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Form

990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

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)

▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008, and ending 09-30-2009

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Texas Public Broadcasting Association

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
501 Broadway

City or town, state or country, and ZIP + 4
San Antonio, TX 78215

D Employer identification number
74-2237853

E Telephone number
(210) 270-9000

F Group Exemption Number
▶

▶ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one)—☒ 501(c)(3) ☐ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 151,136

Part I

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	141,009
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	10,127
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5c	
	5b	Less cost or other basis and sales expenses		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	6c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$_____ of contributions reported on line 1)		
	b	Less direct expenses other than fundraising expenses		
Expenses	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c	
	7a	Gross sales of inventory, less returns and allowances		
	7b	Less cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
	8	Other revenue (describe ▶ _____)		
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		
	10	Grants and similar amounts paid (attach schedule) 	10	142,954
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	110,636
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	385
	16	Other expenses (describe ▶ _____)	16	46,426
	17	Total expenses (add lines 10 through 16) ▶	17	300,401
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-149,265
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	239,004
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶	21	89,739

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

(A) Beginning of year

(B) End of year

22 Cash, savings, and investments239,0042289,739

23 Land and buildings0230

24 Other assets (describe ▶ _____)0240

25 Total assets239,0042589,739

26 Total liabilities (describe ▶ _____)0260

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)239,0042789,739



















For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? THE ASSOCIATION WAS FORMED TO INCREASE PUBLIC AWARENESS, DEVELOP MEMBER COOPERATIVE EFFORTS AND TO PROMOTE THE FUNDING AND GENERAL WELL-BEING OF PUBLIC BROADCASTING FOR THE BENEFIT OF ALL TEXANS			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28 THE TEXAS PUBLIC BROADCASTING ASSOCIATION REPRESENTS THE 12 TEXAS PUBLIC TELEVISION STATIONS. THE ASSOCIATION CONDUCTS FUNDRAISING FOR THE STATIONS ALONG WITH STATEWIDE UNDERWRITING. THE ASSOCIATION ALSO WORKS WITH STATE AGENCIES AND OTHER STATEWIDE ORGANIZATIONS TO DEVELOP NEW PROGRAMMING, EDUCATIONAL OUTREACH AND COMMUNITY ENGAGEMENT. THE ASSOCIATION MANAGES THESE ACTIVITIES FOR THE STATIONS AND PROVIDES FINANCIAL AND PROJECT MANAGEMENT FOR JOINT-STATION PROJECTS. (Grants \$) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>		28a	294,696
29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	294,696

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 	34	Yes
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions  37a _____		
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911  _____, section 4912  _____, section 4955  _____		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.	40b	No
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  _____		
d	Enter amount of tax on line 40c reimbursed by the organization  _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e	No
41	List the states with which a copy of this return is filed  _____		
42a	The books are in care of  PATRICK LOPEZ _____ Telephone no  (210) 270-9000 501 BROADWAY Located at  San Antonio, TX _____ ZIP + 4  78215		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country  _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country  _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here   and enter the amount of tax-exempt interest received or accrued during the tax year  43 _____		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization(s) a section 527 organization?		No

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
KIERSTAN SCHWAB 5223 CONCHO CREEK BEND AUSTIN, TX 78735	CONSULTING	104,930
Total number of other independent contractors receiving over \$100,000 ▶	1	

Please Sign Here

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

Signature of officer

2010-08-16

Date

PATRICK LOPEZ, TREASURER

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ J Randy Vogel, CPA	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD LLP 10001 REUNION PLACE, SUITE 400 SAN ANTONIO, TX 782164137			EIN ▶ Phone no ▶ (210) 341-9400

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Texas Public Broadcasting Association	Employer identification number 74-2237853
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	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 that describes the type of supporting organization and complete lines 11e through 11h <div><div>a <input type="checkbox"/> Type I</div><div>b <input type="checkbox"/> Type II</div><div>c <input type="checkbox"/> Type III - Functionally Integrated</div><div>d <input type="checkbox"/> Type III - Other</div></div>
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?</div><div>(ii) a family member of a person described in (i) above?</div><div>(iii) a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	85,608	87,734	95,194	238,117	151,136	657,789
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3	85,608	87,734	95,194	238,117	151,136	657,789
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						2,320
6 Public Support subtract line 5 from line 4						655,469

