

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2015, or fiscal year beginning 10/01, 2015, and ending 09/30, 2016

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

**2015**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL

Employer identification number

74-2461534

Name and title of officer

PATRICK LOPEZ, EXECUTIVE VP AND CFO

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

|    |   |   |  |    |                   |
|----|---|---|--|----|-------------------|
| 1a | Form 990 check here ▶ <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . | 1b | <u>5,360,954.</u> |
| 2a | Form 990-EZ check here ▶ <input type="checkbox"/>         | b | Total revenue, if any (Form 990-EZ, line 9) . . . . .                  | 2b | _____             |
| 3a | Form 1120-POL check here ▶ <input type="checkbox"/>       | b | Total tax (Form 1120-POL, line 22) . . . . .                           | 3b | _____             |
| 4a | Form 990-PF check here ▶ <input type="checkbox"/>         | b | Tax based on investment income (Form 990-PF, Part VI, line 5),         | 4b | _____             |
| 5a | Form 8868 check here ▶ <input type="checkbox"/>           | b | Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . . | 5b | _____             |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

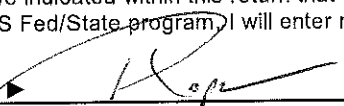
I authorize BKD, LLP to enter my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 8 | 4 | 8 | 3 |
|---|---|---|---|---|

 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ 

Date ▶ 08/15/2017

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 7 | 0 | 2 | 3 | 8 | 0 | 4 | 4 | 0 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|

  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_

Date ▶ 08/01/2017

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2015

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the **2015** calendar year, or tax year beginning 10/01, 2015, and ending 09/30, 2016

|   |  |  |                                      |  |
|---|--|--|--------------------------------------|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL<br>Doing Business As KLRN<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>501 BROADWAY ST<br>City or town, state or province, country, and ZIP or foreign postal code<br>SAN ANTONIO, TX 78215-1820 |  |                                      | <b>D</b> Employer identification number<br>74-2461534  |
|   | <b>F</b> Name and address of principal officer: PATRICK LOPEZ<br>501 BROADWAY ST SAN ANTONIO, TX 78215-1820  |  |                                      | <b>E</b> Telephone number<br>(210) 270-9000  |
|   | <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |                                      | <b>G</b> Gross receipts \$ 5,552,607.<br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
|   | <b>J</b> Website: WWW.KLRN.ORG   |  |                                      | <b>H(c)</b> Group exemption number ▶   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  |  |                                      |  |
| <b>L</b> Year of formation: 1987  |  |  | <b>M</b> State of legal domicile: TX |  |

**Part I Summary**

|                                    |  |   |                                  |                     |
|------------------------------------|--|---|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b> | 1  | Briefly describe the organization's mission or most significant activities: THE MISSION OF KLRN IS TO ENRICH THE LIVES OF PEOPLE THROUGHOUT SOUTH CENTRAL TEXAS THROUGH THE POWER OF COMMUNICATION-PROVIDING QUALITY PROGRAMS (CONTINUED ON SCH. O) |                                  |                     |
|                                    | 2  | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                                  |                     |
|                                    | 3  | Number of voting members of the governing body (Part VI, line 1a)   | 3                                | 31.                 |
|                                    | 4  | Number of independent voting members of the governing body (Part VI, line 1b)   | 4                                | 30.                 |
|                                    | 5  | Total number of individuals employed in calendar year 2015 (Part V, line 2a)  | 5                                | 84.                 |
|                                    | 6  | Total number of volunteers (estimate if necessary)  | 6                                | 1,435.              |
|                                    | 7a   | Total unrelated business revenue from Part VIII, column (C), line 12  | 7a                               | 103,564.            |
| 7b                                 | Net unrelated business taxable income from Form 990-T, line 34 | 7b  | 53,068.                          |                     |
| <b>Revenue</b>                     |  |   | <b>Prior Year</b>                | <b>Current Year</b> |
|                                    | 8  | Contributions and grants (Part VIII, line 1h)   | 3,913,469.                       | 4,172,095.          |
|                                    | 9  | Program service revenue (Part VIII, line 2g)  | 766,958.                         | 1,013,617.          |
|                                    | 10   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | -37.                             | -7.                 |
|                                    | 11   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 200,525.                         | 175,249.            |
|                                    | 12   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 4,880,915.                       | 5,360,954.          |
| <b>Expenses</b>                    | 13   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 0.                               | 0.                  |
|                                    | 14   | Benefits paid to or for members (Part IX, column (A), line 4)   | 0.                               | 0.                  |
|                                    | 15   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 2,519,785.                       | 2,540,343.          |
|                                    | 16a  | Professional fundraising fees (Part IX, column (A), line 11e)   | 177,341.                         | 94,503.             |
|                                    | 16b  | Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,297,872.  |                                  |                     |
|                                    | 17   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 2,839,400.                       | 2,902,397.          |
|                                    | 18   | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 5,536,526.                       | 5,537,243.          |
| 19                                 | Revenue less expenses. Subtract line 18 from line 12           | -655,611.   | -176,289.                        |                     |
| <b>Net Assets or Fund Balances</b> |  |   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                    | 20   | Total assets (Part X, line 16)  | 6,397,195.                       | 5,955,764.          |
|                                    | 21   | Total liabilities (Part X, line 26)   | 1,751,385.                       | 1,486,243.          |
| 22                                 | Net assets or fund balances. Subtract line 21 from line 20     | 4,645,810.  | 4,469,521.                       |                     |

**Part II Signature Block**

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

|  |                                      |                            |           |   |           |
|--|--------------------------------------|----------------------------|-----------|---|-----------|
| <b>Sign Here</b>   | ▶ Signature of officer               | 08/15/2017                 |           |   |           |
|  | ▶ PATRICK LOPEZ EXECUTIVE VP AND CFO | Date                       |           |   |           |
| <b>Paid Preparer Use Only</b>  | Print/Type preparer's name           | Preparer's signature       | Date      | Check <input type="checkbox"/> if self-employed | PTIN      |
|  | EDWARD A DEL CONTE                   | <i>Edward A. Del Conte</i> | 8/14/2017 |   | P01319569 |
|  | Firm's name ▶ BKD, LLP               | Firm's EIN ▶ 44-0160260    |           |   |           |
| Firm's address ▶ 10001 REUNION PLACE, SUITE 400 SAN ANTONIO, TX 78216-4137 |                                      | Phone no. 210.341.9400     |           |   |           |

