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functiona	lly intear	ated Type III supporting org	anization (see
	instructions)	•		

Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<u>.</u>		
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			<u></u>
8	Distributions to attentive supported organizations to which the	ne organization is responsive)	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			 ,
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii) Underdistributions	(iii) Distributable
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016
	Distributable amount for 2016 from Section C, line 6			<u> </u>
2	Underdistributions, if any, for years prior to 2016 (reason-		<u>, Amerika da Agelani, araka kemala berbasa</u>	
_	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			Service and the control of the contr
a	Process distributions out your in dry, to 2016.			
b				
	From 2013			Supplied Cold Date Sand
	From 2014			A FRANCE CHARLE
	From 2015		Mangar service of the control of the	
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years		The City was fall to so you as a real section in City so	
	Applied to 2016 distributable amount	Call State of Court State Court State Co		
С	Remainder. Subtract lines 4a and 4b from 4	3		
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions Excess distributions carryover to 2017. Add lines 3j			
7				
-	and 4c Breakdown of line 7:			
<u>8</u> a	DISANDOVITOLING C.			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
_			A 7 1 1 4	(Form 000 or 000 E7) 2016

Maine Public Broadcasting Corporation

Schedule A	Form 990 or 990-EZ) 2016 $\mathrm{d/b/a}$	a Maine Pub)11C		22-31/1529 Page
Part Vi	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Par (See instructions.)	Provide the explanat	ions required by Par	1c: Part IV Section B. lines	: 1 and 2: Part IV. Section C.
	<u> </u>				
					
					<u>.</u>
				· · · · · · · · · · · · · · · · · · ·	
					-
		·		<u> </u>	
	<u> </u>				
					-
	····	<u>-</u>	<u> </u>		
					
			<u>. </u>		
				·	
			<u> </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.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

2016
Open to Public Inspection

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (see separate inst	tructions), the	n			
•	Section 501(c)(4), (5	i), or (6) organiz	ations: Complete Part III.			
Nan	ne of organization	Maine	Public Broadcasti	ng Corporat:	ion Em	ployer identification number
		d/b/a	Maine Public			22-3171529
Pa	art I-A Compl	ete if the o	rganization is exempt und	ler section 501(c)	or is a section 527	organization.
2	Political campaign	activity expend	nization's direct and indirect politic ditures aign activities		>	\$
17 1 1 1 1			rganization is exempt und			
1	Enter the amount of	of any excise ta	x incurred by the organization un-	der section 4955	<u> </u>	\$
2	Enter the amount of	of any excise ta	x incurred by organization manag	ers under section 4955	s ▶	\$
3	If the organization	incurred a sect	ion 4955 tax, did it file Form 4720	for this year?		Yes No
46	a Was a correction n	nade?				Yes No
<u>t</u>	If "Yes," describe i	n Part IV.				
Pa	art I-C Compl	ete if the o	rganization is exempt und	der section 501(c)	, except section 50	1(c)(3).
1	Enter the amount of	directly expend	ed by the filing organization for se	ection 527 exempt func	tion activities 🕨	\$
2	Enter the amount of	of the filing orga	anization's funds contributed to of	ther organizations for se	ection 527	
						\$
3			es. Add lines 1 and 2. Enter here a			
			n 1120-POL for this year?			
5			employer identification number (E			
			zation listed, enter the amount pa			
			promptly and directly delivered to			arate segregated fund or a
	political action con	nmittee (PAC).	If additional space is needed, pro	vide information in Part	IV.	
	(a) Nam	e	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	contributions received and
	<u> </u>					

