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Form **990** 

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Internal Revenue Service  The organization may have to use a copy of this return to satisfy state reporting requirements.					nents.	nspection				
A	For th	ne 2007 ca	lendar	year, or tax year beginning	Sept 1	, 2007, ai	nd ending	August:	31 , 20	08
В	Check if	applicable	Please	C Name of organization				D Employ	yer identification	on number
		s change	use IRS label or	ASSOCIATION FOR CO	MMUNITY BROAD	CASTING		74	167	0740
=	Name c	-	print or	Number and street (or P O. box	k if mail is not delivered	to street addre	ss) Room/suite	E Teleph	one number	
_	initial re		type See	4343 ELGIN ST				( 832	) 84	42-1817
_	Termina		Specific Instruc-	City or town, state or country,	and ZIP + 4				ng method: (	Cash Accrual
		ed return	tions	HOUSTON, TX 77204-00	08			_	her (specify)	
			• Sec	tion 501(c)(3) organizations ar	nd 4947(a)(1) nonexem	nt charitable	H and I are not	t applicable	e to section 527	organizations
ш	Applicati	ion pending		ets must attach a completed Sc			H(a) Isthisa g			🗌 Yes 🔽 No
G	Website	e: ▶					H(b) If "Yes," (	enter numb	per of affiliates i	►N/A
			•				H(c) Are all aff			Yes No
<u>J</u>	Organiz	zation type	(check o	nly one) ► 🔽 501(c) ( 3 ) ◄	(insert no.) 4947(a)	(1) or 527	<b>-1</b>		t. See instructio	ns.)
				organization is not a 509(a)(3) su			H(d) Is this a se			Yes V No
			-	ore than \$25,000. A return is not re e a complete return.	equired, but if the organi	zation chooses	, <u> </u>	emption N		N/A
	- Io ilie a	Telulii, De 3		a complete return.						on is not required
L	Gross	receipts: A	dd line:	s 6b, 8b, 9b, and 10b to line	12 ▶ 9,347	.614				EZ, or 990-PF).
	art I			penses, and Changes		·				
_	1		-	gifts, grants, and similar a					1	
	1			o donor advised funds		1a				
	1 .			·		1b	9,328,96	38		
	b	-		upport (not included on lin	· ·	1c	0,020,00	<del>"</del>		
	1 .			support (not included on li	•	1d		-		
	d			entributions (grants) (not in				10		9,328,968
	e			1a through 1d) (cash \$				1e		3,320,300
	2	•		revenue including governm		•	art VII, line 93)	3		
	3		•	ues and assessments				<u> </u>		
	4			ings and temporary cash i	nvestments			4	<del></del>	
	5	Dividend	s and	interest from securities .				5		<del></del>
	6a	Gross re				6a				
				penses		6b				
	1 -			me or (loss). Subtract line	6b from line 6a .		;	6c		_
ē	7	Other in	estme/	nt income (describe ▶	(4) (2)	<del> </del>	) (5) OII:	7		
Revenue	8a			from sales of assets other			(B) Other			
æ		than inve	entory			8a		_		
	b	Less: cos	t or oth	er basis and sales expenses,		8b				
	С	Gain or (	loss) (a	attach schedule)		8c				
	d	Net gain	or (loss	s). Combine line 8c, column	s (A) and (B)			8d		
	9	Special ev	ents ar	nd activities (attach schedule).	If any amount is from	n <b>gaming,</b> ch	eck here 🕨 🗌			
	а	Gross re	venue	(not including \$	437,641 of					
		contribu	tions re	eported on Pine (B)FIVE	<del>-</del> []	9a				
	b	Less: dir	ect ex	penses <del>other than fundral</del>	sing expenses .	_9b	455,82			
	С	Net inco	me or	(loss)ctrom special events	,Subtra€t line 9b fr	rom line 9a		9c		-455,826
	10a	Gross sa	ales of	inventoly, less retarns and	<sup>d</sup> allowandes	10a	2,58		İ	
	b			oods <sup>us</sup> old		10b	5,97			
	C	Gross pro	ofit or (lo	oss) from sales of Inventory (at	tach schedule). Subt	ract line 10b	from line 10a .	10c	<del> </del>	-3,396
								11	<b></b>	16,065
_	12			Add lines 1e, 2, 3, 4, 5, 6c,		111		12	<u> </u>	8,885,811
s	13	_		es (from line 44, column (	**			13	<del></del>	6,899,270
Expenses	14	_		nd general (from line 44, c	olumn (C))					113,909
çbei	15			om line 44, column (D)) .					<del></del>	1,507,241
ũ				filiates (attach schedule) .				16		
	17			s. Add lines 16 and 44, co		· · · · · · ·	<u> </u>	17	<del></del>	8,520,420
ets	18			cit) for the year. Subtract				18		365,391
Ass	19			und balances at beginning			n (A))			139,927
Net Assets	20			in net assets or fund bala						-71,454
z	21	Net asse	ts or fu	ind balances at end of year	. Combine lines 18,	19, and 20	<u> </u>	21		433,864