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

THE MISSION OF KLRN IS TO ENRICH THE LIVES OF PEOPLE THROUGHOUT SOUTH CENTRAL TEXAS THROUGH THE POWER OF COMMUNICATION-PROVIDING QUALITY PROGRAMS AND SERVICES THAT ADVANCE EDUCATION, ART AND CULTURE, AND COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,467,884. including grants of \$ ) (Revenue \$ )

PROGRAMMING: ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL OPERATES KLRN, THE PUBLIC TELEVISION STATION SERVING SAN ANTONIO AND SOUTH CENTRAL TEXAS. KLRN SERVES A DIVERSE AUDIENCE OF ALL AGES BY OFFERING QUALITY PUBLIC MEDIA PROGRAMMING ON FOUR DIGITAL TELEVISION CHANNELS:

- 1. KLRN - SAN ANTONIO PBS, PBS KIDS AND PBS KIDS GO.
2. WORLD - SPECIAL REPEAT PROGRAMS AND NEW AND PUBLIC AFFAIRS PROGRAMS.
3. PBS KIDS - A 24-7 KIDS CHANNEL WITH PBS KIDS PROGRAMMING.
4. CREATE - LIFESTYLE PROGRAMS, INCLUDING COOKING, PAINTING, SEWING, TRAVEL AND MORE.

4b (Code: ) (Expenses \$ 417,258. including grants of \$ ) (Revenue \$ 413,402. )

EDUCATIONAL SERVICES AND OUTREACH: KLRN APPROACHES LEARNING AS A LIFE-LONG PURSUIT AND PROVIDES EDUCATIONAL SERVICES AT MANY POINTS OF OPPORTUNITY. SOME OF THESE SERVICES ARE DIRECTLY LINKED TO FORMAL EDUCATION AND MAY RESULT IN ACADEMIC CREDIT. OTHERS ARE LESS FORMAL THOUGH INFORMED BY THE SAME EDUCATIONAL MISSION (SEE SCHEDULE O FOR ADDITIONAL INFORMATION).

4c (Code: ) (Expenses \$ 813,412. including grants of \$ ) (Revenue \$ 525,153. )

CONTENT CREATION: KLRN PRODUCES PROGRAMS OF LOCAL COMMUNITY INTEREST FOR LOCAL, REGIONAL AND NATIONAL BROADCAST AS WELL AS WEB ONLY CONTENT. LOCAL PUBLIC AFFAIRS, PROGRAMS ON THE ARTS AND EDUCATION, HISTORICAL DOCUMENTARIES ALONG WITH TOWN-HALL FORUMS AND POLITICAL DEBATES ARE SOME OF THE TYPES OF PROGRAMS PRODUCED AND CREATED BY KLRN ON A REGULAR BASIS.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,698,554.

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. . . . .   | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .  | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . .  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .   | X   |    |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. . . . .   |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. . . . .  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. . . . .  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. . . . .   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. . . . .            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . .   | X   |    |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. . . . .   | X   |    |
| b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. . . . .   |     | X  |
| c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. . . . .   |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. . . . .  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .   | X   |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. . . . .  |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .  |     | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. . . . .   | X   |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?. . . . .   |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. . . . . |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. . . . .   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. . . . .   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). . . . .  | X   |    |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. . . . .   | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. . . . .   |     | X  |

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

|     |   | Yes | No |
|-----|---|-----|----|
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>   |     | X  |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>   |     | X  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>  |     | X  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>                            |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>   |     | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>                                       |     | X  |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>                                 |     | X  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> |     | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>   |     | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>  |     | X  |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>  | X   |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>  | X   |    |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>  |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>  |     | X  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>  |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>  | X   |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | X  |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>   |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>   |     | X  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.  | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (31), 1b (30), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

PATRICK LOPEZ 501 BROADWAY ST SAN ANTONIO, TX 78215-1820

210-270-9000

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                             | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) ARTHUR EMERSON<br>PRESIDENT AND CEO/DIRECTOR  | 45.00<br>0.  | X  |                       | X       |              |                              |        | 129,585.   | 0.  | 16,586.   |
| (2) LEO GOMEZ<br>DIRECTOR                         | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (3) ESTELA AVERY<br>NOM. COMM. CHAIR THRU 12/2015 | 1.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) MICHAEL BATTISTA, MD<br>DIRECTOR              | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) SAMUEL BOLDRICK III<br>CHAIR                  | 2.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (6) ERNEST BROMLEY<br>DIRECTOR                    | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) ALFREDO FLORES<br>DIRECTOR                    | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) RENEE FLORES<br>MEMBER AT LARGE               | 1.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (9) PAULA GOLD-WILLIAMS<br>TREASURER/CHAIR-ELECT  | 2.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (10) HELEN HICKS GROOS<br>DIRECTOR                | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) LAMONT JEFERSON<br>DIRECTOR                  | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) RAY M. KECK, III, PH.D.<br>DIRECTOR          | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) MARGRET KELLEY, MD<br>DIRECTOR               | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) BRANDON LOGAN<br>DIRECTOR                    | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| 15) MARC C. MCCLENDON<br>DIRECTOR                              | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| 16) PAUL MARTIN<br>DIRECTOR                                    | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| 17) JOHN P. MAURER<br>DIRECTOR                                 | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| 18) KRISTINA M. MOORE<br>DIRECTOR                              | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| 19) ROBERT MOREHEAD<br>MEMBER AT LARGER                        | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| 20) CARISSA O'CONNOR<br>DIRECTOR                               | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| 21) MARSHALL PITMANN, PH.D.<br>DIRECTOR                        | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| 22) EDWARD M. POLANSKY<br>IMMEDIATE PAST CHAIR                 | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| 23) LULU SCHROEDER<br>DIRECTOR                                 | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| 24) CAROLYN A. SEALE<br>MEMBER AT LARGE                        | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| 25) TANUJA SINGH, PH.D.<br>DIRECTOR                            | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              | 129,585. | 0.   | 16,586.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              | 524,207. | 0.   | 98,597.   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | 653,792. | 0.   | 115,183.  |   |

