

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable: C Name of organization OREGON PUBLIC BROADCASTING D Employer identification number 93-0814638 E Telephone number (503) 244-9900

G Website: WWW.OPB.ORG J Organization type 501(c)(3) K Check here if the organization is not a 509(a)(3) supporting organization L Gross receipts: 37,729,642. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Sch. B

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and multiple columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 a Gross rents; 6 b Less: rental expenses; 6 c Net rental income or (loss); 7 Other investment income; 8 a Gross amount from sales of assets other than inventory; 8 b Less: cost or other basis and sales expenses; 8 c Gain or (loss); 8 d Net gain or (loss); 9 Special events and activities; 10 a Gross sales of inventory, less returns and allowances; 10 b Less: cost of goods sold; 10 c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

| <i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i> | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|-------------|----------------------|----------------------------|-----------------|
| 22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 23 Specific assistance to individuals (attach schedule) | | | | |
| 24 Benefits paid to or for members (attach schedule) | | | | |
| 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A | 466,397. | 0. | 466,397. | 0. |
| 25b Compensation of former officers, directors, key employees, etc. listed in Part V-B | 174,193. | 0. | 174,193. | 0. |
| 25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 9,751,952. | 6,801,376. | 1,118,715. | 1,831,861. |
| 27 Pension plan contributions not included on lines 25a, b, and c | 696,477. | 459,663. | 90,502. | 146,312. |
| 28 Employee benefits not included on lines 25a - 27 | 858,186. | 624,026. | 90,031. | 144,129. |
| 29 Payroll taxes | 818,017. | 553,832. | 114,861. | 149,324. |
| 30 Professional fundraising fees | 732,523. | | | 732,523. |
| 31 Accounting fees | 57,848. | | 57,848. | |
| 32 Legal fees | 89,453. | 45,819. | 38,593. | 5,041. |
| 33 Supplies | 1,012,639. | 123,662. | 871,540. | 17,437. |
| 34 Telephone | 292,979. | 95,610. | 67,045. | 130,324. |
| 35 Postage and shipping | 547,727. | 192,958. | 10,136. | 344,633. |
| 36 Occupancy | 243,476. | | 242,697. | 779. |
| 37 Equipment rental and maintenance | 486,873. | 433,006. | 48,746. | 5,121. |
| 38 Printing and publications | 664,627. | 293,835. | 15,907. | 354,885. |
| 39 Travel | 601,754. | 495,885. | 40,639. | 65,230. |
| 40 Conferences, conventions, and meetings | 258,108. | 75,426. | 25,707. | 156,975. |
| 41 Interest | 8,709. | | 8,709. | |
| 42 Depreciation, depletion, etc. (attach schedule) | 1,972,057. | 1,593,969. | 370,272. | 7,816. |
| 43 Other expenses not covered above (itemize): | | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f | | | | |
| g SEE STATEMENT 7 | 10,547,154. | 9,695,593. | 365,712. | 485,849. |
| 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 30,281,149. | 21,484,660. | 4,218,250. | 4,578,239. |

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

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

| | |
|---|--|
| What is the organization's primary exempt purpose? ► SEE STATEMENT 9 | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
| All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | |
| a SEE STATEMENT 8 | 21,484,660. |
| (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| b | |
| (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| c | |
| (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| d | |
| (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| e Other program services (attach schedule) | |
| (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► | 21,484,660. |

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | (B) End of year |
|--|---|--------------------------|--------------------|
| Assets | 45 Cash - non-interest-bearing | | 45 |
| | 46 Savings and temporary cash investments | 9,877,010. | 46 5,917,104. |
| | 47 a Accounts receivable | 47a 5,146,444. | 47c 5,104,012. |
| | b Less: allowance for doubtful accounts | 47b 42,432. | |
| | 48 a Pledges receivable | 48a 559,962. | 48c 559,962. |
| | b Less: allowance for doubtful accounts | 48b | |
| | 49 Grants receivable | | 49 |
| | 50 a Receivables from current and former officers, directors, trustees, and key employees | | 50a |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | 50b |
| | 51 a Other notes and loans receivable | 51a | 51c |
| | b Less: allowance for doubtful accounts | 51b | |
| | 52 Inventories for sale or use | | 52 |
| | 53 Prepaid expenses and deferred charges | 1,435,636. | 53 1,744,510. |
| | 54 a Investments - publicly-traded securities STMT 15 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 8,706,164. | 54a 8,281,352. |
| | b Investments - other securities STMT 14 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 4,159,092. | 54b 6,065,095. |
| 55 a Investments - land, buildings, and equipment: basis | 55a | 55c | |
| b Less: accumulated depreciation | 55b | | |
| 56 Investments - other | SEE STATEMENT 10 | 56 2,443,721. | |
| 57 a Land, buildings, and equipment: basis | 57a 38,528,299. | 57c 15,133,361. | |
| b Less: accumulated depreciation STMT 11 | 57b 23,394,938. | | |
| 58 Other assets, including program-related investments (describe INVESTMENT IN LLC) | 2,431,210. | 58 2,518,014. | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | 47,302,494. | 59 47,767,131. | |
| Liabilities | 60 Accounts payable and accrued expenses | 1,944,653. | 60 4,313,097. |
| | 61 Grants payable | | 61 |
| | 62 Deferred revenue | 1,007,466. | 62 313,460. |
| | 63 Loans from officers, directors, trustees, and key employees | | 63 |
| | 64 a Tax-exempt bond liabilities | | 64a |
| | b Mortgages and other notes payable STMT 12 | 2,367,566. | 64b 475,000. |
| | 65 Other liabilities (describe SEE STATEMENT 13) | 1,086,372. | 65 1,354,920. |
| 66 Total liabilities. Add lines 60 through 65 | 6,406,057. | 66 6,456,477. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | |
| | 67 Unrestricted | 36,739,278. | 67 37,461,208. |
| | 68 Temporarily restricted | 2,703,809. | 68 2,111,666. |
| | 69 Permanently restricted | 1,453,350. | 69 1,737,780. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | |
| | 70 Capital stock, trust principal, or current funds | | 70 |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 |
| 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | 40,896,437. | 73 41,310,654. | |
| 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 47,302,494. | 74 47,767,131. | |