Par	Statement of All organizations multiple Functional Expenses organizations and s	ust cor ection	nplete column (A). Co 4947(a)(1) nonexempt	lumns (B), (C), and (D charitable trusts but	are required for sec optional for others. (S	tion 501(c)(3) and (4) See the instructions.)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	Grants paid from donor advised funds (attach schedule)					
	(cash \$)	22a				
22h	If this amount includes foreign grants, check here ▶ ☐  Other grants and allocations (attach schedule)	220				
220	(cash \$					
	If this amount includes foreign grants, check here	22b	6,686,773	6,686,773		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a				
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
С	Compensation and other distributions, not				}	
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26		_		
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30	25.025		25.025	
31	Accounting fees	31 32	35,835		35,835	
32	Legal fees	33	8,813	7,490	141	1,182
33 34	Supplies	34	25,737	11,017		14,720
35	Postage and shipping	35	31,246			31,246
36	Occupancy	36		_		
37	Equipment rental and maintenance	37	31,859	10,230		21,629
38	Printing and publications	38	60,616	3,451		57,165
39	Travel	39	448			448
40	Conferences, conventions, and meetings	40				
41	Interest	41	27,571		25,871	1,700
42	Depreciation, depletion, etc. (attach schedule)	42	9,924		9,924	
43	Other expenses not covered above (itemize):	43a	,	,		
a b		43b				
c		43c				
ď		43d				
е		43e				
f		43f				
g	See Statement 5	43g	1,601,598	180,309	42,138	1,379,151
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines		0.500.400	6 000 070	440.000	4 507 044
	13-15)	44	8,520,420	6,899,270	113,909	1,507,241
Are a	t Costs. Check  (i) If you are following SOP my joint costs from a combined educational campaign is," enter (i) the aggregate amount of these joint costs.	and fu	undraising solicitation			
	s, enter (i) the aggregate amount of these joint costs se amount allocated to Management and general \$	<b>υ Ψ</b>		e amount allocated		N/A

Pag	e	3

Form 990 (2007)

Part III	Statemer	nt of Program	Service :	Accompl	ishments	(See the	e instructi	ons.)

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

	at is the organization's primary exempt purpose? ▶	Program Service Expenses
of (	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others )
а	ALL GRANTS SUPPORT KUHT EDUCATIONAL ACTIVITIES KUHT-TV, 4343 ELGIN, HOUSTON, TX 77004	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	6,899,270
Ь		
_		
		!
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
_		
С		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
d		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
е	Other program services (attach schedule)	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	6,899,270

Form **990** (2007)