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| 26) LUIS DE LA TORRE<br>SECRETARY                              | 2.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| 27) REBECCA Q. CEDILLO<br>DIRECTOR                             | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| 28) LEO GOMEZ<br>DIRECTOR                                      | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| 29) PHIL LANE<br>DIRECTOR                                      | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| 30) CYNTHIA MATSON<br>DIRECTOR                                 | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| 31) RICHARD PEREZ<br>DIRECTOR                                  | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| 32) LINDE MURPHY<br>DIRECTOR                                   | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| 33) MAJ. GEN. FREDDIE VALENZUELA<br>DIRECTOR                   | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| 34) KATRINA KEHOE<br>VP - MARKETING & COMMUNICATION            | 45.00<br>0.  |   |                       | X       |              |                              |        | 53,858.  | 0.  | 29,920.   |
| 35) PATRICK A. LOPEZ<br>EXECUTIVE VP AND CFO                   | 45.00<br>3.00  |   |                       | X       |              |                              |        | 115,520.   | 0.  | 17,742.   |
| 36) PETER GONZALEZ<br>VICE PRESIDENT OF ENGINEERING            | 45.00<br>0.  |   |                       | X       |              |                              |        | 81,996.  | 0.  | 3,743.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 37) PRISCILLA LOWRANCE<br>ASSISTANT BOARD SECRETARY                | 45.00<br>0.  |   |                       | X       |              |                              |        | 62,644.  | 0.  | 13,931.   |
| ( 38) CYNTHIA SHIELDS<br>SENIOR VP OF INSTITUTIONAL ADV              | 45.00<br>0.  |   |                       | X       |              |                              |        | 96,656.  | 0.  | 14,370.   |
| ( 39) JULIE COAN<br>COO  | 45.00<br>0.  |   |                       | X       |              |                              |        | 54,201.  | 0.  | 8,605.  |
| ( 40) JOHN COSTELLO<br>VP OF EVENTS & VOLUNTEERS                     | 45.00<br>0.  |   |                       | X       |              |                              |        | 59,332.  | 0.  | 10,286.   |
| -----  |  |   |                       |         |              |                              |        |  |   |   |
| -----  |  |   |                       |         |              |                              |        |  |   |   |
| -----  |  |   |                       |         |              |                              |        |  |   |   |
| -----  |  |   |                       |         |              |                              |        |  |   |   |
| -----  |  |   |                       |         |              |                              |        |  |   |   |
| -----  |  |   |                       |         |              |                              |        |  |   |   |
| -----  |  |   |                       |         |              |                              |        |  |   |   |
| -----  |  |   |                       |         |              |                              |        |  |   |   |
| -----  |  |   |                       |         |              |                              |        |  |   |   |
| -----  |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b> .....  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |   |                       |         |              |                              |        |  |   |   |