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows for adjustments. Total revenue is 32,388,304.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows for adjustments. Total expenses are 30,281,149.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Includes entry for 'SEE STATEMENT 19'.

| Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) | | Yes | No |
|---|---|------------|----------|
| 75 a | Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 24 | | |
| b | Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) | 75b | X |
| c | Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." | 75c | X |
| If "Yes," attach a statement that includes the information described in the instructions. | | | |
| d | Does the organization have a written conflict of interest policy? | 75d | X |

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

| (A) Name and address | (B) Loans and Advances | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|--|------------------------|---|---|--|
| MAYNARD ORME 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | 0. | 159,810. | 14,383. | 0. |
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| Part VI Other Information (See the instructions.) | | Yes | No |
|---|---|------------|-----------|
| 76 | Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change | 76 | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? | 77 | X |
| If "Yes," attach a conformed copy of the changes. | | | |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 78b | X |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | X |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | X |
| b | If "Yes," enter the name of the organization N/A | | |
| _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | | | |
| 81 a | Enter direct and indirect political expenditures. (See line 81 instructions.) | 81a | 0. |
| b | Did the organization file Form 1120-POL for this year? | 81b | X |

| Part VI Other Information (continued) | | Yes | No |
|--|---|-----|----|
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | X | |
| 82b | 276,905. | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| 83b | Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | X | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| 84b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A | | |
| 85 a | 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A | | |
| 85b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A | | |
| If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | | |
| 85c | Dues, assessments, and similar amounts from members N/A | | |
| 85d | Section 162(e) lobbying and political expenditures N/A | | |
| 85e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices N/A | | |
| 85f | Taxable amount of lobbying and political expenditures (line 85d less 85e) N/A | | |
| 85g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A | | |
| 85h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A | | |
| 86 | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 N/A | | |
| 86b | Gross receipts, included on line 12, for public use of club facilities N/A | | |
| 87 | 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A | | |
| 87b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) N/A | | |
| 88 a | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | X | |
| 88b | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI | X | |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0. | | |
| 89b | 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | | X |
| 89c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. | | |
| 89d | Enter: Amount of tax on line 89c, above, reimbursed by the organization 0. | | |
| 89e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | | X |
| 89f | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? | | X |
| 89g | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A | | |
| 90 a | List the states with which a copy of this return is filed OR | | |
| 90b | Number of employees employed in the pay period that includes March 12, 2007 228 | | |
| 91 a | The books are in care of JAN HESKISS Telephone no. (503) 244-9900 Located at 7140 SW MACADAM AVENUE, PORTLAND, OR ZIP + 4 97219 | | |
| 91b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A | | X |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclu- sion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a PUBLIC BROADCASTING REV | | | | | 9,908,428. |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | 14 | 283,735. | |
| 96 Dividends and interest from securities | | | 14 | 980,390. | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | 531120 | -157,507. | 16 | -43,657. | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | 515100 | 158,498. | | | |
| 99 Other investment income | 900002 | 30,960. | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | 18 | 216,568. | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 31,951. | | 1,437,036. | 9,908,428. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 11,377,415. |

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|----------|---|
| 93A | INCOME FROM PROVIDING TELEVISION AND RADIO PUBLIC BROADCASTING ASSISTANCE TO OTHER PUBLIC BROADCASTING STATIONS, SCHOOLS, AND VARIOUS GOVERNMENTAL AGENCIES. |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|---|--|--------------------------------|---------------------|------------------------------|
| SKYLINE TOWER LLC - 1501 SW JEFFERSON ST, PORTLAND, OR 97201 - 93-1261095 | 50.00% | ANALOG AND DIGITAL ANTENNAS | 754,091. | 4,768,488. |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

| | |
|--------------------------|-------------------------------------|
| Yes | No |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- ----- ----- | | | |
| b | ----- ----- ----- | | | |
| c | ----- ----- ----- | | | |
| Totals | | | | |

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

| | |
|--------------------------|-------------------------------------|
| Yes | No |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- ----- ----- | | | |
| b | ----- ----- ----- | | | |
| c | ----- ----- ----- | | | |
| Totals | | | | |

