

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990** 

Department of the Treasury Internal Revenue Service

**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)

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

OMB No 1545-0047

Open to Public Inspection

A Fo						D Employer	identification number
		pplicable	C Name of organization ALABAMA EDUCATIONAL TELEVIS	ION			
	ress cha ne chan	Í	FOUNDATION AUTHORITY Doing Business As			63-6050	
	ne chan Ial returi					E Telephone	
	mınated		Number and street (or P O box 2112 11TH AVENUE SOUTH NO 4	If mail is not delivered to street address) 00	Room/suite	(200)02	
	ended re dication	eturn pending	City or town, state or country, as BIRMINGHAM, AL 35205	nd ZIP + 4	<u>'</u>	<b>─ G</b> Gross rece	ıpts \$ 6,681,861
,			F Name and address of p	principal officer	<b>H(a)</b> Is t	his a group return for aff	filiates? Yes Vo
			PAULINE P HOWLAND 2112 11TH AVENUE SO	UTH NO 400	H(h) Are	all affiliates include	d?
			BIRMINGHAM,AL 3520	5			st (see instructions)
	k-exem	pt status	▼ 501(c)(3)	◀ (Insert no )		oup exemption i	
			WAPTV ORG				
			Corporation Trust Associa	ation C Other In.		formation 1982	<b>M</b> State of legal domicile AL
	rt I	Sumi	· · · · · · · · · · · · · · · · · · ·	ation   Other -	L Year of	formation 1982	M State of legal domicile AL
			-	sion or most significant activities			
Activities & Governance	2 C 3 N 4 N 5 T	Check th Number of	FA AND THE AETC OPERA WHICH IS WIDELY RECOGN is box if the organization of voting members of the government of independent voting member of individuals employed inber of volunteers (estimate	ed of more than	TIONALLY  n 25% of its net	assets 12 12 57	
	<b>7</b> a ⊤	otal unr	elated business revenue fron	n Part VIII, column (C), line 12		7a	0
	ьN	let unrel	ated business taxable incom	e from Form 990-T, line 34		7b	0
						rior Year	Current Year
nue	8		outions and grants (Part VIII		1,682,883	1,192,176	
	9		m service revenile (Part VIII	line 2a)	1	7 483 534	4 940 506
venue	9 10	_	•	, line 2g)		7,483,534	4,940,506
Revenue		Invest	ment income (Part VIII, colu	mn (A), lines 3, 4, and 7d)		7,483,534 2,883 593,116	4,940,506 2,065 488,994
Revenue	10	Investi Other r	ment income (Part VIII, colu evenue (Part VIII, column (A evenue—add lines 8 through	mn (A), lines 3, 4, and 7d) A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A),		2,883 593,116	2,065 488,994
Revenue	10 11	Investi Other r Total re 12) .	ment income (Part VIII, colurevenue (Part VIII, column (/ evenue—add lines 8 through	mn (A), lines 3, 4, and 7d)	line	2,883 593,116 9,762,416	2,065 488,994 6,623,741
Revenue	10 11 12	Investi Other r Total re 12) . Grants	ment income (Part VIII, colu evenue (Part VIII, column (A evenue—add lines 8 through 	mn (A), lines 3, 4, and 7d) A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A),	line	2,883 593,116	2,065 488,994 6,623,741 98,180
	10 11 12	Investi Other r Total re 12) . Grants Benefit Salarie	ment income (Part VIII, columevenue (Part VIII, column (A evenue—add lines 8 through and similar amounts paid (Pa s paid to or for members (Pa	Imn (A), lines 3, 4, and 7d) A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A),	line	2,883 593,116 9,762,416 80,406 0	2,065 488,994 6,623,741 98,180
	10 11 12 13 14	Investi Other r Total re 12) - Grants Benefit Salarie 5-10)	ment income (Part VIII, columevenue (Part VIII, column (Acceptance))  evenue—add lines 8 through  and similar amounts paid (Part of the paid to or for members (Part of the part of the pa	amn (A), lines 3, 4, and 7d) A), lines 5, 6d, 8c, 9c, 10c, and 11e)  11 (must equal Part VIII, column (A), art IX, column (A), lines 1-3) rt IX, column (A), line 4) oyee benefits (Part IX, column (A), line	line .	2,883 593,116 9,762,416 80,406	2,065 488,994 6,623,741 98,180 0 2,677,795
