REFUND OF ESTIMATED TAX PAYMENTS - SECTION 512(a)(7) REPEAL

•⊷ Forr	990-	-т	Exempt Organization Busin (and proxy tax under				n		o 1545-06	
		For cal	endar year 2018 or other tax year beginning 10/			こしほん	19	2(018	}
Dep	artment of the Tre		► Go to www.irs.gov/Form990T for instr							
Inter	mal Revenue Serv	vice ▶ Do	not enter SSN numbers on this form as it may be	e made į	public if your orga	nization is a 50	1(c)(3).	Open to Put 501(c)(3) Or	olic Inspect ganization	ion for s Only
ΑC	Check box if address chan	nged	Name of organization (anged ar	nd see instructions)	-		oyer identif		
BE	kempt under sed		CORPORATION FOR PUBLIC BROADCAST	TING			(Emplo	oyees' trust,	see instruc	tions)
	1 501(C) 6	3) or	Number street and room or suite on If a P O how	c, see ins	tructions			13-2607		
		^{220(e)} Type						ated busine: nstructions	•	code
	_	530(a)	City or town, state or province, country, and ZIP or	r foreign	postal code		(266 1	istructions	,	
	529(a)		WASHINGTON, DC 20004-2129							
CB	ook yalue of all a t end of year	assets F G	roup exemption number (See instructions							
			heck organization type > 7 501(c) corp			trust [] 401(a)		Other	
Н			organization's unrelated trades or busines					ly (or first	-	
	trade or bus				ly one, comple					
			at the end of the previous sentence, con	nplete	Parts I and II, o	complete a S	chedule	M for ea	ach addi	tional
_			complete Parts III-V.							
			ne corporation a subsidiary in an affiliated gro			y controlled g	roup? .	.▶ ⊔	Yes L	J No
			and identifying number of the parent corp							
			WILLIAM P. TAYMAN, JR., CFO & TREA	SURE		hone numbe	_	202-	879-9600	
			de or Business Income		(A) Income	(B) EX	penses		(C) Net	
\Rightarrow		ceipts or sal		4-						
Ω̈́ 2				1c	<u>-</u>					
າ <u>2</u> ອາ 3			Schedule A, line 7)	2						
			ct line 2 from line 1c	3						
	_		me (attach Schedule D)	4a						
4			4797, Part II, line 17) (attach Form 4797)	4b						
≃ າ 5			on for trusts	4c						
1 e	,		rtnership or an S corporation (attach statement)	-				+		
7		ome (Schedi		7						
8			ced income (Schedule E)							
9			ction 501(c)(7), (9), or (17) organization (Schedule G)							
10			tivity income (Schedule I)	10						
11	•		Schedule J)	11						
12			structions, attach schedule)	12						
13			3 through 12 ATTACHMENT 1	13	0		_	_		
			t Taken Elsewhere (See instructions for			otions \ (Evo		00	0	00
			t be directly connected with the unrelate				spt ior c	Onthibuti	.0115,	
14			icers, directors, and trustees (Schedule K)		mess meerne.)		. 14	4		
15		and wages	• • • • • • • • • • • • • • • • • • • •				. 19			
16		and mainten	ance				10		$\overline{}$	
17	•]			. 1			
18				· .			. 10			_
19							. 19			
20	Charitabl	le contribution	Ons (See instructions for limitation rules)				. 20			
21					. 21		` -			
22	Less dep	reciation cla	Form 4562)	turn .	. 22a		22	<u>-</u>		
23							. 23	-		
24			erred compensation plans				. 24			
25		e benefit pro					. 25			
26		•	nses (Schedule I)				. 20			
27			osts (Schedule J)				. 27		\rightarrow	
28			tach schedule)				24			
29			dd lines 14 through 28						0	00
30			axable income before net operating loss de					5		
31			rating loss arising in tax years beginning on oil						-+	
_32			axable income. Subtract line 31 from line 3						0	00
For			Notice, see instructions.		Cat No 11291J				n 990-T	

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Form 9	990-T (2018)		Page 2
. Paŕ	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	
34	Amounts paid for disallowed fringes	34	0 00
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	38	0 00
Part	IV Tax Computation	1	<u> </u>
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	1
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	!	
	the amount on line 38 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	40	
41	Proxy tax. See instructions	41	-
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
Par	t V Tax and Payments	1	
45a	19.5		
b			
С	100]	
d	104]	
е		45e	
46	Subtract line 45e from line 44	46	0 00
47		1 ale 1	