Pa	rt IV	Balance Sheets (See the instructions	.)				
7	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only	within	the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			864,637	45	593,037
	46	Savings and temporary cash investments .				46	437,426
	47a	Accounts receivable	47a	45,000			
	ь	Less: allowance for doubtful accounts .	47b	2,421	365,111	47c	42,579
	48a	Pledges receivable	48a	240,000			
	b	Less: allowance for doubtful accounts .	48b	35,201		48c	204,799
	49	Grants receivable				49	
	50a	Receivables from current and former officers	s, direc	ctors, trustees, and		l	
		key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (					
		4958(f)(1)) and persons described in section 495	8(c)(3)	(B) (attach schedule)	<u> </u>	50b	
/0	51a	Other notes and loans receivable (attach	=4 =			<del>                                     </del>	
Assets	١.	schedule)	51a 51b			51c	
Ass	1 -	Less: allowance for doubtful accounts		<del></del>	<del></del>	52	
_	52	Inventories for sale or use		1	2,204		<del></del> -
	53	, .		Cost FMV	2,204	54a	
	J	Investments—publicly-traded securities		Cost FMV		54b	
	1	Investments—other securities (attach schedu	ie) •	COSI LI FIVIV	<del></del>	10.2	
	) 55a	Investments—land, buildings, and equipment: basis	55a			1 1	
	_		<b>55</b> 0			1 1	
	D	Less: accumulated depreciation (attach schedule)	55b		14,100	55c	14,100
	56	Investments—other (attach schedule)	<u> </u>		<del></del>	56	<del></del>
		Land, buildings, and equipment: basis .	57a	428,299			
	l	Less: accumulated depreciation (attach					
	-	schedule)	57b	428,299	9,924	57c	
	58	Other assets, including program-related inve	stmen	ts			<del></del>
		(describe ► CAPITALIZED PROGRAM CO	STS	) <u> </u>	229,306	58	200,643
	59	Total assets (must equal line 74). Add lines	45 th	rough 58	1,485,282	59	1,492,584
	60	Accounts payable and accrued expenses .			356,561	60	87,857
	61	Grants payable				61	. <del>_</del>
	62	Deferred revenue			89,599	62	78,221
ties	63	Loans from officers, directors, trustees, and					
	Į .	schedule)				63	· <del></del> · · ·
Liabil	i	Tax-exempt bond liabilities (attach schedule)			<del></del>	64a	
_		Mortgages and other notes payable (attach			899,195	64b	919,845
	65	Other liabilities (describe ▶		······)		65	
	66	Total liabilities. Add lines 60 through 65 .		Í	1,345,355	66	1,085,923
					1,040,000	••	1,000,020
	Orga	anizations that follow SFAS 117, check here ▶ 67 through 69 and lines 73 and 74.	· [] ;	and complete lines		1	
Şe	67	Unrestricted			139,927	67	-173,430
a	68	Temporarily restricted				68	114,791
Bal	69	Permanently restricted				69	465,300
ᅙ		anizations that do not follow SFAS 117, check					
Ē	Orgo	complete lines 70 through 74.				L1	
Net Assets or Fund Balances	70	Capital stock, trust principal, or current fund	ls	[		70	<del></del>
Ş	71	Paid-in or capital surplus, or land, building,				71	
SSe	72	Retained earnings, endowment, accumulated				72	
Ä	73	Total net assets or fund balances. Add line	es 67 1	hrough 69 or lines			
Š		70 through 72. (Column (A) must equal line					
_		equal line 21)			139,927		406,661
	74	Total liabilities and net assets/fund balance	es. Add	tines 66 and 73	1,485,282	74	1,492,584