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

Maine Public Broadcasting Corporation

Schedule C (Form 990 or 990-EZ) 2016 Part II-A Complete if the org	d/b/a Maine	Public	n 501(c)(3) and fil	22-3 ed Form 5768 (el	171529 Page 2 ection under					
section 501(h)).	jumzation io ox	mpt andor ocotro								
A Check I if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,										
	re of excess lobbying			9	, , ,					
. —		and "limited control" pro	ovisions apply.							
Limi	ts on Lobbying Exp			(a) Filing organization's totals	(b) Affiliated group totals					
(The term expen				totals						
1a Total lobbying expenditures to infl	uence public opinion	(grass roots lobbying)		26 050						
b Total lobbying expenditures to infi	-			36,250.	<u> </u>					
c Total lobbying expenditures (add l	ines 1a and 1b)			36,250.						
d Other exempt purpose expenditur				8,989,287.						
 Total exempt purpose expenditure 	es (add lines 1c and 1	d)		9,025,537.						
f Lobbying nontaxable amount. Ent	er the amount from t	ne following table in bot	h columns.	601,277.						
If the amount on line 1e, column (a)	or (b) is: The lo	obying nontaxable am	ount is:							
Not over \$500,000	20% o	f the amount on line 1e								
Over \$500,000 but not over \$1,00	0,000 \$100,0	00 plus 15% of the exc	ess over \$500,000.							
Over \$1,000,000 but not over \$1,5	T	00 plus 10% of the exc	ess over \$1,000,000.							
Over \$1,500,000 but not over \$17		00 plus 5% of the exce	ess over \$1,500,000.							
Over \$17,000,000	\$1,000									
	''.									
Grassroots nontaxable amount (er	nter 25% of line 1ft		g Grassroots nontaxable amount (enter 25% of line 1f)							
	150,319.									
				0.						
h Subtract line 1g from line 1a. If zer	o or less, enter -0-									
h Subtract line 1g from line 1a. If zeri Subtract line 1f from line 1c. If zer	o or less, enter -0-			0.						
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer 	o or less, enter -0- o or less, enter -0- ero on either line 1h o	r line 1i, did the organiz	ation file Form 4720	0.	☐ Yes ☐ No					
h Subtract line 1g from line 1a. If zeri Subtract line 1f from line 1c. If zer	o or less, enter -0- o or less, enter -0- iro on either line 1h o year?	r line 1i, did the organiz	ation file Form 4720	0.	Yes No					
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this	o or less, enter -0- o or less, enter -0- ero on either line 1h o year?	r line 1i, did the organiz	ation file Form 4720	0.						
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer 	o or less, enter -0- o or less, enter -0- oro on either line 1h o year? 4-Year Av hat made a section	r line 1i, did the organiz	ation file Form 4720 section 501(h) have to complete all	0.						
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this	o or less, enter -0- or less, enter -0- ero on either line 1h o year? 4-Year A hat made a section See the sepa	r line 1i, did the organiz veraging Period Under 501(h) election do not	ation file Form 4720 section 501(h) have to complete all nes 2a through 2f.)	0.						
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this	o or less, enter -0- or less, enter -0- ero on either line 1h o year? 4-Year A hat made a section See the sepa	r line 1i, did the organiz reraging Period Under 501(h) election do not rate instructions for li	ation file Form 4720 section 501(h) have to complete all nes 2a through 2f.)	0.						
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this (Some organizations t	o or less, enter -0- or less, enter -0- or on either line 1h o year? 4-Year Ar hat made a section See the sepa	r line 1i, did the organiz veraging Period Under 501(h) election do not rate instructions for li enditures During 4-Ye (b) 2014	ation file Form 4720 section 501(h) have to complete all nes 2a through 2f.) ar Averaging Period (c) 2015	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	elow.					
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in)	o or less, enter -0- o or less, enter -0- or on either line 1h o year? 4-Year Av hat made a section See the sepa Lobbying Expe	r line 1i, did the organiz veraging Period Under 501(h) election do not rate instructions for li enditures During 4-Ye (b) 2014	ation file Form 4720 section 501(h) have to complete all nes 2a through 2f.) ar Averaging Period (c) 2015	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	(e) Total 2,311,275.					