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

| | |
|--------------------------|-------------------------------------|
| Yes | No |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

| | | | | | | | | | |
|--|--|---|---|---|---|--|--|-----------|---------------------------------|
| Please Sign Here | Signature of officer _____ Date _____ JAN HESSISS, CFO & ASST. SECRETARY-TREASURER Type or print name and title | | | | | | | | |
| Paid Preparer's Use Only | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Preparer's signature _____</td> <td style="width: 10%;">Date _____</td> <td style="width: 10%;">Check if self-employed <input type="checkbox"/></td> <td style="width: 40%;">Preparer's SSN or PTIN (See Gen. Inst. X) _____</td> </tr> <tr> <td colspan="2">Firm's name (or yours if self-employed), address, and ZIP + 4 MOSS ADAMS LLP 805 SW BROADWAY, #1200 PORTLAND, OREGON 97205 </td> <td>EIN _____</td> <td>Phone no. (503) 242-1447</td> </tr> </table> | Preparer's signature _____ | Date _____ | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN (See Gen. Inst. X) _____ | Firm's name (or yours if self-employed), address, and ZIP + 4 MOSS ADAMS LLP 805 SW BROADWAY, #1200 PORTLAND, OREGON 97205 | | EIN _____ | Phone no. (503) 242-1447 |
| Preparer's signature _____ | Date _____ | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN (See Gen. Inst. X) _____ | | | | | | |
| Firm's name (or yours if self-employed), address, and ZIP + 4 MOSS ADAMS LLP 805 SW BROADWAY, #1200 PORTLAND, OREGON 97205 | | EIN _____ | Phone no. (503) 242-1447 | | | | | | |

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

| | |
|---|---|
| Name of the organization OREGON PUBLIC BROADCASTING | Employer identification number 93 0814638 |
|---|---|

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| DAN METZIGA 7140 SW MACADAM AVE, PORTLAND, OR 972 | SR VP-DEVELOPMENT 40.00 | 170,000. | 20,066. | |
| DAVE DAVIS 7140 SW MACADAM AVE, PORTLAND, OR 972 | VP-NAT'L PRODUCTION 40.00 | 117,500. | 15,341. | |
| JEFF DOUGLAS 7140 SW MACADAM AVE, PORTLAND, OR 972 | SR VP-STATION MGR 40.00 | 117,000. | 15,296. | |
| DEBBIE ROTICH 7140 SW MACADAM AVE, PORTLAND, OR 972 | VP - HR & ADMIN 40.00 | 108,000. | 10,056. | |
| TOM DOGGETT 7140 SW MACADAM AVE, PORTLAND, OR 972 | VP-TV PROGRAMMING 40.00 | 105,737. | 15,242. | |
| Total number of other employees paid over \$50,000 ▶ | 73 | | | |

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---|------------------|
| LEOPOLD KETEL & PARTNERS 112 SW FIRST AVENUE, PORTLAND, OR 97204 | ADVERTISING AND PUBLIC RELATIONS | 227,753. |
| MITCHELL SILBERBERG & KNUPP LLP 11377 WEST OLYMPIC BLVD., LOS ANGELES, CA 90064 | CONSULTING AND LEGAL SERVICES | 105,025. |
| ACD DIRECT PO BOX 1526, LAYTON, UT 84041 | FUNDRAISING/CALL CENTER SERVICES | 94,479. |
| LEWIS-KENNEDY ASSOCIATES, INC. PO BOX 3257, PORTLAND, OR 97208 | FUNDRAISING CONSULTANT | 76,368. |
| SHARE PO BOX 55186, BOSTON, MA 02205 | FUNDRAISING/TELEMARKETING | 59,872. |
| Total number of others receiving over \$50,000 for professional services ▶ | 1 | |

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|--------------------------------|-------------------|
| LION TELEVISION 304 HUDSON STREET, 5TH FLOOR, NEW YORK, NY 10013 | PRODUCTION SERVICES | 3,079,783. |
| DAVID POULSHOCK PRODUCTIONS, INC. 2211 NW FRONT SUITE 209, PORTLAND, OR 97209 | PRODUCTION SERVICES | 459,865. |
| SPEED'S SUPERTOW 125 E CLAY STREET, PORTLAND, OR 97214 | VEHICLE DONATION TOWING | 168,454. |
| AMERICAN ASSOCIATION FOR ADVANCEMENT OF SCIENCE 1200 NEW YORK AVENUE NW, WASHINGTON, DC 20005 | OUTREACH SERVICES | 126,463. |
| BIOLOGICAL SCIENCES CURRICULUM STUDY 5415 MARK DABLING BLVD, COLORADO SPRINGS, CO 8091 | EDUCATIONAL SERVICES | 110,379. |
| Total number of other contractors receiving over \$50,000 for other services ▶ | 4 | |

Part III Statements About Activities (See page 2 of the instructions.)