	10 11 12 13 14 15	Other r Total re 12) . Grants Benefit Salarie 5-10) Profess	ment income (Part VIII, columevenue (Part VIII, column (Acceptance))  evenue—add lines 8 through  and similar amounts paid (Part of the paid to or for members (Part of the part of the pa	Imn (A), lines 3, 4, and 7d) A), lines 5, 6d, 8c, 9c, 10c, and 11e)  11 (must equal Part VIII, column (A),	line .	2,883 593,116 9,762,416 80,406 0 2,697,040	2,065 488,994 6,623,741 98,180 0 2,677,795
Expenses Revenue	10 11 12 13 14 15	Other rotal functions of the second rotal	ment income (Part VIII, columevenue (Part VIII, column (Acceptance))  and similar amounts paid (Part Spaid to or for members (Part Spaid to other compensation, employed)  sional fundraising fees (Part IX, column acceptance)	Imn (A), lines 3, 4, and 7d) A), lines 5, 6d, 8c, 9c, 10c, and 11e)  11 (must equal Part VIII, column (A),	line	2,883 593,116 9,762,416 80,406 0 2,697,040	2,065 488,994 6,623,741 98,180 0 2,677,795
	10 11 12 13 14 15 16a b	Investi Other in Total re 12) . Grants Benefit Salarie 5-10) Profess Total fun Other e	ment income (Part VIII, column (Acevenue (Part VIII, column (Acevenue—add lines 8 through and similar amounts paid (Pass paid to or for members (Pass, other compensation, employed) and fundraising fees (Part Indicating expenses (Part IX, column (Acepenses Add lines 13–17 (Expenses Add lines 14–17 (Expen	Imn (A), lines 3, 4, and 7d)  A), lines 5, 6d, 8c, 9c, 10c, and 11e)  11 (must equal Part VIII, column (A), art IX, column (A), lines 1-3)  rt IX, column (A), line 4)  oyee benefits (Part IX, column (A), line  (X, column (A), line 11e)  (D), line 25)  626,361  A), lines 11a-11d, 11f-24f)  must equal Part IX, column (A), line 25	. line	2,883 593,116 9,762,416 80,406 0 2,697,040 0 7,531,232 10,308,678	2,065 488,994 6,623,741 98,180 0 2,677,795 0 3,818,886 6,594,861
Expenses	10 11 12 13 14 15 16a b	Investi Other in Total re 12) . Grants Benefit Salarie 5-10) Profess Total fun Other e	ment income (Part VIII, column (Acevenue (Part VIII, column (Acevenue—add lines 8 through and similar amounts paid (Pass paid to or for members (Pass, other compensation, employed) and fundraising fees (Part Indicating expenses (Part IX, column (Acepenses Add lines 13–17 (Expenses Add lines 14–17 (Expen	Imn (A), lines 3, 4, and 7d)	es	2,883 593,116 9,762,416 80,406 0 2,697,040 0 7,531,232 10,308,678 -546,262	2,065 488,994 6,623,741 98,180 0 2,677,795 0 3,818,886 6,594,861 28,880
Expenses	10 11 12 13 14 15 16a b	Investi Other in Total re 12) . Grants Benefit Salarie 5-10) Profess Total fun Other e	ment income (Part VIII, column (Acevenue (Part VIII, column (Acevenue—add lines 8 through and similar amounts paid (Pass paid to or for members (Pass, other compensation, employed) and fundraising fees (Part Indicating expenses (Part IX, column (Acepenses Add lines 13–17 (Expenses Add lines 14–17 (Expen	Imn (A), lines 3, 4, and 7d)  A), lines 5, 6d, 8c, 9c, 10c, and 11e)  11 (must equal Part VIII, column (A), art IX, column (A), lines 1-3)  rt IX, column (A), line 4)  oyee benefits (Part IX, column (A), line  (X, column (A), line 11e)  (D), line 25)  626,361  A), lines 11a-11d, 11f-24f)  must equal Part IX, column (A), line 25	es	2,883 593,116 9,762,416 80,406 0 2,697,040 0 7,531,232 10,308,678	2,065 488,994 6,623,741 98,180 0 2,677,795 0 3,818,886 6,594,861
Expenses	10 11 12 13 14 15 16a b	Investi Other in Total re 12) . Grants Benefit Salarie 5-10) Profess Total fun Other e Revenu	ment income (Part VIII, column (Acevenue (Part VIII, column (Acevenue—add lines 8 through	Imn (A), lines 3, 4, and 7d)	es Beginn	2,883 593,116 9,762,416 80,406 0 2,697,040 0 7,531,232 10,308,678 -546,262 ing of Current Year 8,097,880	2,065 488,994 6,623,741 98,180 0 2,677,795 0 3,818,886 6,594,861 28,880 End of Year 7,590,623