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in)	o or less, enter -0- o or less, enter -0- or on either line 1h o year? 4-Year Av hat made a section See the sepa Lobbying Expe	r line 1i, did the organiz veraging Period Under 501(h) election do not rate instructions for li enditures During 4-Ye (b) 2014	ation file Form 4720 section 501(h) have to complete all nes 2a through 2f.) ar Averaging Period (c) 2015	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	elow. (e) Total					
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount	o or less, enter -0- o or less, enter -0- or on either line 1h o year? 4-Year Ar hat made a section See the sepa Lobbying Expe (a) 2013	r line 1i, did the organizeraging Period Under 501(h) election do not rate instructions for lienditures During 4-Ye (b) 2014	ation file Form 4720 section 501(h) have to complete all nes 2a through 2f.) ar Averaging Period (c) 2015 581,025.	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	(e) Total 2,311,275. 3,466,913.					
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount	o or less, enter -0- o or less, enter -0- or on either line 1h o year? 4-Year Av hat made a section See the sepa Lobbying Expe	r line 1i, did the organizeraging Period Under 501(h) election do not rate instructions for lienditures During 4-Ye (b) 2014	ation file Form 4720 section 501(h) have to complete all nes 2a through 2f.) ar Averaging Period (c) 2015	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	(e) Total 2,311,275.					
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations to Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))	o or less, enter -0- or less, enter -0- or on either line 1h o year? 4-Year Ar hat made a section See the sepa Lobbying Expe (a) 2013 559,073	r line 1i, did the organiz reraging Period Under 501(h) election do not rate instructions for li enditures During 4-Ye (b) 2014	ation file Form 4720 section 501(h) have to complete all nes 2a through 2f.) ar Averaging Period (c) 2015 581,025.	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	(e) Total 2,311,275. 3,466,913. 119,050.					
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount	o or less, enter -0- o or less, enter -0- or on either line 1h o year? 4-Year Ar hat made a section See the sepa Lobbying Expe (a) 2013	r line 1i, did the organiz reraging Period Under 501(h) election do not rate instructions for li enditures During 4-Ye (b) 2014	ation file Form 4720 section 501(h) have to complete all nes 2a through 2f.) ar Averaging Period (c) 2015 581,025.	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	(e) Total 2,311,275. 3,466,913.					
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount	o or less, enter -0- or less, enter -0- or on either line 1h o year? 4-Year Ar hat made a section See the sepa Lobbying Expe (a) 2013 559,073	r line 1i, did the organiz reraging Period Under 501(h) election do not rate instructions for li enditures During 4-Ye (b) 2014	ation file Form 4720 section 501(h) have to complete all nes 2a through 2f.) ar Averaging Period (c) 2015 581,025.	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	(e) Total 2,311,275. 3,466,913. 119,050. 577,818.					
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount	o or less, enter -0- or less, enter -0- or on either line 1h o year? 4-Year Ar hat made a section See the sepa Lobbying Expe (a) 2013 559,073	r line 1i, did the organiz reraging Period Under 501(h) election do not rate instructions for li enditures During 4-Ye (b) 2014	ation file Form 4720 section 501(h) have to complete all nes 2a through 2f.) ar Averaging Period (c) 2015 581,025.	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	(e) Total 2,311,275. 3,466,913. 119,050.					
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount	o or less, enter -0- or less, enter -0- or on either line 1h o year? 4-Year Ar hat made a section See the sepa Lobbying Expe (a) 2013 559,073	r line 1i, did the organiz reraging Period Under 501(h) election do not rate instructions for li enditures During 4-Ye (b) 2014	ation file Form 4720 section 501(h) have to complete all nes 2a through 2f.) ar Averaging Period (c) 2015 581,025.	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	(e) Total 2,311,275. 3,466,913. 119,050. 577,818.					