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|   |   |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |     |
|---|---|---|--|----------------------|--|---|--|-----|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b>   | Federated campaigns . . . . .   | <b>1a</b>  |                      |  |   |  |     |
|   | <b>b</b>  | Membership dues . . . . .   | <b>1b</b>  |                      |  |   |  |     |
|   | <b>c</b>  | Fundraising events . . . . .  | <b>1c</b>  | 258,983.             |  |   |  |     |
|   | <b>d</b>  | Related organizations . . . . .   | <b>1d</b>  | 204,084.             |  |   |  |     |
|   | <b>e</b>  | Government grants (contributions) . . . . .   | <b>1e</b>  | 1,003,412.           |  |   |  |     |
|   | <b>f</b>  | All other contributions, gifts, grants,<br>and similar amounts not included above . . . . . | <b>1f</b>  | 2,705,616.           |  |   |  |     |
|   | <b>g</b>  | Noncash contributions included in lines 1a-1f: \$ . . . . .                                 |  | 230,892.             |  |   |  |     |
|   | <b>h</b>  | <b>Total.</b> Add lines 1a-1f . . . . .   |  | 4,172,095.           |  |   |  |     |
|   | <b>Program Service Revenue</b>  | <b>2a</b>   | <u>EDUCATION &amp; OUTREACH</u>  | <b>Business Code</b> | 515100   | 413,402.                                | 413,402.   |     |
| <b>b</b>  |   | <u>PROGRAM PRODUCTION</u>   |  | 515100               | 600,215.   | 525,153.                                | 75,062.  |     |
| <b>c</b>  |   |   |  |                      |  |   |  |     |
| <b>d</b>  |   |   |  |                      |  |   |  |     |
| <b>e</b>  |   |   |  |                      |  |   |  |     |
| <b>f</b>  |   | All other program service revenue . . . . .   |  |                      |  |   |  |     |
| <b>g</b>  |   | <b>Total.</b> Add lines 2a-2f . . . . .   |  |                      | 1,013,617.   |   |  |     |
| <b>Other Revenue</b>  |   | <b>3</b>  | Investment income (including dividends, interest,<br>and other similar amounts). . . . . |                      |  | 32.                                     |  | 32. |
|   | <b>4</b>  | Income from investment of tax-exempt bond proceeds . . . . .                                |  |                      | 0.   |   |  |     |
|   | <b>5</b>  | Royalties . . . . .   |  |                      | 6,771.   |   | 6,771.   |     |
|   | <b>6a</b>   | Gross rents . . . . .   | (i) Real   |                      |  |   |  |     |
|   |   |   | (ii) Personal  |                      | 33,638.  |   |  |     |
|   |   |   |  |                      | 5,136.   |   |  |     |
|   |   |   |  |                      | 28,502.  |   |  |     |
|   | <b>b</b>  | Less: rental expenses . . . . .   |  |                      |  |   |  |     |
|   | <b>c</b>  | Rental income or (loss) . . . . .   |  |                      |  |   |  |     |
|   | <b>d</b>  | Net rental income or (loss) . . . . .   |  |                      | 28,502.  |   | 28,502.  |     |
|   | <b>7a</b>   | Gross amount from sales of<br>assets other than inventory                                   | (i) Securities   |                      | 747.   |   |  |     |
|   |   |   | (ii) Other   |                      |  |   |  |     |
|   |   |   |  |                      | 786.   |   |  |     |
|   |   |   |  |                      | -39.   |   |  |     |
|   | <b>b</b>  | Less: cost or other basis<br>and sales expenses . . . . .                                   |  |                      |  |   |  |     |
| <b>c</b>  | Gain or (loss) . . . . .  |   |  |                      |  |   |  |     |
| <b>d</b>  | Net gain or (loss) . . . . .  |   |  | -39.                 |  | -39.                                    |  |     |
| <b>8a</b>   | Gross income from fundraising<br>events (not including \$ <u>258,983.</u><br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>  |  | 312,522.             |  |   |  |     |
| <b>b</b>  | Less: direct expenses . . . . .   | <b>b</b>  |  | 185,731.             |  |   |  |     |
| <b>c</b>  | Net income or (loss) from fundraising events . . . . .  |   |  | 126,791.             |  | 126,791.                                |  |     |
| <b>9a</b>   | Gross income from gaming activities.<br>See Part IV, line 19 . . . . .  | <b>a</b>  |  |                      |  |   |  |     |
| <b>b</b>  | Less: direct expenses . . . . .   | <b>b</b>  |  |                      |  |   |  |     |
| <b>c</b>  | Net income or (loss) from gaming activities . . . . .   |   |  | 0.                   |  |   |  |     |
| <b>10a</b>  | Gross sales of inventory, less<br>returns and allowances . . . . .  | <b>a</b>  |  |                      |  |   |  |     |
|   |   | <b>b</b>  |  |                      |  |   |  |     |
|   |   | <b>c</b>  |  |                      | 0.   |   |  |     |
| <b>Miscellaneous Revenue</b>                                  |   |   |  | <b>Business Code</b> |  |   |  |     |
| <b>11a</b>  | <u>ALL OTHER MISC REVENUE</u>   |   | 900099   | 13,185.              |  |   | 13,185.  |     |
|   |   | <b>b</b>  |  |                      |  |   |  |     |
|   |   | <b>c</b>  |  |                      |  |   |  |     |
|   |   | <b>d</b>  | All other revenue . . . . .  |                      |  |   |  |     |
|   |   | <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . .  |                      |  | 13,185.                                 |  |     |
| <b>12</b>   | <b>Total revenue.</b> See instructions. . . . .   |   |  | 5,360,954.           | 938,555.   | 103,564.                                | 146,740.   |     |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 0.                    |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 0.                    |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   | 0.                    |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .  | 0.                    |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 617,672.              | 219,640.                        | 123,166.                               | 274,866.                    |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0.                    |                                 |  |                             |
| 7 Other salaries and wages . . . . .   | 1,424,226.            | 984,613.                        | 132,180.                               | 307,433.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 69,655.               | 41,044.                         | 12,327.                                | 16,284.                     |
| 9 Other employee benefits . . . . .  | 268,317.              | 164,840.                        | 41,006.                                | 62,471.                     |
| 10 Payroll taxes . . . . .   | 160,473.              | 95,456.                         | 17,248.                                | 47,769.                     |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management . . . . .   | 0.                    |                                 |  |                             |
| b Legal . . . . .  | 6,163.                | 6,088.                          |  | 75.                         |
| c Accounting . . . . .   | 69,188.               |                                 | 69,188.                                |                             |
| d Lobbying . . . . .   | 0.                    |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17.   | 94,503.               |                                 |  | 94,503.                     |
| f Investment management fees . . . . .   | 0.                    |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   | 210,044.              | 106,385.                        | 6,284.                                 | 97,375.                     |
| 12 Advertising and promotion . . . . .   | 102,201.              | 62,764.                         | 15.                                    | 39,422.                     |
| 13 Office expenses . . . . .   | 404,648.              | 191,834.                        | 42,184.                                | 170,630.                    |
| 14 Information technology . . . . .  | 41,231.               | 4,471.                          | 5,312.                                 | 31,448.                     |
| 15 Royalties . . . . .   | 0.                    |                                 |  |                             |
| 16 Occupancy . . . . .   | 158,644.              | 127,705.                        | 14,323.                                | 16,616.                     |
| 17 Travel . . . . .  | 42,398.               | 17,652.                         | 7,722.                                 | 17,024.                     |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0.                    |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 38,409.               | 18,075.                         | 7,514.                                 | 12,820.                     |
| 20 Interest . . . . .  | 56,265.               |                                 | 6,784.                                 | 49,481.                     |
| 21 Payments to affiliates . . . . .  | 0.                    |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 457,395.              | 457,395.                        |  |                             |
| 23 Insurance . . . . .   | 61,400.               | 40,709.                         | 17,065.                                | 3,626.                      |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a PROGRAMMING -----  | 936,551.              | 936,551.                        |  |                             |
| b DUES AND SUBSCRIPTIONS -----   | 266,852.              | 195,455.                        | 33,081.                                | 38,316.                     |
| c MISCELLANEOUS -----  | 51,008.               | 27,877.                         | 5,418.                                 | 17,713.                     |
| d -----  |                       |                                 |  |                             |
| e All other expenses -----   |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | <b>5,537,243.</b>     | <b>3,698,554.</b>               | <b>540,817.</b>                        | <b>1,297,872.</b>           |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0.                    |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing . . . . .   | 28,128.                  | <b>1</b>   | 409,914.           |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 689,767.                 | <b>2</b>   | 296,060.           |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 0.                       | <b>3</b>   | 0.                 |
|   | <b>4</b> Accounts receivable, net . . . . .  | 138,404.                 | <b>4</b>   | 132,888.           |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   | 0.                       | <b>5</b>   | 0.                 |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . | 0.                       | <b>6</b>   | 0.                 |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 0.                       | <b>7</b>   | 0.                 |
|   | <b>8</b> Inventories for sale or use . . . . .   | 0.                       | <b>8</b>   | 0.                 |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 1,676,079.               | <b>9</b>   | 1,554,300.         |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 14,550,995.   |            |                    |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 10,988,393.   | <b>10c</b> | 3,562,602.         |
|   | <b>11</b> Investments - publicly traded securities . . . . .   | 0.                       | <b>11</b>  | 0.                 |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .   | 0.                       | <b>12</b>  | 0.                 |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 . . . . .  | 0.                       | <b>13</b>  | 0.                 |
|   | <b>14</b> Intangible assets . . . . .  | 0.                       | <b>14</b>  | 0.                 |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 0.                       | <b>15</b>  | 0.                 |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 6,397,195.   | <b>16</b>                | 5,955,764. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 1,450,969.               | <b>17</b>  | 1,365,016.         |
|   | <b>18</b> Grants payable . . . . .   | 0.                       | <b>18</b>  | 0.                 |
|   | <b>19</b> Deferred revenue . . . . .   | 238,913.                 | <b>19</b>  | 54,521.            |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | 0.                       | <b>20</b>  | 0.                 |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  | 0.                       | <b>21</b>  | 0.                 |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   | 0.                       | <b>22</b>  | 0.                 |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 0.                       | <b>23</b>  | 0.                 |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 0.                       | <b>24</b>  | 0.                 |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .  | 61,503.                  | <b>25</b>  | 66,706.            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 1,751,385.               | <b>26</b>  | 1,486,243.         |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |            |                    |
|   | <b>27</b> Unrestricted net assets . . . . .  | 4,145,321.               | <b>27</b>  | 3,948,535.         |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 500,489.                 | <b>28</b>  | 520,986.           |
|   | <b>29</b> Permanently restricted net assets . . . . .  | 0.                       | <b>29</b>  | 0.                 |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |            |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>30</b>  |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>31</b>  |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>32</b>  |                    |
|   | <b>33</b> Total net assets or fund balances . . . . .  | 4,645,810.               | <b>33</b>  | 4,469,521.         |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 6,397,195.   | <b>34</b>                | 5,955,764. |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 5,360,954. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 5,537,243. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -176,289.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 4,645,810. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 0.         |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0.         |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0.         |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0.         |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0.         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 4,469,521. |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