| | | Yes | No |
|-----|--|-----|-----|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>30,915.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-B, LINE I Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | X | |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) | | |
| a | Sale, exchange, or leasing of property? | | X |
| b | Lending of money or other extension of credit? | | X |
| c | Furnishing of goods, services, or facilities? | | X |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990 | X | |
| e | Transfer of any part of its income or assets? | | X |
| 3 a | Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) | | X |
| b | Did the organization have a section 403(b) annuity plan for its employees? | X | |
| c | Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement | | X |
| d | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | | X |
| 4 a | Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g | | X |
| b | Did the organization make any taxable distributions under section 4966? | | N/A |
| c | Did the organization make a distribution to a donor, donor advisor, or related person? | | N/A |
| d | Enter the total number of donor advised funds owned at the end of the tax year | | N/A |
| e | Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year | | N/A |
| f | Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts | | 0. |
| g | Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year | | 0. |

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | ▶ |

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
|---|------------|------------|-----------|-----------|-----------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 19930216. | 19591261. | 14907335. | 15019816. | 69,448,628. |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | 8,398,668. | 8,706,732. | 12211568. | 11373433. | 40,690,401. |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 832,004. | 661,066. | 379,267. | 531,671. | 2,404,008. |
| 19 Net income from unrelated business activities not included in line 18 | 297,743. | 236,331. | 171,995. | | 706,069. |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | |
| 23 Total of lines 15 through 22 | 29458631. | 29195390. | 27670165. | 26924920. | 113249106. |
| 24 Line 23 minus line 17 | 21059963. | 20488658. | 15458597. | 15551487. | 72,558,705. |
| 25 Enter 1% of line 23 | 294,586. | 291,954. | 276,702. | 269,249. | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | | | | | 26a 1,451,174. |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b 0. |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 26c 72,558,705. |
| d Add: Amounts from column (e) for lines: 18 2,404,008. 19 706,069. 22 26b | | | | | 26d 3,110,077. |
| e Public support (line 26c minus line 26d total) | | | | | 26e 69,448,628. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 95.7137% |
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A | | | | | |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A | | | | | |
| c Add: Amounts from column (e) for lines: 15 16 17 20 21 | | | | | 27c N/A |
| d Add: Line 27a total and line 27b total | | | | | 27d N/A |
| e Public support (line 27c total minus line 27d total) | | | | | 27e N/A |
| f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) | | | | | 27f N/A |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27g N/A % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27h N/A % |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | | Yes | No |
|------|--|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____ | | |
| 32 | Does the organization maintain the following: | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____ | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | |
| a | Students' rights or privileges? | | |
| b | Admissions policies? | | |
| c | Employment of faculty or administrative staff? | | |
| d | Scholarships or other financial assistance? | | |
| e | Educational policies? | | |
| f | Use of facilities? | | |
| g | Athletic programs? | | |
| h | Other extracurricular activities? | | |
| | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____ | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | | |
| b | Has the organization's right to such aid ever been revoked or suspended? | | |
| | If you answered "Yes" to either 34a or b, please explain using an attached statement. | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Affiliated group totals | (b) To be completed for all electing organizations |
|---|---|-----------------------------------|--|
| | | N/A | |
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | | |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | | |
| 38 Total lobbying expenditures (add lines 36 and 37) | 38 | | |
| 39 Other exempt purpose expenditures | 39 | | |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | | |
| 41 Lobbying nontaxable amount. Enter the amount from the following table - | | | |
| If the amount on line 40 is - | The lobbying nontaxable amount is - | | |
| Not over \$500,000 | 20% of the amount on line 40 | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | 41 | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | |
| Over \$17,000,000 | \$1,000,000 | | |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | | |
| 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | | |
| 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | | |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | N/A |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | 0. |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | 0. |
| 47 Total lobbying expenditures | | | | | 0. |
| 48 Grassroots nontaxable amount | | | | | 0. |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | 0. |
| 50 Grassroots lobbying expenditures | | | | | 0. |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes | No | Amount |
|---|-----|----|---------|
| a Volunteers | | X | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.) | | X | |
| c Media advertisements | | X | |
| d Mailings to members, legislators, or the public | | X | |
| e Publications, or published or broadcast statements | | X | |
| f Grants to other organizations for lobbying purposes | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | X | | 30,915. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | X | |
| i Total lobbying expenditures (Add lines c through h.) | | | 30,915. |

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

SEE STATEMENT 20

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

OREGON PUBLIC BROADCASTING

Employer identification number

93-0814638

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

General Rule-

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

Special Rules-

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

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

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

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

| | |
|---|---|
| Name of organization OREGON PUBLIC BROADCASTING | Employer identification number 93-0814638 |
|---|---|

Part I Contributors (See Specific Instructions.)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------|--------------------------------|--|
| 1 | | \$ 747,063. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | | \$ 650,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|---|---|
| Name of organization OREGON PUBLIC BROADCASTING | Employer identification number 93-0814638 |
|---|---|

Part II Noncash Property (See Specific Instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|---|--|----------------------|
| 2 | IN-KIND DONATION OF HEALY HEIGHTS PROPERTY | \$ 650,000. | 04/10/08 |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |

FORM 990 OTHER INVESTMENT INCOME STATEMENT 1

| DESCRIPTION | AMOUNT |
|--|---------|
| GAIN ON INVESTMENT - SKYLINE TOWER LLC | 30,960. |
| TOTAL TO FORM 990, PART I, LINE 7 | 30,960. |