Pa	rt IV-A Reconciliation of instructions.)	f Revenue per Aud	ited Financial Statem	ents	With Rev	enue pe	r Ret	urn (S	ee the
<u>а</u>	Total revenue, gains, and oth	ner support per auditi	ed financial statements	-			а		9,320,411
b	Amounts included on line a b			• •					
1	Net unrealized gains on inves			b1		-27,203			
2	Donated services and use of			b2					
3	Recoveries of prior year gran			<b>b</b> 3					
4	Other (specify):					·			
•	* * * * * * * * * * * * * * * * * * * *			b4					
	Add lines <b>b1</b> through <b>b4</b> .						b		-27,203
С							С		9,347,614
d	Amounts included on Part I,	line 12, but not on lir	ne <b>a:</b>						
1	Investment expenses not incl	luded on Part I, line	6b	d1					
2	Other (specify). Part I line 9	b and 10b							
				_d2	-	461,803			
	Add lines d1 and d2						d		-461,803
е	Total revenue (Part I, line 12						е_	<u> </u>	8,885,811
Pa			dited Financial Stater					eturn	
а	Total expenses and losses p						a		8,982,223
b	Amounts included on line a b	•							
1	Donated services and use of			b1					
2	Prior year adjustments report			b2					
3	Losses reported on Part I, Iir			b3			,		
4	Other (specify):			b4					
							b	1	0
	Add lines <b>b1</b> through <b>b4</b> .						C		8,982,223
C	Subtract line b from line a						Ť		0,002,220
d	Amounts included on Part I,			d1					
1	Investment expenses not inc			<del>اٽ</del> ا					
2				d2		:			
	Add lines d1 and d2			ــــــــــــــــــــــــــــــــــــــ	•		d	1	-461,803
е	Total expenses (Part I, line	17). Add lines c and	d				е		8,520,420
Pa			s, and Key Employees ar even if they were not						director, trustee,
	(A) None and added		(B)	(C) C	mpensation	(D) Contributi	ons to er	mployee	(E) Expense account and other allowances
	(A) Name and addre	ess	Title and average hours per week devoted to position	(IT NO	-0)	benefit pla compens			and other allowances
SE	E STATEMENT ATTACHED								
				<u> </u>					
		<del>-</del>							
								1	
			1						
		<del></del>		1					
	······								
				<u> </u>					
				├			-		
			1					,	

Par	t V-A Current Officers, Directors, Trustees	, and Key Employe	es (continued)			Yes	No
75a	Enter the total number of officers, directors, and tru meetings	stees permitted to vo	te on organizatioi 	n business at board 33			
b	Are any officers, directors, trustees, or key employeemployees listed in Schedule A, Part I, or high contractors listed in Schedule A, Part II-A or I	nest compensated p	rofessional and	other independent			
	relationships? If "Yes," attach a statement that ide				75b		✓
С	Do any officers, directors, trustees, or key e compensated employees listed in Schedule A, I independent contractors listed in Schedule A, F organizations, whether tax exempt or taxable, that	Part I, or highest co Part II-A or II-B, rec	mpensated proferve compensation	essional and other on from any other			
	the definition of "related organization."	mation described in	the instructions.		75c		<b>✓</b>
	Does the organization have a written conflict of int  V-B Former Officers, Directors, Trustees, and I  officer, director, trustee, or key employee rec	Key Employees That Feived compensation o	Received Comper r other benefits (de	escribed below) during	the y	ear, lis	ormer t that
,	person below and enter the amount of compe	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E)	Expenint and	other
NOI	IE .		Since 0)	our pointed on piece			
				<del></del>			
Par	t VI Other Information (See the instructions				г	Yes	No
76	Did the organization make a change in its activities			? If "Yes," attach a	76		1
77	detailed statement of each change	erning documents bu		the IRS?	77		<b>✓</b>
78a	Did the organization have unrelated business growthis return?	ss income of \$1,000	or more during t	•	78a		✓
b	If "Yes," has it filed a tax return on Form 990-T for				78b	<u> </u>	<del>                                     </del>
79	Was there a liquidation, dissolution, termination, o a statement				79		1
80a	Is the organization related (other than by associate common membership, governing bodies, trusted	es, officers, etc., to	any other exe	mpt or nonexempt	80a		1
h	organization?				oua	$\vdash$	_
		and check whether it	is a exempt of	r nonexempt			
	Enter direct and indirect political expenditures. (So Did the organization file Form 1120-POL for this year.)	ee line 81 instructions	s.) <b>[81a</b> ]		81b		<b>/</b>