|   |  |
|---|--|
| Name of the organization<br>ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL | Employer identification number<br>74-2461534 |
|---|--|

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
| (A)                                |          |  |   |    |   |   |
| (B)                                |          |  |   |    |   |   |
| (C)                                |          |  |   |    |   |   |
| (D)                                |          |  |   |    |   |   |
| (E)                                |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2015



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (96.94%); 15 Public support percentage from 2014 Schedule A, Part II, line 14 (96.44%); 16a 33 1/3% support test - 2015 (checked); 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . . .                     | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations (continued)**

|  | Yes         | No |
|--|-------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |             |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | <b>11 a</b> |    |
| <b>b</b> A family member of a person described in (a) above?   | <b>11 b</b> |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  | <b>11 c</b> |    |

**Section B. Type I Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | <b>1</b> |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | <b>1</b> |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   | <b>2</b> |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  | <b>3</b> |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|   |           |            |           |
|---|-----------|------------|-----------|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):   |           |            |           |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |           |            |           |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |           |            |           |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity ( <i>see instructions</i> ).  |           |            |           |
| <b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>  |           | <b>Yes</b> | <b>No</b> |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | <b>2a</b> |            |           |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  | <b>2b</b> |            |           |
| <b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |           |            |           |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  | <b>3a</b> |            |           |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   | <b>3b</b> |            |           |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b>   |   | (A) Prior Year | (B) Current Year (optional) |
|--|---|----------------|-----------------------------|
| 1 Net short-term capital gain  | 1 |                |                             |
| 2 Recoveries of prior-year distributions   | 2 |                |                             |
| 3 Other gross income (see instructions)  | 3 |                |                             |
| 4 Add lines 1 through 3  | 4 |                |                             |
| 5 Depreciation and depletion   | 5 |                |                             |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 |                |                             |
| 7 Other expenses (see instructions)  | 7 |                |                             |
| 8 <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | 8 |                |                             |

| <b>Section B - Minimum Asset Amount</b>   |    | (A) Prior Year | (B) Current Year (optional) |
|---|----|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |    |                |                             |
| a Average monthly value of securities   | 1a |                |                             |
| b Average monthly cash balances   | 1b |                |                             |
| c Fair market value of other non-exempt-use assets  | 1c |                |                             |
| d <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d |                |                             |
| e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |    |                |                             |
| 2 Acquisition indebtedness applicable to non-exempt-use assets  | 2  |                |                             |
| 3 Subtract line 2 from line 1d  | 3  |                |                             |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4  |                |                             |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5  |                |                             |
| 6 Multiply line 5 by .035   | 6  |                |                             |
| 7 Recoveries of prior-year distributions  | 7  |                |                             |
| 8 <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8  |                |                             |

| <b>Section C - Distributable Amount</b>  |   |  | Current Year |
|--|---|--|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)  | 1 |  |              |
| 2 Enter 85% of line 1  | 2 |  |              |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3 |  |              |
| 4 Enter greater of line 2 or line 3  | 4 |  |              |
| 5 Income tax imposed in prior year   | 5 |  |              |
| 6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 |  |              |

7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI). See instructions.   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2015 from Section C, line 6   |              |
| 10 Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2015 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)  |                             |  |   |
| 3 Excess distributions carryover, if any, to 2015:  |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c   |                             |  |   |
| d From 2013 . . . . .   |                             |  |   |
| e From 2014 . . . . .   |                             |  |   |
| f <b>Total</b> of lines 3a through e  |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2015 distributable amount  |                             |  |   |
| i Carryover from 2010 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2015 from Section D, line 7: \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2015 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). |                             |  |   |
| 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c Excess from 2013 . . . . .  |                             |  |   |
| d Excess from 2014 . . . . .  |                             |  |   |
| e Excess from 2015 . . . . .  |                             |  |   |

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

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**Schedule of Contributors**

**2015**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

|  |   |
|--|---|
| <b>Name of the organization</b><br>ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL | <b>Employer identification number</b><br>74-2461534 |
|--|---|

**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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization **ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL**

Employer identification number  
74-2461534

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          |                                   | \$ 1,003,412.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          |                                   | \$ 85,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          |                                   | \$ 204,084.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization **ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL**