FORM 990 RENTAL INCOME STATEMENT 2

| KIND AND LOCATION OF PROPERTY | ACTIVITY NUMBER | GROSS RENTAL INCOME |
|---------------------------------------|-----------------|---------------------|
| DEBT FINANCED RENTAL INCOME | 1 | 110,586. |
| TOWER RENTAL INCOME | 2 | 142,701. |
| PERSONAL PROPERTY RENTAL AND SERVICES | 3 | 62,762. |
| AWBREY TOWERS LLC | 4 | -4,624. |
| RODDA BUILDING | 8 | 27,405. |
| TOTAL TO FORM 990, PART I, LINE 6A | | 338,830. |

FORM 990 RENTAL EXPENSES STATEMENT 3

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|------------------------------------|-----------------|----------|----------|
| FACILITIES MAINTENANCE | | 19,254. | |
| INSURANCE | | 2,805. | |
| FINANCING COSTS | | 156,407. | |
| MISCELLANEOUS | | 5,488. | |
| NON-CAPITAL EQUIPMENT | | 1,974. | |
| TAXES | | 15,551. | |
| TELEPHONE SERVICES | | 753. | |
| UTILITIES | | 29,114. | |
| DEPRECIATION | | 36,747. | |
| - SUBTOTAL - | 1 | | 268,093. |
| DEPRECIATION | | 3,521. | |
| PERSONNEL | | 10,709. | |
| - SUBTOTAL - | 2 | | 14,230. |
| PAYROLL EXPENSES | | 22,438. | |
| OTHER EXPENSES | | 10,297. | |
| - SUBTOTAL - | 3 | | 32,735. |
| DEPRECIATION | | 9,106. | |
| OTHER EXPENSES | | 57,332. | |
| - SUBTOTAL - | 8 | | 66,438. |
| TOTAL TO FORM 990, PART I, LINE 6B | | | 381,496. |

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 4

| DESCRIPTION | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | NET GAIN OR (LOSS) |
|-----------------------------|----------------------|------------------------|--------------------|-----------------------|
| SALE OF SECURITIES | 5,175,560. | 4,958,419. | 0. | 217,141. |
| TO FORM 990, PART I, LINE 8 | 5,175,560. | 4,958,419. | 0. | 217,141. |

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 5

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED |
|--|---------------|-----------|-----------------|
| DISPOSITION/RETIREMENT OF FIXED ASSETS | 01/01/88 | 08/31/07 | PURCHASED |

| NAME OF BUYER | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | DEPREC | NET GAIN OR (LOSS) |
|---------------|-------------------|---------------------|-----------------|---------|--------------------|
| N/A | 0. | 28,061. | 0. | 26,638. | -1,423. |

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED |
|----------------------|---------------|-----------|-----------------|
| SALE OF GMC SUBURBAN | 07/31/00 | 09/30/07 | PURCHASED |

| NAME OF BUYER | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | DEPREC | NET GAIN OR (LOSS) |
|---------------|-------------------|---------------------|-----------------|--------|--------------------|
| RICK HORNER | 50. | 4,000. | 0. | 4,000. | 50. |

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED |
|------------------------|---------------|-----------|-----------------|
| SALE OF CHEVY SUBURBAN | 05/01/88 | 09/30/07 | PURCHASED |

| NAME OF BUYER | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | DEPREC | NET GAIN OR (LOSS) |
|----------------------------|-------------------|---------------------|-----------------|---------|--------------------|
| IDAHO FEDERAL CREDIT UNION | 800. | 16,655. | 0. | 16,655. | 800. |
| TO FM 990, PART I, LN 8 | 850. | 48,716. | 0. | 47,293. | -573. |

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 6

| DESCRIPTION | AMOUNT |
|--|-------------|
| UNREALIZED GAIN ON INVESTMENTS | -1,357,163. |
| ACTUARIAL GAIN ON CHARITABLE TRUSTS AND GIFT ANNUITIES | -335,775. |
| TOTAL TO FORM 990, PART I, LINE 20 | -1,692,938. |

FORM 990

OTHER EXPENSES

STATEMENT 7

| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
|--|--------------------|----------------------------|----------------------------------|--------------------|
| BANK SERVICES NON-CAPITALIZED | 307,932. | 3,422. | 51,313. | 253,197. |
| COMPUTER EXPENSE | 364,428. | 286,733. | 15,656. | 62,039. |
| INSURANCE | 61,762. | | 59,206. | 2,556. |
| PROFESSIONAL SERVICES | 304,323. | 153,152. | 136,963. | 14,208. |
| PROGRAMMING | 8,477,698. | 8,377,222. | | 100,476. |
| ADVERTISING | 178,325. | 158,154. | 1,036. | 19,135. |
| MISCELLANEOUS | 88,209. | 27,165. | 26,806. | 34,238. |
| MEMBERSHIPS | 102,251. | 27,519. | 74,732. | |
| BROADCAST SITE LEASES AND UTILITIES | 662,226. | 662,226. | | |
| TOTAL TO FM 990, LN 43 | 10,547,154. | 9,695,593. | 365,712. | 485,849. |