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Pai	t VI Other Information (continued)		Yes	No
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		<b>✓</b>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.)	000	_	
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<b>√</b>	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<del>-</del>	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
С	Dues, assessments, and similar amounts from members			
d				
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices   85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		<del></del>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year?	85h		<del></del>
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a			i l
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders   87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		<b>✓</b>
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		1
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶;			
h	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		<b>V</b>
_	Enter: Amount of tax imposed on the organization managers or disqualified			
	persons during the year under sections 4912, 4955, and 4958 ▶			
	Enter. Amount of tax on line 89c, above, reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		<b>/</b>
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		<b>✓</b>
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
9	supporting organizations and sponsoring organizations maintaining donor advised rands. Bid the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		<b>/</b>
<b>9</b> Ωa	List the states with which a copy of this return is filed NONE			
	Number of employees employed in the pay period that includes March 12, 2007 (See			0
010	Instructions.)  The books are in care of ▶ GEORGEANN SMITH  Telephone no. ▶ (832)	84	2-181	7
	Located at ► 4343 ELGIN STREET, HOUSTON TX ZIP + 4 ► 77204			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	91b		<b>√</b>
	account)?	100		<del></del> -
	If "Yes," enter the name of the foreign country ► N/A  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

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Part VI	Other Information (continued)					Ye	s No
c At a	any time during the calendar year, did the Yes," enter the name of the foreign count	e organization ma	untain an office of	outside of the	United States?	91c	✓
<b>92</b> Sec	ction 4947(a)(1) nonexempt charitable trust if enter the amount of tax-exempt interest	ts filing Form 990	) in lieu of Form	1041—Check ax year	here ▶   <b>92</b>		. ► □ N/A
Part VII							
Note: Ente	er gross amounts unless otherwise	Unrelated b	ousiness income	Excluded by sect	ion 512, 513, or 514	(E)	
ndicated. <b>93</b> Pro	ogram service revenue:	Business code	(B) Amount	(C) Exclusion code	(D) Amount	Relate exempt fincor	unction
а				ļ			
b				ļ			
С		_	ļ			ļ	
d	<del></del>	_	<del>                                     </del>				
e		_	<del>- </del>	+		<u> </u>	
	edicare/Medicaid payments						
_	es and contracts from government agencie	es		<del>                                     </del>			
	embership dues and assessments		-			-	-
	erest on savings and temporary cash investmen vidends and interest from securities	its	<u> </u>	1			
	et rental income or (loss) from real estate:						
	bt-financed property		<del></del>				
	t debt-financed property	1					
	t rental income or (loss) from personal property				•		
	her investment income			ŀ			
	in or (loss) from sales of assets other than invento						
1 <b>01</b> Ne	et income or (loss) from special events .						18,18 <u>5</u>
	oss profit or (loss) from sales of inventory	,					-3,396
1 <b>03</b> Oth	her revenue: a Other direct sales			<u> </u>			16,065
b	<u> </u>	_					
c		_	<del> </del>				
d			<del> </del>	-			
. e		_	+			<u> </u>	E 546
	btotal (add columns (B), (D), and (E)) .	``	_,l	]	<b>&gt;</b>	L	-5,516 -5,516
Note: Line	tal (add line 104, columns (B), (D), and (E e 105 plus line 1e, Part I, should equal th	)) .	12. Part I.				-3,310
Part VIII				oses (See th	e instructions.)		
Line No.				•		accomplis	shment
▼	of the organization's exempt purposes (o				,		
101	SPECIAL EVENTS TO PROMOTE MEN	IBERSHIP		-			
102	SALE OF MERCHANDISE TO MEMBER	RSHIP					
103A	MEMBERSHIP SERVICES						
Part IX		bsidiaries and D	isregarded Enti	ties (See the i	nstructions.)		
Nar	me, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of a	ctivities	(D) Total income	End-of- asse	year ts
		%			<del></del>		
N/A		%					
		%	<del></del>				
Part X	Information Regarding Transfers Ass	%	conal Reposit Co	ntracts (Sec. t)	he instructions )		
ΤαιιΛ	, incomedent regarding francists Ass	OSIGIOG WILL I'CI	Jonal Pellelle Co	THE GOLD LOCK II	10 11 10 10		