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990 EZ) 2016 d/b/a Maine Public 22-317152

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)).

For e	or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)		
	e lobbying activity.	Yes	No	Am	ount	
1	During the year, did the filling 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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			galan da ing kalangan mang panggangan		
	If "Yes," enter the amount of any tax incurred under section 4912	25432				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		NOT NO			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			ALC: U.S.		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction		
	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?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."					
1	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		. Specie			
2	expenses for which the section 527(f) tax was paid).	(Ca)	3546 E746			
а	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 ex	cess	1			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	2.2. A			
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	TIV Supplemental Information					
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	p list); Part l	I·A, lines 1	and 2 (see		
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.					
	<u>.</u>					
	· · · · · · · · · · · · · · · · · · ·					

SCHEDULE D

(Form 990)

1

3

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

➤ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Maine Public Broadcasting Corporation

Employer identification number Name of the organization 22-3171529 d/b/a Maine Public Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat 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 Held at the End of the Tax Year a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -Number of states where property subject to conservation easement is located

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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)? ________L In Part XIII, 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.

violations, and enforcement of the conservation easements it holds?

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

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of

- 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 XIII, 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X
- 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 Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

632051 08-29-16

Pai	t III Organizations Maintaining C	collections of A	rt, Historical Tı	easures,	or Oth	er Simila	ar Asse	ts(continu	ed)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	following that	at are a s	ignificant ı	use of its	collection i	items	
	(check all that apply):		F1							
а	Public exhibition	c	I ∭ Loan or exc	hange progra	ams					
b	Scholarly research	e	e L Other							
c										
4										
5										
T	to be sold to raise funds rather than to be m							Yes	No_	
Pai	TIV Escrow and Custodial Arran		ete if the organization	n answered	"Yes" or	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							٦.,		
	on Form 990, Part X?						L	」Yes	L No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			Г		A 1		
_	De alauda a halau a							Amount		
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance Did the organization include an amount on F							Yes	□ No	
	If "Yes," explain the arrangement in Part XIII.		•			•			= ''	
	t V Endowment Funds. Complete i									
1 1		(a) Current year	(b) Prior year	(c) Two yea			ears back	(e) Four v	ears back	
1a	Beginning of year balance	5,440,611.	5,195,821,		1,653.		79,213.		34,573.	
	Contributions	135,369.	351,110	33	1,412.	1	06,439.		97,322.	
	Net investment earnings, gains, and losses	616,084.	83,680.	6	2,756.	7	36,001.	3	87,318.	
	Grants or scholarships									
	Other expenditures for facilities									
	and programs	190,000.	190,000	17	0,000.	1	50,000.	1	40,000.	
f	Administrative expenses									
g	End of year balance	6,002,064.	5,440,611.	5,19	5,821.	4,9	71,653.	4,2	79,213.	
2	Provide the estimated percentage of the cur		ce (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	91.00	%							
	Permanent endowment 6.00	<u></u> %								
C	Temporarily restricted endowment ▶	3.00 %								
	The percentages on lines 2a, 2b, and 2c sho									
3а	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administe	ered for t	he organiz	ation			
	by:								es No	
	(i) unrelated organizations							3a(i)	X	
	(ii) related organizations								<u> </u>	
	If "Yes" on line 3a(ii), are the related organiza			,				. 3b		
4	Describe in Part XIII the intended uses of the		owment funds.							
Cai	Complete if the organization answere		D Port IV line 11s	See Form 900	n Part V	line 10				
	Description of property	(a) Cost or o		t or other		ccumulate	nd T	(d) Book	value	
	Description of property	basis (investr	, , ,	(other)		preciation	iu	(u) BOOK	value	
	Land	<u> </u>		88,378.	30-14525	20 (3) 63/3		238	,378.	
	Land Buildings			6,296.	1 per 1044/1100	uk, kis agrano <u>n iy di a</u>		5,066		
	Leasehold improvements			1,600.	<u> </u>				,600.	
	Equipment			0,378.			1 2	3,850		
	Other			7,392.	22,	753,80		2,146		
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part			,		I	7,030		
		un	,	. /			Schedule	D (Form		