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE ONE

OPB IS AN INDEPENDENT, NOT-FOR-PROFIT PUBLIC BROADCASTER OF HIGH QUALITY AND AWARD-WINNING RADIO AND TV PROGRAMS. EVERY WEEK OVER 1.5 MILLION PEOPLE TUNE IN TO OR LOG ON TO OPB'S TELEVISION, RADIO, AND INTERNET SERVICES. OPERATING AN EXTENSIVE NETWORK OF 5 TELEVISION AND 8 RADIO STATIONS, OPB SERVES AS THE HUB OF OPERATIONS FOR OREGON'S EMERGENCY BROADCAST AND AMBER ALERT SERVICES. OPB IS ONE OF THE LARGEST PRODUCERS AND PRESENTERS OF NATIONAL TELEVISION PROGRAMMING THROUGH PBS, AND IS ALSO A MEMBER STATION OF NPR, PUBLIC RADIO INTERNATIONAL (PRI), AND AMERICAN PUBLIC MEDIA (APM). THE OPB WEB SITE IS OPB.ORG.

| | GRANTS | EXPENSES |
|-------------------------------|-----------------------------|--------------------|
| TO FORM 990, PART III, LINE A | <u> </u> | <u>21,484,660.</u> |

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 9
PART III

EXPLANATION

TO PROVIDE FREE ACCESS TO PROGRAMMING, FOR CHILDREN AND ADULTS, DESIGNED TO GIVE VOICE TO COMMUNITY, CONNECT OREGON AND ITS NEIGHBORS, AND ILLUMINATE A WIDER WORLD VIA TELEVISION, RADIO, AND ONLINE SERVICES.

FORM 990 OTHER INVESTMENTS STATEMENT 10

| DESCRIPTION | VALUATION METHOD | AMOUNT |
|---|---------------------|-------------------|
| CHARITABLE REMAINDER ANNUITY TRUST | MARKET VALUE | <u>2,443,721.</u> |
| TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B | | <u>2,443,721.</u> |

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
|-----------------------------------|------------------------|-----------------------------|-------------|
| LAND | 2,861,540. | 0. | 2,861,540. |
| BUILDING | 7,392,568. | 5,119,334. | 2,273,234. |
| LEASEHOLD IMPROVEMENTS | 2,525,484. | 1,214,172. | 1,311,312. |
| TECHNICAL EQUIPMENT | 22,791,475. | 15,083,680. | 7,707,795. |
| FURNITURE AND OFFICE EQUIPMENT | 1,997,045. | 1,649,172. | 347,873. |
| SOFTWARE | 170,451. | 115,182. | 55,269. |
| VEHICLES | 291,056. | 213,398. | 77,658. |
| CONSTRUCTION IN PROGRESS | 498,680. | 0. | 498,680. |
| TOTAL TO FORM 990, PART IV, LN 57 | 38,528,299. | 23,394,938. | 15,133,361. |

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 12

LENDER'S NAME TERMS OF REPAYMENT

UMPQUA BANK INTEREST ONLY

| DATE OF NOTE | MATURITY DATE | ORIGINAL LOAN AMOUNT | INTEREST RATE |
|--------------|---------------|----------------------|---------------|
| 02/19/08 | 02/19/10 | 475,000. | 4.75% |

| SECURITY PROVIDED BY BORROWER | PURPOSE OF LOAN |
|-------------------------------|-------------------------|
| NONE | EUGENE STATION PURCHASE |

RELATIONSHIP OF LENDER

NONE

| DESCRIPTION OF CONSIDERATION | FMV OF CONSIDERATION | BALANCE DUE |
|--|----------------------|-------------|
| | 0. | 475,000. |
| TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B | | 475,000. |

FORM 990 OTHER LIABILITIES STATEMENT 13

| DESCRIPTION | BEGINNING OF YEAR | END OF YEAR |
|---|-------------------|-------------|
| LIFE INTEREST OBLIG.-CHARITABLE REMAINDER | 1,086,372. | 1,354,920. |
| TOTAL TO FORM 990, PART IV, LINE 65 | 1,086,372. | 1,354,920. |

FORM 990 OTHER SECURITIES STATEMENT 14

| SECURITY DESCRIPTION | COST/FMV | OTHER SECURITIES |
|------------------------------|----------|------------------|
| OTHER INVESTMENTS | FMV | 27,578. |
| ALTERNATIVE INVESTMENTS | FMV | 6,037,517. |
| TO FORM 990, LINE 54B, COL B | | 6,065,095. |

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 15

| SECURITY DESCRIPTION | COST/FMV | CORPORATE STOCKS | CORPORATE BONDS | OTHER PUBLICLY TRADED SECURITIES | TOTAL NON-GOV'T SECURITIES |
|------------------------------|----------|------------------|-----------------|----------------------------------|----------------------------|
| CORPORATE BONDS | FMV | | 2,984,092. | | 2,984,092. |
| EQUITY INVESTMENTS | FMV | | | 5,297,260. | 5,297,260. |
| TO FORM 990, LINE 54A, COL B | | | 2,984,092. | 5,297,260. | 8,281,352. |

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 16

| DESCRIPTION | AMOUNT |
|---|-----------|
| ACTUARIAL LOSS ON CHARITABLE TRUSTS AND GIFTS | -335,775. |
| TOTAL TO FORM 990, PART IV-A | -335,775. |