Employer identification number

74-2461534

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------|---|--|-------------------|
| _____               | _____<br>_____<br>_____                   | \$ _____                                 | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                 | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                 | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                 | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                 | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                 | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                 | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                 | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                 | _____             |

|   |   |
|---|---|
| Name of organization <b>ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL</b> | Employer identification number<br><b>74-2461534</b> |
|---|---|

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2015**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

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

|   |  |
|---|--|
| Name of organization<br>ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL | Employer identification number<br>74-2461534 |
|---|--|

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1)      |             |         |   |  |
| (2)      |             |         |   |  |
| (3)      |             |         |   |  |
| (4)      |             |         |   |  |
| (5)      |             |         |   |  |
| (6)      |             |         |   |  |

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

Schedule C (Form 990 or 990-EZ) 2015

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  |  | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|--|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .   |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .   |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .   |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures . . . . .   |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .   |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |  | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                 |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000   | 20% of the amount on line 1e.                      |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000. |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000  | \$1,000,000.                                       |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .   |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .   |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .   |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .   |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |          |          |          |          |           |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

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

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.   | (a) |    | (b)     |
|--|-----|----|---------|
|  | Yes | No | Amount  |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |         |
| <b>a</b> Volunteers?   | X   |    |         |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  | X   |    |         |
| <b>c</b> Media advertisements?   |     | X  |         |
| <b>d</b> Mailings to members, legislators, or the public?  |     | X  |         |
| <b>e</b> Publications, or published or broadcast statements?   |     | X  |         |
| <b>f</b> Grants to other organizations for lobbying purposes?  |     | X  |         |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?   | X   |    |         |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |     | X  |         |
| <b>i</b> Other activities?   | X   |    | 10,038. |
| <b>j</b> Total. Add lines 1c through 1i  |     |    | 10,038. |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |     | X  |         |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912   |     |    |         |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |     |    |         |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |     |    |         |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? | <b>3</b> |    |

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

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> Current year   | <b>2a</b> |  |
| <b>b</b> Carryover from last year   | <b>2b</b> |  |
| <b>c</b> Total  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | <b>5</b>  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

**Part IV Supplemental Information** (continued)

## SCHEDULE C, PART II-B, LINE 1A - VOLUNTEERS

VOLUNTEER BOARD MEMBERS LOBBY IN PERSON, BY PHONE AND BY EMAIL TO INFORM LEGISLATORS OF THE BENEFITS OF WHAT KLRN DOES IN THE COMMUNITY AND ASK FOR THEIR SUPPORT FOR THE FEDERAL APPROPRIATIONS THAT AFFECT PUBLIC BROADCASTING.

## SCHEDULE C, PART II-B, LINE 1B - PAID STAFF OR MANAGEMENT

PAID STAFF MEMBERS LOBBY IN PERSON, BY PHONE AND BY EMAIL TO INFORM LEGISLATORS OF THE BENEFITS OF WHAT KLRN DOES IN THE COMMUNITY AND ASK FOR THEIR SUPPORT FOR FEDERAL APPROPRIATIONS THAT AFFECT PUBLIC BROADCASTING.

SCHEDULE C, PART II-B, LINE 1G - DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY  
THE COMMUNICATIONS DESCRIBED IN 1A AND 1B ARE MADE TO GOVERNMENT REPRESENTATIVES AND THEIR STAFF.

## SCHEDULE C, PART II-B, LINE 1I - OTHER ACTIVITIES

PAYMENTS TO APTS ACTION, INC., A 501(C)(4) ORGANIZATION, FOR ASSISTANCE WITH FEDERAL FUNDING INITIATIVES FOR PUBLIC BROADCASTING WITH THE MUTUAL GOAL OF FURTHERING SUPPORT OF PUBLIC BROADCASTING. SUPPORT OF THE NATIONAL 170 MILLION CAMPAIGN FOR PUBLIC BROADCASTING SUPPORT VIA EMAIL MESSAGES TO VIEWERS, WEB PAGE CREATION AND LINK, AND BROADCASTING MESSAGES ON OUR AIR ASKING FOR PARTICIPATION IN 170 MILLION CAMPAIGN.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL

74-2461534

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

JSA 5E1268 1.000



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 6,982,092.       | 7,197,507.     | 6,820,511.         | 6,190,704.           | 5,479,298.          |
| <b>b</b> Contributions                                  | 48,636.          | 218,934.       | 4,922.             | 264,561.             | 17,288.             |
| <b>c</b> Net investment earnings, gains, and losses     | 673,297.         | -234,449.      | 556,399.           | 531,322.             | 813,017.            |
| <b>d</b> Grants or scholarships                         | 204,084.         | 191,873.       | 176,385.           | 158,762.             | 111,822.            |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        | 7,849.           | 8,027.         | 7,940.             | 7,314.               | 7,077.              |
| <b>g</b> End of year balance                            | 7,492,092.       | 6,982,092.     | 7,197,507.         | 6,820,511.           | 6,190,704.          |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  2.5090 %
  - b** Permanent endowment  74.7670 %
  - c** Temporarily restricted endowment  22.7240 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes          | No            |
|---|--------------|---------------|
| <b>(i)</b> unrelated organizations  | <b>3a(i)</b> | X             |
| <b>(ii)</b> related organizations   | X            | <b>3a(ii)</b> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | X            | <b>3b</b>     |

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land   |                                      | 497,456.                        |                              | 497,456.       |
| <b>b</b> Buildings   |                                      | 4,303,219.                      | 2,371,394.                   | 1,931,825.     |
| <b>c</b> Leasehold improvements  |                                      |                                 |                              |                |
| <b>d</b> Equipment   |                                      | 9,750,320.                      | 8,616,999.                   | 1,133,321.     |
| <b>e</b> Other   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 3,562,602.     |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |  |
|---|----------------|--|
| (1) Federal income taxes  |                |  |
| (2) ASSET RETIREMENT OBLIGATION   | 66,706.        |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 66,706.        |  |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 5,360,954.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 5,537,243.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ORGANIZATION ENDOWMENT FUNDS  
 INTENDED USES AS STATED ON RELATED ORGANIZATION FORM 990 IS THAT THE  
 ENDOWMENT WILL CONTRIBUTE SUPPORT BASED ON A PERCENTAGE OF ASSETS HELD TO  
 KLRN, THE PUBLIC BROADCASTING ENTITY SERVING SOUTH CENTRAL TEXAS.