1	2	2	1	7	7	Е,	1	Ω	_ ^
4	4-	Ç	Т.	1	т	\circ	4	フ	Page 3

(a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, (c) Method of valuatio	n: Cost or end-of-year market value
.,	(a) Dook value	(e) mostoo or valuatio	
Financial derivatives Closely-held equity interests			
3) Other			
(A)			
(B)			uca
(C)			
(D)			
(E)			==
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		The regulate the most residence with the control of	an kan 18 km gan san Sugar San kebaharan Senari San kebaharan 18 km kesari 18 km kebaharan 18 km kebaharan 18 Kan san S
Complete if the organization answered "Yes"	on Form 000 Port IV lin	a 11a San Farm 900 Port V	lina 12
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)	1-1	(a)aalaa ai talaalaa	
(2)			
		-	
(3)			
(4) (5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	F 000 F+ IV III	441 O- F 000 Part V	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Complete if the organization answered "Yes" (a)	on Form 990, Part IV, lir Description	e 11d. See Form 990, Part X,	line 15. (b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a)		e 11d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		e 11d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		e 11d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		e 11d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	e 11d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description = 15.)		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description = 15.)	e 11e or 11f. See Form 990,	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description = 15.)		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	e 15.) on Form 990, Part IV, lir	e 11e or 11f. See Form 990, (b) Book value	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) Accrued Post Retirement B	e 15.) on Form 990, Part IV, lir	e 11e or 11f. See Form 990,	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Accrued Post Retirement B (3)	e 15.) on Form 990, Part IV, lir	e 11e or 11f. See Form 990, (b) Book value	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Accrued Post Retirement B (3) (4)	e 15.) on Form 990, Part IV, lir	e 11e or 11f. See Form 990, (b) Book value	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Accrued Post Retirement B (3) (4) (5)	e 15.) on Form 990, Part IV, lir	e 11e or 11f. See Form 990, (b) Book value	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Accrued Post Retirement B (3) (4) (5) (6)	e 15.) on Form 990, Part IV, lir	e 11e or 11f. See Form 990, (b) Book value	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) Accrued Post Retirement B (3) (4) (5) (6) (7)	e 15.) on Form 990, Part IV, lir	e 11e or 11f. See Form 990, (b) Book value	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Accrued Post Retirement B (3) (4) (5) (6) (7) (8)	e 15.) on Form 990, Part IV, lir	e 11e or 11f. See Form 990, (b) Book value	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Accrued Post Retirement B (3) (4) (5) (6) (7)	e 15.) on Form 990, Part IV, lir	e 11e or 11f. See Form 990, (b) Book value	(b) Book value

Schedule D (Form 990) 2016

Pai	t XI Reconciliation of Revenue per Audited Financial Statements	With	Revenue per R	eturr).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		**********	1	16,415,889.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			100 mm 100 mm 100 mm 100 mm	
а		2a	462,637.		
b	Donated services and use of facilities	2b	33,285.		
C		2c	0.40 == 0		
d	Other (Describe in Part XIII.)	2d	242,773.		E20 C0E
е	Add lines 2a through 2d			2e	738,695.
3	Subtract line 2e from line 1		***************************************	3	15,677,194.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			N TO NO	
		4a	-	4,	
		4b			٥
_	Add lines 4a and 4b			4c	0. 15,677,194.
5 I Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Statements		Evnoncoc nor	5 Detu	
Pa		2 AAILI	i Exhelises bei	netu	J\$ 1 1 i
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		······	1	13,604,678.
1	Total expenses and losses per audited financial statements			3000	15,001,0701
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	33,285.		
a		2a 2b	33,2031		•
		20 20			
		2d	242,773.		
				2e	276,058.
_	Add lines 2a through 2d			3	13,328,620.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			25,75	
	1	4a			
		4b		7574 7574	
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	13,328,620.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			4; Part	X, line 2; Part XI,
Par	t XI, Line 2d - Other Adjustments:		-		
Rei	ntal Expenses	_			100,751.
Pre	emiums				142,022.
Tot	al to Schedule D, Part XI, Line 2d				242,773.
Par	rt XII, Line 2d - Other Adjustments:			. <u>-</u>	
Rei	ntal Expenses				100,751.
Pre	emiums				142,022.
To	cal to Schedule D, Part XII, Line 2d				242,773.
	····			-	