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

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

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

Part 2	is a controlling organization			<u> </u>			,
106	Did the reporting organization mathe Code? If "Yes," complete the			efined in sect	ion 512(b)(13) of	Yes	No ✓
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C Descrip trans	tion of	Amount o		ler
а							_
b							
С							
	Totals						
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C Descrip trans	) tion of	Amount o		fer
a							
b							
c  -				_			
	Totals						
108	Did the organization have a bind rents, royalties, and annuities de			2006, coverin	g the interest,	Yes	No
Please Sign Here	Under penalties of penjury, I declare that and belief the true, correct and comple significant of officer	I have examined this return, include	ding accompanying sch r than officer) is based	on all information	of which preparer has	my knov	wledge wledge
Paid	Preparer's signature	<u> </u>		Check if self- employed ▶ □	Preparer's SSN or PTIN	(See Gen	. Inst. X
Prepare Use Onl	Firm's name (or yours L			EIN Phone r	<b>▶</b>		
	address, and Zir T 4 F			1, 0000		rm 990	(2007

FORM 990 INCOME AND COST OF GOODS SOLD INCLUDED ON FORM 990, PART I, LINE 9C		STATEMENT 1
INCOME		
1 GROSS RECEIPTS (FORM 990, LINE 9A)	437,641	
2 RETURN AND ALLOWANCES		437,641
3 LINE 1 LESS LINE 2		437,041
4 COST OF GOODS SOLD (FORM 990, LINE 9B) 5 GROSS PROFIT (LINE 3 LESS LINE 4)	455,826	(18,185)
3 GROSS FROTTI (LINE 3 LEGS LINE 4)		(10,100)
COST OF GOODS SOLD		
6 INVENTORY AT BEGINNING OF YEAR		
7 MERCHANDISE PURCHASED		
8 COST OF LABOR 9 MATERIALS AND SUPPLIES		
10 OTHER COSTS	455,826	
11. ADD LINES 6 THROUGH 10		455,826
12 INVENTORY AT END OF YEAR		
13 COST OF GOODS SOLD (LINE 11 LESS LINE 12)		455,826
FORM 990 INCOME AND COST OF GOODS SOLD INCLUDED ON FORM 990, PART I, LINE 10C		STATEMENT 2
	<u> </u>	
INCOME		
	2,581	
1 GROSS RECEIPTS (FORM 990, LINE 10A) 2 RETURN AND ALLOWANCES	2,581	
1 GROSS RECEIPTS (FORM 990, LINE 10A)	2,581	2,581
1 GROSS RECEIPTS (FORM 990, LINE 10A) 2 RETURN AND ALLOWANCES	2,581 5,977	2,581
1 GROSS RECEIPTS (FORM 990, LINE 10A) 2 RETURN AND ALLOWANCES 3 LINE 1 LESS LINE 2		2,581