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	85,608		95,194	238,117	151,136	657,789
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, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						657,789
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	99.647 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	99.955 %
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>	

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. 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% Tests - 2007. 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

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 74-2237853
Name: Texas Public Broadcasting Association

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Rod Zent 501 Broadway San Antonio, TX 78215	Chair 2 0	0	0	0
John Hesse 501 Broadway San Antonio, TX 78215	Vice Chair 2 0	0	0	0
Pat Cates 501 Broadway San Antonio, TX 78215	Secretary 2 0	0	0	0
Joanne Winik 501 Broadway San Antonio, TX 78215	Treasurer 2 0	0	0	0
PATRICK LOPEZ 501 Broadway San Antonio, TX 78215	TREASURER 2 0	0	0	0

TY 2008 Grants and Similar Amounts Paid Schedule**Name:** Texas Public Broadcasting Association**EIN:** 74-2237853

Item No.	1
Class of Activity	
Donee's Name	KAMU
Donee's Address	TEXAS AM UNIVERSITY 4244 COLLEGE STATION, TX 77843
Amount (FMV)	7,236
Purpose of Payment to Affiliate	SUPPORT OF GENERAL OPERATIONS
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	
Donee's Name	KCOS
Donee's Address	PO BOX 26668 EL PASO, TX 799680650
Amount (FMV)	7,322
Purpose of Payment to Affiliate	SUPPORT OF GENERAL OPERATIONS
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	
Donee's Name	KERA
Donee's Address	3000 HARRY HINES BLVD DALLAS, TX 75201
Amount (FMV)	22,396
Purpose of Payment to Affiliate	SUPPORT OF GENERAL OPERATIONS
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	
Donee's Name	KLRN
Donee's Address	501 BROADWAY SAN ANTONIO, TX 78215
Amount (FMV)	11,623
Purpose of Payment to Affiliate	SUPPORT OF GENERAL OPERATIONS
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	
Donee's Name	KLRU
Donee's Address	PO BOX 7158 AUSTIN, TX 78713
Amount (FMV)	49,865
Purpose of Payment to Affiliate	SUPPORT OF GENERAL OPERATIONS
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	
Donee's Name	KUHT
Donee's Address	4343 ELGIN STREET HOUSTON, TX 772040008
Amount (FMV)	24,111
Purpose of Payment to Affiliate	SUPPORT OF GENERAL OPERATIONS
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2008 Other Expenses Schedule

Name: Texas Public Broadcasting Association

EIN: 74-2237853

Description	Amount
PROTRACK FEES	35,222
DESIGN WORK	7,800
BANK CHARGES	172
MISCELLANEOUS	75
Supplies	2,857
Conferences and Conventions	300

**TEXAS PUBLIC BROADCASTING ASSOCIATION
BY-LAWS
RULES OF ORGANIZATION AND PROCEDURE**

I. Composition and Function

Name

Texas Public Broadcasting Association

Organization

Public television stations licensed in the State of Texas and qualified by the Corporation for Public Broadcasting to receive Community Service Grant support are eligible for membership in the Association. Governance of the Association will be by a Board of Directors. Each participating station will select one management level representative to serve on the Board of Directors.

II. Organization Purpose

The Association will increase public awareness, develop mechanisms for member cooperative efforts, and promote the funding and general well-being of public broadcasting for the benefit of the citizens of Texas.

III. Election of Officers – Executive Committee

The Executive Committee of the Association shall consist of four (4) representatives, elected by the Board of Directors to serve as officers. The Executive Committee shall consist of a chair, a vice chair, a secretary, and a treasurer.

Term of Office

All officers of the Association will serve a one-year term of office. Officers will be elected at the last meeting prior to the beginning of the next fiscal year.

Committees of the Association

The Executive Committee may appoint committees.