Oakadula D (Farra 000) 0040	Maine	Public	Broadcasting Public	Corporation	22-3171529	Dogo E
Schedule D (Form 990) 2016 Part XIII Supplemental Infor	mation (co	ntinued)	TUDITO		22 3111323	rage 3
- and active outpromotion into	mation (co	лыпасау				
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			<u> </u>			

Schedule D (Form 990) 2016

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990. OMB No. 1545-0047

Inspection

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Maine Public Broadcasting Corporation d/b/a Maine Public

Employer identification number 22-3171529

Schedule J (Form 990) 2016

No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account □ Personal services (such as, 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 directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? 4¢ 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? 5a b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on 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? X b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 7 not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990. Part VII, paid or accrued pursuant to a contract that was subject to the 8 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53,4958-6(c)?

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Maine Public Broadcasting Corporation

Schedule J (Form 990) 2016 d/b/a Maine Public

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

22-3171529

Page 2

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	_	(a) (a) (a)	reported as deferred on prior Form 990
Mark Vogelzang	(i)	245,45	0	0.	23,59	6,685.	275,73	• 0
President & CEO	<u> </u>		0	,			Š	
(2) Alexander G Maxwell	Ξ	129,72	0	=	9,15	14,101.	152,98	
Sr. VP and COO	(E)		0.	0	- 1	- 1	ļ	
Clare Hannan	€	124,709.	0.	0.	8,921.	19,863.	153,49	
CFO	≘		• 0	• 0	0	0.	0.	0
	€							
	Ξ							
	Ξ							
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	(<u>ii</u>)							
				,			Sched	Schedule J (Form 990) 2016
				3.4				

Maine Public Broadcasting Corporation d/b/a Maine Public

22-3171529

Schedule J (Form 990) 2016	d/b/a Maine Public	22-3171529	Page 3
Part III Supplemental Information			
Provide the information, explanation, or descriptions required for Part	or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional int	irt for any additional information.	

							į		

Schedule J (Form 990) 2016

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.

► Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990.

Employer identification number

Name of the organization

Part I Types of Property

Maine Public Broadcasting Corporation d/b/a Maine Public

22-3171529

Schedule M (Form 990) (2016)

OMB No. 1545-0047

Open To Public

Inspection

		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of detern noncash contribution		ts
1	Art Marks of art		items contributed	Form 990, Part VIII, line 1g			
2	Art - Works of art Art - Historical treasures				·-		
3	Art - Fractional interests			<u> </u>			
4	Books and publications		350586.768666	<u></u>		-	
5	Clothing and household goods		VV. garage single			<u> </u>	
6	Cars and other vehicles	X	942	243.850.	Selling Price		
7	Boats and planes			220,0001	<u>-</u>		
8	Intellectual property						
9	Securities - Publicly traded	X	49	284,052.	Market Price		
10	Securities - Closely held stock			· ,			
11	Securities - Partnership, LLC, or			22.0			
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -	<u> </u>					
	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 (Equipment)	X	2	54,400.	FMV	_	
26	Other ()				-		
27	Other (
28	Other (
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	contributions			
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29			
						Yes	No
30a	During the year, did the organization receive b	y contributio	on any property re	ported in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be ι	ised for		
	exempt purposes for the entire holding period	?			30	Ja 💮	X
b	If "Yes," describe the arrangement in Part II.				3	120 12000	
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	utions? 3	1 X	
32a	Does the organization hire or use third parties	or related or	rganizations to sol	icit, process, or sell noncash	ı		
	contributions?		***************************************	•,	32		
b	If "Yes," describe in Part II.						20
33	If the organization didn't report an amount in o	column (c) fo	er a type of propert	y for which column (a) is che	ecked,		
	describe in Part II.				42°		