SCHEDULE D, PART X, LINE 2 - UNCERTAIN TAX POSITIONS UNDER ASC 740  
 MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE  
 INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED  
 ANY MATERIAL TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL  
 STATEMENTS.

SCHEDULE D, PART XI, LINE 2D - OTHER RECONCILING ITEM FOR REVENUES  
 CHANGE IN TEMPORARILY RESTRICTED NET ASSETS \$1,051,210

SCHEDULE D, PART XI, LINE 4B - OTHER RECONCILING ITEMS FOR REVENUES

|  |             |
|--|-------------|
| TEMPORARILY RESTRICTED NET ASSET CONTRIBUTIONS | \$ 928,361  |
| SPECIAL EVENT EXPENSES                         | \$(185,731) |
| CONTRIBUTION FROM RELATED PARTY                | \$ 204,084  |
| TOWER RENTAL EXPENSES                          | \$ (5,136)  |
|  | _____       |
| TOTAL  | \$ 941,578  |

SCHEDULE D, PART XII, LINE 2D - OTHER RECONCILING ITEMS FOR EXPENSES

|  |            |
|--|------------|
| FUNDRAISING EXPENSES NETTED WITH REVENUE | \$ 185,732 |
| RENTAL EXPENSES NETTED WITH REVENUE      | \$ 5,136   |
|  | _____      |
| TOTAL:                                   | \$ 190,868 |

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL

Employer identification number

74-2461534

**Part I**

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

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

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

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

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| <b>1</b><br>CHANCEY BLACKBURN                             | SOLICITING    |  | X  | 29,096.                           | 5,819.  | 23,277.   |
| <b>2</b><br>LEE LEE                                       | SOLICITING    |  | X  | 80,950.                           | 16,190.   | 64,760.   |
| <b>3</b><br>DMW WORLDWIDE, LLC                            | DIRECT MAIL   |  | X  | 180,890.                          | 54,695.   | 126,195.  |
| <b>4</b>  |               |  |    |                                   |   |   |
| <b>5</b>  |               |  |    |                                   |   |   |
| <b>6</b>  |               |  |    |                                   |   |   |
| <b>7</b>  |               |  |    |                                   |   |   |
| <b>8</b>  |               |  |    |                                   |   |   |
| <b>9</b>  |               |  |    |                                   |   |   |
| <b>10</b>   |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    | 290,936.                          | 76,704.   | 214,232.  |

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

TX,

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

|                 |    | (a) Event #1   | (b) Event #2 | (c) Other events | (d) Total events                |          |
|-----------------|----|--|--------------|------------------|---------------------------------|----------|
|                 |    | AUCTION  | TRIBUTE GALA | 1.               | (add col. (a) through col. (c)) |          |
|                 |    | (event type)   | (event type) | (total number)   |                                 |          |
| Revenue         | 1  | Gross receipts . . . . .   | 266,657.     | 232,500.         | 72,348.                         | 571,505. |
|                 | 2  | Less: Contributions . . . . .  | 49,000.      | 192,500.         | 17,483.                         | 258,983. |
|                 | 3  | Gross income (line 1 minus line 2) . . . . .                             | 217,657.     | 40,000.          | 54,865.                         | 312,522. |
| Direct Expenses | 4  | Cash prizes . . . . .  |              |                  |                                 |          |
|                 | 5  | Noncash prizes . . . . .   |              |                  |                                 |          |
|                 | 6  | Rent/facility costs . . . . .  |              | 37,363.          |                                 | 37,363.  |
|                 | 7  | Food and beverages . . . . .   |              | 40,000.          | 20,725.                         | 60,725.  |
|                 | 8  | Entertainment . . . . .  |              | 1,800.           | 2,250.                          | 4,050.   |
|                 | 9  | Other direct expenses . . . . .  | 34,202.      | 26,347.          | 23,044.                         | 83,593.  |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶  |              |                  |                                 | 185,731. |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |              |                  |                                 | 126,791. |

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

|                 |  | (a) Bingo                       | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c))                    |
|-----------------|--|---------------------------------|---|---|---|
|                 |  | 1                               | Gross revenue . . . . .   |   |   |
| Direct Expenses | 2  | Cash prizes . . . . .           |   |   |   |
|                 | 3  | Noncash prizes . . . . .        |   |   |   |
|                 | 4  | Rent/facility costs . . . . .   |   |   |   |
|                 | 5  | Other direct expenses . . . . . |   |   |   |
|                 | 6  | Volunteer labor . . . . .       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |                                 |   |   |   |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |                                 |   |   |   |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL

Employer identification number

74-2461534

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art . . . . .   | X                             | 205 .  | 6,481 .  | SALES PRICE  |
| 2 Art - Historical treasures . . . . .                                       |                               |  |  |  |
| 3 Art - Fractional interests . . . . .                                       |                               |  |  |  |
| 4 Books and publications . . . . .   |                               |  |  |  |
| 5 Clothing and household<br>goods . . . . .                                  | X                             |  | 47,938 .   | SALES PRICE  |
| 6 Cars and other vehicles . . . . .  | X                             | 231 .  | 168,715 .  | SALES PRICE  |
| 7 Boats and planes . . . . .   |                               |  |  |  |
| 8 Intellectual property . . . . .  |                               |  |  |  |
| 9 Securities - Publicly traded . . . . .                                     |                               |  |  |  |
| 10 Securities - Closely held stock . . . . .                                 |                               |  |  |  |
| 11 Securities - Partnership, LLC,<br>or trust interests . . . . .            |                               |  |  |  |
| 12 Securities - Miscellaneous . . . . .                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution - Historic<br>structures . . . . . |                               |  |  |  |
| 14 Qualified conservation<br>contribution - Other . . . . .                  |                               |  |  |  |
| 15 Real estate - Residential . . . . .                                       |                               |  |  |  |
| 16 Real estate - Commercial . . . . .  |                               |  |  |  |
| 17 Real estate - Other . . . . .   |                               |  |  |  |
| 18 Collectibles . . . . .  |                               |  |  |  |
| 19 Food inventory . . . . .  |                               |  |  |  |
| 20 Drugs and medical supplies . . . . .                                      |                               |  |  |  |
| 21 Taxidermy . . . . .   |                               |  |  |  |
| 22 Historical artifacts . . . . .  |                               |  |  |  |
| 23 Scientific specimens . . . . .  |                               |  |  |  |
| 24 Archeological artifacts . . . . .   |                               |  |  |  |
| 25 Other ▶ ( WINE )  | X                             | 75 .   | 7,758 .  | SALES PRICE  |
| 26 Other ▶ ( )   |                               |  |  |  |
| 27 Other ▶ ( )   |                               |  |  |  |
| 28 Other ▶ ( )   |                               |  |  |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 2 .