Responsibilities of Officers – Executive Committee

The Chair shall preside at all meetings of the Executive Committee and, subject to the control and discretion of the Association, he or she shall have all of the powers and duties of a presiding officer and shall be an ex-officio member of all committees. The Vice Chair shall perform all of the duties and responsibilities of the Chair in his or her absence. In the absence of the Chair or Vice Chair at any meeting of the Association, an Acting Chair will be selected from among the members present. Upon the death, resignation, removal, or incapacity of the Chair, the Vice Chair will assume the office of Chair until such a time that a new Chairperson can be elected from the Board of his or her representation. Upon the death, resignation, removal, or incapacity of the Vice Chair, a new Vice Chairperson will be elected from the Board of his or her representation.

Meetings and Rules

The Board of the Association will meet semi-annually or as otherwise designated by the Chair of the Board in consultation with the Executive Committee. Location of meetings will be at the discretion of the Chair in consultation with Board members. A minimum of two (2) weeks prior notice, in writing, will be given for meetings of the Association. Meetings of the Board may be scheduled by the Chair utilizing telecommunications.

Proxy Vote

Board members may designate substitute representatives providing a proxy vote request is delivered to the Secretary of at least five (5) days prior to the scheduled meeting; such

proxy designation will apply to a single scheduled meeting of the Board for which application is presented. Without proxy vote, that vote goes to the Chair.

Quorum

A majority of the members of the Board will constitute a quorum. A majority of the Executive Committee or their proxies must be present to constitute a quorum.

Voting

Each member of the Board is entitled to one vote. The Executive Committee will act only by majority vote of its members. Unless otherwise specifically stated elsewhere in these By-Laws, a motion will pass if it is approved by a majority of Directors who are eligible to vote and who are present at the meeting (in person or electronically) when the vote is taken or who are voting by Proxy.

Agenda

The agenda for Association meetings shall be determined by the Chair. Members may, by notification five days in advance of the scheduled meeting, place an item on the agenda.

Minutes

A record of actions, minutes, and written records of Association meetings shall be maintained by the Secretary of the Board. Minutes shall be presented to the Board for corrections, deletions and approval at the next regularly scheduled meeting. Statements which individual members wish to have included in the minutes must be submitted in writing and submitted within two (2) weeks following the meeting. These will be appended to the minutes.

VI. Fiscal Affairs

Membership Dues

The Executive Committee of the Association shall establish an annual budget for the Association. Subsequent yearly budgets for the Association will be presented for ratification by the total membership sixty (60) days prior to the start of a new fiscal year. Each station will be responsible for an equal share of their budget support obligation to the Association. This share of the budget shall be assessed as dues for each member. Only dues paying stations shall be considered members of the Association. Dues will be due and payable within sixty (60) days of applying.

Income Distribution

All external un-restricted grants, state or federal appropriations, shall be divided between the members. Restricted grants, specific program underwriting, and production contracts will be distributed directly to the contracting stations.

Accounting and Auditing Responsibilities

The Board will establish accounting, disbursement and collection procedures for the Association. Disbursements will be authorized by the Executive Committee of the Association. All disbursements of the Association for amounts under \$2,000 will be signed by one officer. All disbursements over \$2,000 will be signed by two officers.

VIII. Fiscal Year

The fiscal year of the Association will be October 1 through September 30.

IX. Rules of Order

The rules of procedure in the latest edition of "Robert's Rules of Order Revised" shall govern all Association procedures where not inconsistent with law or with these rules.

X. Affirmative Action

It is the policy of the Association to initiate affirmative action for fair employment, and to provide applicants and employees of the Association the right to equal employment opportunities. The Association does not engage in discriminatory practices against any person employed or seeking employment, because of race, color, religion, marital status, national origin, disablement, sex, sexual orientation, citizenship, age, within the limits imposed by law.

XI. By-Law Modification

Those by-laws may be modified upon a majority vote of the entire Association membership.

XII. Liabilities of Members and Officer

No member of the Association or any corporate officer now or hereafter elected shall be personally liable to its creditors for any indebtedness or liability, and any and all creditors shall look only to the Association assets for payment.