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 17

| DESCRIPTION | AMOUNT |
|-------------------------------------|----------|
| RENTAL EXPENSES NETTED WITH REVENUE | 381,496. |
| GAIN ON SALE OF FIXED ASSETS | 573. |
| TOTAL TO FORM 990, PART IV-B | 382,069. |

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 18

| DESCRIPTION | AMOUNT |
|-------------------------------------|-----------|
| RENTAL EXPENSES NETTED WITH REVENUE | -381,496. |
| LOSS ON SALE OF FIXED ASSETS | -573. |
| TOTAL TO FORM 990, PART IV-A | -382,069. |

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 19

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|--|---|-------------------|---------------------------------|--------------------|
| STEVEN BASS 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | PRESIDENT & CEO 40.00 | 296,500. | 34,331. | 0. |
| JAN HESKISS 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | CFO & ASST SECRETARY-TREASURER 40.00 | 120,000. | 15,566. | 0. |
| SHERWIN DAVIDSON 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | CHAIR 2.00 | 0. | 0. | 0. |
| ANDREW FRANKLIN 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | VICE CHAIR 2.00 | 0. | 0. | 0. |
| LINDA A. HOFFMAN 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | SECRETARY-TREASURER 2.00 | 0. | 0. | 0. |
| MARY BRYANT 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |
| JULIE STRASSER DIXON 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |
| LEDA I. GARSIDE, RN, BSN 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |
| GEOFF GUILFOY 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |
| TINKER HATFIELD 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |
| DIAN HILLIARD 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |

| | | | | |
|--|------------------|----|----|----|
| GENE HONG, MD, DABMA 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |
| JODIE HUESKE 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |
| JIM HUSTON 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |
| MARY JAFFE 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |
| SYDNEY JOYNER 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |
| HENRY LORENZEN 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |
| KEITH MOBLEY 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |
| MARY ANN MOORE 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |
| MITCHELL MOORE 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |
| DEBORAH SAWEUYER-PARKS 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |
| PETER SCHENCK 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |
| LIBBY SCHWARTZ 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |
| KAY TORAN 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |

| | | | | |
|---|------------------|-----------------|----------------|-----------|
| DOUGLAS TUNNELL 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |
| TONY VAN VLIET 7140 SW MACADAM AVENUE PORTLAND, OR 97219 | DIRECTOR 2.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON FORM 990, PART V-A | | <u>416,500.</u> | <u>49,897.</u> | <u>0.</u> |

SCHEDULE A STATEMENT OF LOBBYING ACTIVITIES - PART VI-B STATEMENT 20

THE ORGANIZATION USES A CONSULTING FIRM TO ASSIST IN TRACKING FEDERAL AND STATE LEGISLATION AND DETERMINING HOW IT WILL AFFECT THE ORGANIZATION. THE CONSULTANTS HELP IN STRATEGIZING EFFORTS TO CONTACT THE LEGISLATORS IN ORDER TO MAINTAIN FUNDING.

Depreciation and Amortization 990 (Including Information on Listed Property)

2007

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

OREGON PUBLIC BROADCASTING

FORM 990 PAGE 2

93-0814638

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, and Amount. Includes lines 1-13 for Section 179 election details.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 3 columns: Line number, Description, and Amount. Includes lines 17-18 for MACRS deductions.

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

Table with 7 columns: Classification, Month/year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Includes rows 19a-i.

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Classification, Month/year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Includes rows 20a-c.

Part IV Summary (see instructions)

Table with 3 columns: Line number, Description, and Amount. Includes lines 21-23 for summary totals.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|--|----------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
|--|----------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | : | % | | | | | | |
| | : | % | | | | | | |
| | : | % | | | | | | |

27 Property used 50% or less in a qualified business use:

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|-----|-----|-----|-----|-----|-----|-------|-----|-----|
| | : | % | | | | S/L - | | |
| | : | % | | | | S/L - | | |
| | : | % | | | | S/L - | | |

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|---|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 30 Total business/investment miles driven during the year (do not include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

| | Yes | No |
|--|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|-----------------------------|------------------------------------|------------------------------|------------------------|---|--------------------------------------|
|-----------------------------|------------------------------------|------------------------------|------------------------|---|--------------------------------------|

42 Amortization of costs that begins during your 2007 tax year:

| (a) | (b) | (c) | (d) | (e) | (f) |
|-----|-----|-----|-----|-----|-----|
| | : | | | | |
| | : | | | | |

43 Amortization of costs that began before your 2007 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

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

2007

Department of the Treasury Internal Revenue Service (77)

For calendar year 2007 or other tax year beginning JUL 1, 2007, and ending JUN 30, 2008

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

Header section containing organization name (OREGON PUBLIC BROADCASTING), address (7140 SW MACADAM AVENUE, PORTLAND, OR 97219), EIN (93-0814638), and other identifying information.

H Describe the organization's primary unrelated business activity. SEE STATEMENT 21

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

J The books are in care of JAN HESKISS Telephone number (503) 244-9900

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Unrelated debt-financed income, etc. Total income: 347,009. Total expenses: 315,058. Total net: 31,951.

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

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Charitable contributions; Depreciation; etc. Total deductions: 0. Unrelated business taxable income before net operating loss deduction: 31,951. Net operating loss deduction: 31,951. Unrelated business taxable income before specific deduction: 0. Specific deduction: 1,000. Unrelated business taxable income: 0.