34	Amounts paid for disallowed fringes		34	0	00
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (s				ı
	instructions)		35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	um		ĺ	ı
	of lines 33 and 34	.]	36		
37		.	37		
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line		1	•	
	enter the smaller of zero or line 36	·	38	0	00
Part					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ [39		
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax	on	1		
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	▶ [40		
41	Proxy tax. See instructions	▶ [41		
42	Alternative minimum tax (trusts only)	. [42		
43	Tax on Noncompliant Facility Income. See instructions	. [43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	. [44		
Part	V Tax and Payments		1		
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a				
b	Other credits (see instructions)				
С	General business credit. Attach Form 3800 (see instructions)	一			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	\neg			
е	Total credits. Add lines 45a through 45d	\Box	45e		
46	Subtract line 45e from line 44	. [46	0	00
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	. [47	1	
48	Total tax. Add lines 46 and 47 (see instructions)	. [48	0	00
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	<u> </u>	49		
50a	Payments: A 2017 overpayment credited to 2018	`	+ -		
b	Payments: A 2017 overpayment credited to 2018 2018 estimated tax payments	86			
C	Tax deposited with Form 8868			1	
ď	Foreign organizations: Tax paid or withheld at source (see instructions) . 50d	\dashv		İ	
e	Backup withholding (see instructions)	\dashv			
f	Credit for small employer health insurance premiums (attach Form 8941) . 50f	\dashv	1		
	Other credits, adjustments, and payments: Form 2439	\dashv	İ	į	
9	☐ Form 4136 ☐ Other ☐ Total ► 50g				
51	Total payments. Add lines 50a through 50g		51	00 000	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	28,880	86
52 53					
		\$5	53		
54 55		~ L		28,880	86
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax Refunded		\$5	28,880	86
Part \					NI-
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature				No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of th	e tore	eign count	ry .	
	here •				
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	a forei	gn trust?		
	If "Yes," see instructions for other forms the organization may have to file.				- [
_58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				
O:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	ne best	of my knowle	edge and belie	ef, it is
Sign	11/20, 12		May the IRS	discuss this r	etum
Here	2 12 20 CFO & TREASURER			parer shown b	
	Signature of officer Date Title	一	(ລະະ ເກຣເກເຕີເດີ	ons)? Yes	740
Paid	Print/Type preparer's name Preparer's signature Date	Cha	ck l ıf	PTIN	
			employed		
Prepa	F:1	+	's EIN ▶		—
Use C	Only Firm's address ►	1			
	1 IIII 0 404(63) F	Phon	ie iio	000 T	

Form **990-T** (2018)

Schedule A—Cost of Goods Sold.	Enter method of i	nventory v	aluation ▶				
1 Inventory at beginning of year	1 _	6	Inventory a	at end of year	6		
2 Purchases	2	7	Cost of	goods sold. Subtract			
3 Cost of labor	3		line 6 from	line 5. Enter here and		- 1	
4a Additional section 263A costs			ın Part I, lır	ne 2	7		
(attach schedule)	4a	8	Do the ru	les of section 263A (wit	h respect to	Yes	No
b Other costs (attach schedule)	4b			produced or acquired for			
5 Total. Add lines 1 through 4b	5		to the orga	anization?			
Schedule C—Rent Income (From F (see instructions)	Real Property and	d Persona	I Property	Leased With Real Pro	perty)		
1. Description of property							
(1)							
(2)	· -· -· · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·			
(3)							
(4)			·				
2. Rent red	eived or accrued						
(a) From personal property (if the percentage of rel for personal property is more than 10% but not more than 50%)	(b) From real a percentage of rent 50% or if the rent	for personal p	roperty exceeds	3(a) Deductions directly in columns 2(a) and			
(1)							
(2)		-					
(3)			•				
(4)							
Total	Total			(b) Total deductions.			
(c) Total income. Add totals of columns 2(a)	and 2(b) Enter			Enter here and on page	1,		
here and on page 1, Part I, line 6, column (A)	•			Part I, line 6, column (B)			
Schedule E—Unrelated Debt-Finar	nced Income (see	instruction	s)				
Description of debt-financed p	roperty		ncome from or debt-financed		ced property		
		pre	operty	(a) Straight line depreciation (attach schedule)	(b) Other dec		
(1)						<u> </u>	
(2)					1		
(3)							
(4)							
acquisition debt on or of allocable to debt-financed debt-	rage adjusted basis or allocable to financed property tach schedule)	4 0	Column fivided olumn 5	7. Gross income reportable (column 2 × column 6)	8. Allocable de (column 6 × tota 3(a) and	l of colum	
(1)			%			-	
(2)			%				
(3)			%				
(4)			%				
				Enter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7, c		
Totals			. ▶				
Total dividends-received deductions include	ed in column 8 .			_>			