632141 08-23-16

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Maine Public Broadcasting Corporation

Schedule M (Form 990) (2016) d/b/a Maine Public	22-3171529 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b is reporting in Part I, column (b), the number of contributions, the number of items received, of this part for any additional information.	, and 33, and whether the organization
Schedule M, Line 32b:	
Vehicles are donated to Maine Public through a third	party organization
(Car Talk Vehicle Donation Program). The third party	
sells the vehicles and forwards the proceeds to Maine	
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SCHEDULE 0

(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.

QMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
Maine Public Broadcasting Corporation Employed
d/b/a Maine Public
22

Employer identification number 22-3171529

Form 990, Part I, Line 1, Description of Organization Mission:

to creating exceptional opportunities for the communities it serves to
engage with critical issues, compelling stories and quality
entertainment. Formed in 1992, Maine Public is an independently owned
and operated nonprofit organization. Maine Public 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.

Form 990, Part III, Line 1, Description of Organization Mission:

Broadcasting Service (PBS), National Public Radio (NPR), and other

independent producers.

Form 990, Part III, Line 4a, Program Service Accomplishments:

listeners through a variety of mechanisms including Community Advisory

Board (CAB) meetings that are open to the public, Board of Trustees

meetings that include opportunities for public comment, community

events that include state-wide free public screenings of Maine Public

programs, a presence at fairs and festivals, and access to Maine Public

-produced events including debates and cultural performances, and an

active social media presence with a continuously updated website

(mainepublic.org) and a number of active Facebook properties including

Maine Public's main Facebook page with over 23,000+ members. Maine

Public partners with non-profits across the state to help promote their events and help drive the success of their efforts.

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

Schedule O (Form 990 or 990-EZ) (2016)

Employer identification number 22-3171529

Maine Public culls feedback through a number of vehicles including listener and viewer surveys, a dedicated Audience Services team to manage all incoming queries via phone and email, and a dedicated Member Services team to manage member issues and concerns.

Form 990, Part VI, Section B, line 11b:

Line 11a explanation - The Form 990 is reviewed by the President, CFO and Controller at Maine Public. 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, Section B, Line 12c:

Maine Public 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. 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 of Maine Public.

Form 990, Part VI, Section B, Line 15:

The Human Resources Director does an internal and external comparative study of salaries for equivalent positions and uses that to determine a compensation baseline.

Form 990, Part VI, Section C, Line 19:

Maine Public's Audited Financial Statements, 990 Tax returns, and Strategic Plan can be found online at mainepublic.org. Any member of the general public can also request either verbally or in writing for a copy of these Schedule O (Form 990 or 990-EZ) (2016)

Employer identification number 22-3171529

documents.

Organizational Review

Maine Public 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 94 full time and part-time people.

Maine Public is governed by a volunteer Board of Trustees which include the President of Maine Public, a Gubernatorial appointee, a University System appointee and up to 24 Community Members from across the State.

The Board meets a minimum of four times a year and all meetings are open to the public.

Maine Public has a volunteer community advisory board (CAB) with

Membership reflecting the diversity of the state and Maine Public's

audiences. The purpose of the CAB is to advise the Board of Trustees

and Maine Public staff as to whether the programming and other policies

of Maine Public 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.

Maine Public's revenues come from the voluntary contributions from over

48,000 individual supporters, as well as underwriting support from

businesses and nonprofit organizations. Additional funding is received

through an annual appropriation from the state of Maine and from

television & radio community service grants from the Corporation for

Schedule O (Form 990 or 9	390·EZ) (2016)	Page 2
Name of the organization	990-EZ)(2016) Maine Public Broadcasting Corporation d/b/a Maine Public	Employer identification number 22-3171529
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