1 GROSS RECEIPTS (FORM 990, LINE 10A) 2 RETURN AND ALLOWANCES 3 LINE 1 LESS LINE 2 4 COST OF GOODS SOLD (FORM 990, LINE 10B)		
1 GROSS RECEIPTS (FORM 990, LINE 10A) 2 RETURN AND ALLOWANCES 3 LINE 1 LESS LINE 2 4 COST OF GOODS SOLD (FORM 990, LINE 10B) 5 GROSS PROFIT (LINE 3 LESS LINE 4)		
1 GROSS RECEIPTS (FORM 990, LINE 10A) 2 RETURN AND ALLOWANCES 3 LINE 1 LESS LINE 2 4 COST OF GOODS SOLD (FORM 990, LINE 10B) 5 GROSS PROFIT (LINE 3 LESS LINE 4)  COST OF GOODS SOLD 6 INVENTORY AT BEGINNING OF YEAR 7 MERCHANDISE PURCHASED		
1 GROSS RECEIPTS (FORM 990, LINE 10A) 2 RETURN AND ALLOWANCES 3 LINE 1 LESS LINE 2 4 COST OF GOODS SOLD (FORM 990, LINE 10B) 5 GROSS PROFIT (LINE 3 LESS LINE 4)  COST OF GOODS SOLD 6 INVENTORY AT BEGINNING OF YEAR 7 MERCHANDISE PURCHASED 8 COST OF LABOR		
1 GROSS RECEIPTS (FORM 990, LINE 10A) 2 RETURN AND ALLOWANCES 3 LINE 1 LESS LINE 2 4 COST OF GOODS SOLD (FORM 990, LINE 10B) 5 GROSS PROFIT (LINE 3 LESS LINE 4)  COST OF GOODS SOLD 6 INVENTORY AT BEGINNING OF YEAR 7 MERCHANDISE PURCHASED 8 COST OF LABOR 9 MATERIALS AND SUPPLIES	5,977	
1 GROSS RECEIPTS (FORM 990, LINE 10A) 2 RETURN AND ALLOWANCES 3 LINE 1 LESS LINE 2 4 COST OF GOODS SOLD (FORM 990, LINE 10B) 5 GROSS PROFIT (LINE 3 LESS LINE 4)  COST OF GOODS SOLD 6 INVENTORY AT BEGINNING OF YEAR 7 MERCHANDISE PURCHASED 8 COST OF LABOR		
1 GROSS RECEIPTS (FORM 990, LINE 10A) 2 RETURN AND ALLOWANCES 3 LINE 1 LESS LINE 2 4 COST OF GOODS SOLD (FORM 990, LINE 10B) 5 GROSS PROFIT (LINE 3 LESS LINE 4)  COST OF GOODS SOLD 6 INVENTORY AT BEGINNING OF YEAR 7 MERCHANDISE PURCHASED 8 COST OF LABOR 9 MATERIALS AND SUPPLIES 10 OTHER COSTS 11 ADD LINES 6 THROUGH 10	5,977	(3,396)
1 GROSS RECEIPTS (FORM 990, LINE 10A) 2 RETURN AND ALLOWANCES 3 LINE 1 LESS LINE 2 4 COST OF GOODS SOLD (FORM 990, LINE 10B) 5 GROSS PROFIT (LINE 3 LESS LINE 4)  COST OF GOODS SOLD 6 INVENTORY AT BEGINNING OF YEAR 7 MERCHANDISE PURCHASED 8 COST OF LABOR 9 MATERIALS AND SUPPLIES 10 OTHER COSTS	5,977	(3,396)
1 GROSS RECEIPTS (FORM 990, LINE 10A) 2 RETURN AND ALLOWANCES 3 LINE 1 LESS LINE 2 4 COST OF GOODS SOLD (FORM 990, LINE 10B) 5 GROSS PROFIT (LINE 3 LESS LINE 4)  COST OF GOODS SOLD 6 INVENTORY AT BEGINNING OF YEAR 7 MERCHANDISE PURCHASED 8 COST OF LABOR 9 MATERIALS AND SUPPLIES 10 OTHER COSTS 11 ADD LINES 6 THROUGH 10	5,977	5,977