Schedule F-Interest, Ann	uities, Royalties,	and Rer	nts From	Controlled Org	ganizations (se	e instruc	ctions)	
				Organizations	,		<u> </u>	
Name of controlled organization	2. Employer identification number		elated income instructions)	4. Total of specifie payments made		controlling	conn	eductions directly ected with income in column 5
(1)						-	<u> </u>	
(2)								
(3)				·-		-		_
(4)								
Nonexempt Controlled Organia	zations		-	1	 			
					10. Part of colum	nn O that in	1 44 5	Deductions directly
7. Taxable Income	8. Net unrelated in (loss) (see instruct			otal of specified yments made	included in the organization's gr	controlling	соппе	cted with income in column 10
(1)								
(2)								
(3)								, -
(4)			,					
		•			Add columns ! Enter here and o Part I, line 8, co	on page 1,	Enter	columns 6 and 11 nere and on page 1, line 8, column (B)
Totals .	 	. 504/	-1/71 (0)	(47) 0	P		<u></u>	
Schedule G-Investment I	income of a Sect	ion suit		Deductions	T			otal deductions
1. Description of income	2. Amount of	fincome	direc	ctly connected ach schedule)	4. Set-aside (attach sched		and s	et-asides (col 3 plus col 4)
(1)		_						
(2)							_	
(3)							_	
(4)								
Totals	Enter here and Part I, line 9, c	olumn (A)					Part I, II	re and on page 1, ne 9, column (B)
Schedule I-Exploited Exe	empt Activity Inco	ome, Oti	her Than	Advertising Ir	ncome (see inst	ructions)	
1. Description of exploited activi	2. Gross unrelated ty business incoi from trade o business	me conr r pro	Expenses directly nected with duction of nrelated ess income	Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Exp attribut colui	enses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		<u> </u>						
(2)		<u> </u>				-		
(3)		<u> </u>						
(4)								
Totals	Enter here and page 1, Part line 10, col (A	i, pag	here and on e 1, Part I, I0, col (B)			,	_	Enter here and on page 1, Part II, line 26
Schedule J-Advertising I	ncome (see instruc	tions)		l				<u> </u>
	eriodicals Repor		Consoli	dated Basis				
				4. Advertising				7. Excess readership
1. Name of penodical	2. Gross advertising income		. Direct tising costs	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read		costs (column 6 minus column 5, but not more than column 4)
(1)							· · · · · · · · · · · · · · · · · · ·	I
(2)]
(3)]
(4)								1
Totals (carry to Part II, line (5)) .	. ▶							

(3) (4)

Total. Enter here and on page 1, Part II, line 14

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.)

z inrough / on a mic	by mic basis.					
1. Name of penodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)				1		
Totals from Part I	•					
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	1			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1–5)	•					
Schedule K-Compensation of	Officers, Direc	tors, and Tru	stees (see instru	ictions)		
1. Name		2	2. Title	3. Percent of time devoted to business		tion attributable to ed business
(1)				%		
(2)				%		

Form **990-T** (2018)

% %

▶

Form 990-T, Part V, Line 50b: 2018 estimated tax payments FYE 09/30/2019

Corporation for Public Broadcasting (CPB) made the following estimated Unrelated Business Income Tax (UBIT) payments for the FYE 09/30/2019. The "income" on which the tax payments were made was solely the value of expenses for qualified transportation fringe benefits provided to CPB's employees. All of the payments were made on the U.S. Treasury's Electronic Federal Tax Payment System (EFTPS).

With the repeal of Section 512(a)(7), CPB is now requesting these estimated payments be refunded.

					Payment Input			Payment		
EFT Number Tax Form Tax Type	Tax Form	Тах Туре	Tax Period	Tax Period Total Payment	Method	Settlement Date	Settlement Date ACH Trace Number	Status	Input Date	Input Time
270969590326339	990T	990T Federal Tax Deposit	2019	\$10,000.00	Web	10/22/2019	061036010006404	Settled	10/21/2019 14.55.09	14.55.09
270965281381481	990T	990T Federal Tax Deposit	2019	\$8,500.00	Web	9/9/2019	061036010007167	Settled	9/6/2019	15.01.18
270951492012877	990T	270951492012877 990T Federal Tax Deposit	2019	\$10,380.86	Web	4/24/2019	061036010010892	Settled	4/23/2019	15.08.29
ž	et Estima(Net Estimated Tax Payments for FYE 09/30/19	re 09/30/19	\$28,880.86	Amount to be refu	\$28,880.86 Amount to be refunded due to Section 512(a)(7) Repeal	512(a)(7) Repeal			