Part III Tax Computation

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

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see instructions) 40b
c General business credit. Check here and indicate which forms are attached:
Form 3800 Form(s) (specify) 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39 41 0.
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 42
43 Total tax. Add lines 41 and 42 43 0.
44a Payments: A 2006 overpayment credited to 2007 44a
b 2007 estimated tax payments 44b
c Tax deposited with Form 8868 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Other credits and payments: Form 2439 Other Total 44f
45 Total payments. Add lines 44a through 44f 45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0.
49 Enter the amount of line 48 you want: Credited to 2008 estimated tax Refunded 49

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

1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here Yes No X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. Yes No X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

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

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer Date Title CFO & ASST. SECRETARY-TREASURER
May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No
Paid Preparer's Use Only Preparer's signature Date Check if self-employed Preparer's SSN or PTIN P00448102
Firm's name (or yours if self-employed), address, and ZIP code MOSS ADAMS LLP EIN 91-0189318
805 SW BROADWAY, #1200 Phone no. (503) 242-1447
PORTLAND, OREGON 97205

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 20)

1 Description of property

| | | | |
|--|--|--|----------|
| (1) ANTENNA TOWER RENTAL | | | |
| (2) RENTAL OF REAL AND PERSONAL PROPERTY WITH SERVICES | | | |
| (3) | | | |
| (4) | | | |
| 2 Rent received or accrued | | | |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) SEE STATEMENT 22 | |
| (1) | 142,701. | | 14,230. |
| (2) | 62,762. | | 32,735. |
| (3) | | | |
| (4) | | | |
| Total | 0. | Total | 205,463. |
| Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) | | Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... | |
| | | 205,463. | 46,965. |

Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)

| | | | | |
|---|---|--|---|--|
| 1 Description of debt-financed property | | 2 Gross income from or allocable to debt-financed property | 3 Deductions directly connected with or allocable to debt-financed property | |
| | | | (a) Straight line depreciation (attach schedule) STATEMENT 23 | (b) Other deductions (attach schedule) STATEMENT 24 |
| (1) RODDA BUILDING | | 137,991. | 45,853. | 288,678. |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 25 | 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) STATEMENT 26 | 6 Column 4 divided by column 5 | 7 Gross income reportable (column 2 x column 6) | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) 1,725,229. | 2,152,646. | 80.14% | 110,586. | 268,093. |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals | | | 110,586. | 268,093. |
| Total dividends-received deductions included in column 8 | | | | 0. |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 21)

| | | | | | |
|-----------------------------------|----------------------------------|--|------------------------------------|--|---|
| 1 Name of Controlled Organization | 2 Employer Identification Number | Exempt Controlled Organizations | | | |
| | | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5 Part of column 4 that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column (5) |
| (1) SKYLINE TOWER LLC | 93-1261095 | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| | | | | |
|---------------------|--|------------------------------------|---|---|
| 7 Taxable Income | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10 |
| (1) 30,960. | | | 30,960. | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | | 30,960. | 0. |

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 22)

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

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 22)

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

Schedule J - Advertising Income (see instructions on page 22)

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

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

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

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

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

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 21
BUSINESS ACTIVITY

RENTAL OF BROADCASTING TOWER; RENTAL OF BROADCASTING EQUIPMENT AND SERVICES
TO FORM 990-T, PAGE 1

FORM 990-T DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 22

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|---|-----------------|---------|---------|
| SALARIES AND WAGES | | 10,709. | |
| DEPRECIATION | | 3,521. | |
| - SUBTOTAL - | 1 | | 14,230. |
| SALARIES AND WAGES | | 22,438. | |
| OTHER EXPENSES | | 10,297. | |
| - SUBTOTAL - | 2 | | 32,735. |
| TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3 | | | 46,965. |

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 23

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|--|-----------------|---------|---------|
| DEPRECIATION | | 45,853. | |
| - SUBTOTAL - | 1 | | 45,853. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A) | | | 45,853. |

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 24

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|------------------------|-----------------|----------|-------|
| FACILITIES MAINTENANCE | | 24,026. | |
| INSURANCE | | 3,500. | |
| FINANCING COSTS | | 195,167. | |
| MISCELLANEOUS | | 6,848. | |
| TAXES | | 19,405. | |
| TELEPHONE | | 939. | |
| UTILITIES | | 36,329. | |

OREGON PUBLIC BROADCASTING
FYE 6/30/08
EIN: 93-0814638

FORM 990-T
PART II, LINE 31: NET OPERATING LOSS DEDUCTION

| LOSS YEAR | ORIGNIAL LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS EXPIRED | LOSS AVAILABLE |
|--------------------------------------|----------------------------|-------------------------------|--------------|-------------------|
| 6/30/2002 | 46,254 | | | 46,254 |
| 6/30/2003 | 43,141 | | | 43,141 |
| 6/30/2004 | 66,786 | | | 66,786 |
| 6/30/2005 | 46,134 | | | 46,134 |
| 6/30/2006 | 93,008 | | | 93,008 |
| 6/30/2007 | 11,416 | | | 11,416 |
| NOL CARRYFORWARD AVAILABLE @ 6/30/08 | | | | <u>306,739</u> |