FORM 990	COST OF GOODS	S SOLD - OTHER	COSTS		STATEMENT 3
DESCRIPTION					AMOUNT
BOOK & VIDEO EXPENSES					5,9
TOTAL INCLUDE ON FORM	990, PART I, LINE 10B				5,9
FORM 990 O1	HER CHANGES IN NET	ASSETS OR FU	ND BALANCES	-	STATEMENT 4
DESCRIPTION		·		·	AMOUNT
PRIOR YEAR ADJUSTMENT					71,4
TOTAL TO FORM 990, PART	I, LINE 20				71,4
ASSOCIATION FOR COMMU	INITY BROADCASTING				74-1670740
FORM 990	OTHER	EXPENSES			STATEMENT 5
	<del> </del>	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
DESCRIPTION		TOTAL	SERVICES	AND GENERAL	FUNDRAISIN
Prof Serv		491,247 00	340,185 00		151,062
Misc Exp		124,011 00	23,630.00		100,381
Advertising		35,761 00	596 00		35,165
Fundraising		68,271 00 675 805 00	3,479 00		64,792
Telemarketing		675,895 00	95.00	2 270 00	675,895
Bank Serv Fee		127,709 00	85 00	2,279 00	125,345
Programming Rights Entertainment		121,833 00	(206 796 00)	177 00	121,833
Membership Dues		(122,251 00) 6,132 00	(206,786 00) 47 00	2,975 00	84,358 3,110
Parking		922 00	12 00	2,975 00	3,110 910
Registration Fees		10,350 00	12 00		10,350
Insurance		4,641 00		4,641 00	10,550
Amortization		32,066 00		32,066 00	
Freight		462 00	413 00	,	49
Receipted Exp		1,500 00	· · · ·		1,500
Contract Serv		16,590 00	12,189 00		4,401
Postage		25 00	25 00		
Personal Serv		5,320 00	5,320 00		
Non-Empl Reward		1,114 00	1,114 00	46.100.55	4.000.100
Total Schedule 5		1,601,598.00	180,309.00	42,138.00	1,379,151.
Accounting fees		35,835 00		35,835 00	
Supplies		8,813 00	7,490 00	141 00	1,182
Telephone		25,737 00	11,017 00		14,720
Postage & shipping		31,246 00 -			31,246
Equipment rental & maintena	nce	31,859 00	10,230 00		21,629
Printing & publications		60,616 00	3,451 00		57,165
Travel		448 00			448
Conference, conventions, & r	neetings	27,571 00 -		25,871 00	1,700
Depreciation		9,924 00		9,924 00	
Total Other Expenses		232,049.00	32,188.00	71,771.00	128,090.
Other grants & allocations		6,686,773 00	6,686,773 00		

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FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS				
CLASS OF ACTIVITY/DONEE'S NAME	AMOUNT				
EDUCATIONAL ACTIVITIES KIUHT 4343 ELGIN HOUSTON, TX 77004				5,144,776	
EDUCATIONAL ACTIVITIES KUHF 4343 ELGIN HOUSTON, TX 77004				1,541,997	
TOTAL INCLUDED ON FORM 990M PA	ART II, LINE 22B			6,686,773	
FORM 990	CASH GRANTS AND ALL INCLUDED O		ERS	STATEMENT 7	
EXPLANATION		-			
SUPPORT FOR KUHT-TV AND KUHF-I	FM, LOCAL NON-PROFIT EDU	CATION STATIONS			
ASSOCIATION FOR COMMUNITY BRO	74-1670740				
FORM 990	DEPRECIATION OF ASSETS I	NOT HELD FOR INV	ESTMENTS	STATEMENT 8	
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE		
ELECTRONIC EQUIPMENT ACCOUNTING SOFTWARE FURNITURE	78,123 4,050 1,216	78,123 4,050 1,216	- - -		
APPLIANCES CAPITAL LEASE EQUIPMENT	4,230 340,680	4,230 340,680	- -		

428,299

428,299

TOTAL TO FORM 990, PART IV, LINE 57

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 9
DESCRIPTION		AMOUNT
SPECIAL EVENTS EXPENSES VIDEO AND BOOK SALES EXPENSES		455,826 5,977
TOTAL TO FORM 990, PART IV-A		461,803
FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 10
DESCRIPTION		AMOUNT

455,826

461,803

5,977

SPECIAL EVENTS EXPENSES

TOTAL TO FORM 990, PART IV-B

VIDEO AND BOOK SALES EXPENSES