|  | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . |     | X  |
| b If "Yes," describe the arrangement in Part II.   |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .   | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .   | X   |    |
| b If "Yes," describe in Part II.   |     |    |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

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

Schedule M (Form 990) (2015)

JSA

5E1298 1.000



**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 32B

DONATED CARS PROGRAM IN JOINT EFFORT WITH ANOTHER NON-PROFIT

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

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL

Employer identification number

74-2461534

FORM 990, PART I, LINE 1 - MISSION STATEMENT

THE FULL MISSION OF KLRN IS TO ENRICH THE LIVES OF PEOPLE THROUGHOUT SOUTH CENTRAL TEXAS THROUGH THE POWER OF COMMUNICATION, PROVIDING QUALITY PROGRAMS AND SERVICES THAT ADVANCE EDUCATION, ART AND CULTURE, AND COMMUNITY.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

EXAMPLES INCLUDE: EARLY CHILDHOOD DEVELOPMENT PROGRAMS FOR PARENTS AND CARE-GIVERS, PRE-SCHOOL EDUCATIONAL PROGRAMS THAT PREPARE CHILDREN TO SUCCEED IN SCHOOL, IN-SCHOOL MULTIMEDIA CONTENT FOR TEACHERS AND STUDENTS, CONTINUING PROFESSIONAL DEVELOPMENT FOR TEACHERS AND CAREGIVERS, INFORMATIONAL TELEVISION PROGRAMMING ABOUT A WIDE RANGE OF LIFETIME SKILLS AND ACTIVITIES FROM HOME IMPROVEMENT TO COOKING, SEWING, PAINTING AND OTHER CRAFTS. MOST OF THE INITIATIVES INVOLVE COLLABORATION WITH OTHER COMMUNITY ORGANIZATIONS, BRINGING THE ACTIVITIES TO A GRASSROOTS, NEIGHBORHOOD LEVEL. THIS MODEL IS SUCCESSFUL BECAUSE IT LEVERAGES THE EXPERTISE AND RESOURCES OF THE COMMUNITY PARTNERS WITH THE PROGRAMMING AND OUTREACH RESOURCES OF KLRN. THESE PROJECTS ESTABLISH THE STATION AS A VALUABLE COMMUNITY RESOURCE FOR PUBLIC SERVICE.

FORM 990, PART VI, SECTION B, LINE 11B - PROCESS USED TO REVIEW

THIS FORM 990

THE ORGANIZATION ENGAGES AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE 990 WITH THE ASSISTANCE OF THE ASSISTANT TREASURER. THE 990 WAS SENT TO THE

|   |  |
|---|--|
| Name of the organization<br>ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL | Employer identification number<br>74-2461534 |
|---|--|

FINANCE COMMITTEE, WHICH OVERSEES THE FINANCES OF THE ORGANIZATION, OF THE BOARD OF TRUSTEES FOR REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C - CONFLICT OF INTEREST POLICY

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO BOARD MEMBERS AND OFFICERS FOR REVIEW AND SIGNATURE. THEY ARE REQUIRED TO REPORT ANY CONFLICTS OR POTENTIAL CONFLICTS ON THE FORM OR AS THEY ARISE TO THE ASSISTANT TREASURER. THE ASSISTANT TREASURER REVIEWS THE RETURNED POLICIES FOR ANY CONFLICTS AS WELL AS ANY CONFLICTS NOTED DURING THE YEAR. IF CONFLICTS ARE NOTED THEY ARE BROUGHT TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 15A - PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL REVIEW WAS PERFORMED IN 2016 BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15B - PROCESS FOR DETERMINING COMPENSATION FOR OTHER OFFICERS OR KEY EMPLOYEES REVIEW WAS PERFORMED IN 2016 BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19 - HOW INFORMATION IS MADE AVAILABLE TO THE PUBLIC GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FORM 990 ARE AVAILABLE UPON REQUEST. COMBINED FINANCIAL STATEMENTS THAT INCLUDE ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL ARE POSTED TO THE ORGANIZATIONS WEBSITE.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL

Employer identification number

74-2461534

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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Inspection

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (1) | (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) |   |                         |  |                     |                           |                                  |
| (2) |   |                         |  |                     |                           |                                  |
| (3) |   |                         |  |                     |                           |                                  |
| (4) |   |                         |  |                     |                           |                                  |
| (5) |   |                         |  |                     |                           |                                  |
| (6) |   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (1) | (a)<br>Name, address, and EIN of related organization                                    | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-----|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|     |  |                         |  |                            |   |                                  | Yes  | No |
| (1) | KLERN ENDOWMENT FUND, INC<br>501 BROADWAY ST<br>SAN ANTONIO, TX 78215-1820<br>74-2709188 | ENDOWMENT               | TX   | 501(C)(3)                  | 7   | N/A                              |  | X  |
| (2) |  |                         |  |                            |   |                                  |  |    |
| (3) |  |                         |  |                            |   |                                  |  |    |
| (4) |  |                         |  |                            |   |                                  |  |    |
| (5) |  |                         |  |                            |   |                                  |  |    |
| (6) |  |                         |  |                            |   |                                  |  |    |
| (7) |  |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2015

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7)   |                         |  |                                  |  |                              |                                    |                             |  |    |

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

|     | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) |                                     |                               |                        |  |
| (2) |                                     |                               |                        |  |
| (3) |                                     |                               |                        |  |
| (4) |                                     |                               |                        |  |
| (5) |                                     |                               |                        |  |
| (6) |                                     |                               |                        |  |

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (12)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (13)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (14)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (15)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (16)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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