Expenses	10 11 12 13 14 15 16a b 17 18 19	Investi Other in Total re 12) . Grants Benefit Salarie 5-10) Profess Total fun Other e Total e Revenu	ment income (Part VIII, column (Acevenue (Part VIII, column (Acevenue—add lines 8 through and similar amounts paid (Pass paid to or for members (Pass, other compensation, employed) adraising expenses (Part IX, column (Acevenue—Sexpenses (Part IX, column (Acevenue—Sexpenses Add lines 13–17 (Ix) is less expenses Subtract lines (Part X, line 16) abilities (Part X, line 26) .	Imn (A), lines 3, 4, and 7d)	es Beginn	2,883 593,116 9,762,416 80,406 0 2,697,040 0 7,531,232 10,308,678 -546,262 ing of Current Year 8,097,880 1,372,808	2,065 488,994 6,623,741 98,180 0 2,677,795 0 3,818,886 6,594,861 28,880 End of Year 7,590,623 844,730
Not Assets or Expenses Fund Balances	10 11 12 13 14 15 16a b 17 18 19	Investi Other in Total re 12) . Grants Benefit Salarie 5-10) Profess Total fun Other e Revenu	ment income (Part VIII, column (Acevenue (Part VIII, column (Acevenue—add lines 8 through	Imn (A), lines 3, 4, and 7d)	es Beginn	2,883 593,116 9,762,416 80,406 0 2,697,040 0 7,531,232 10,308,678 -546,262 ing of Current Year 8,097,880	2,065 488,994 6,623,741 98,180 0 2,677,795 0 3,818,886 6,594,861 28,880 End of Year 7,590,623
Net Assets of Expenses Fund Balances	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Investing Other in Total results of personnel in Total and Total and Total in Net assisties of personnel in Total and Total in Net assisties of personnel in Total and Total in Net assisties of personnel in Total and Total in Net assisties of personnel in Total and Total in Net assisties of personnel in Total and Total in Net assisties of personnel in Total and Total in Net assisties of personnel in Total and Total in Net assisties of personnel in Total and Total in Net assisties of personnel in Total and Total in Net assisties of personnel in Total and Total in Net assisties of personnel in Total and Total in Net assisties of personnel in Total and Total in Net assisties of personnel in Total and Total in Net assisties of personnel in Total and Total in Net assisties of personnel in Total and Total in Net assisties of personnel in Total and Total in Net assisties of personnel in Total and Total in Net assisties of personnel in Total and Total in Net assisties of personnel in Total and Total in Net assisties of personnel in in Net assistant in Net assistan	ment income (Part VIII, column (Acevenue—add lines 8 through and similar amounts paid (Pass paid to or for members (Pass, other compensation, employed and similar amounts paid (Pass, other compensation, employed and fundraising fees (Part II) draising expenses (Part IX, column (Acevenses (Part IX, column (Acevenses Add lines 13–17 (respenses A	Imn (A), lines 3, 4, and 7d)	es Beginn	2,883 593,116 9,762,416 80,406 0 2,697,040 0 7,531,232 10,308,678 -546,262 ing of Current Year 8,097,880 1,372,808 6,725,072	2,065 488,994 6,623,741 98,180 0 2,677,795 0 3,818,886 6,594,861 28,880 End of Year 7,590,623 844,730 6,745,893
way C Net Assets of Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 penaltedge and edge.	Investing Other in Total results of period belief.	ment income (Part VIII, column (Part VIII), column (Part VIIII),	A), lines 3, 4, and 7d)  A), lines 5, 6d, 8c, 9c, 10c, and 11e)  11 (must equal Part VIII, column (A), art IX, column (A), lines 1–3)  rt IX, column (A), line 4)  oyee benefits (Part IX, column (A), line  (X, column (A), line 11e)  (D), line 25)  626,361  A), lines 11a–11d, 11f–24f)  must equal Part IX, column (A), line 29  ne 18 from line 12  cittline 21 from line 20  mined this return, including accompanying	es Beginn	2,883 593,116 9,762,416 80,406 0 2,697,040 0 7,531,232 10,308,678 -546,262 ing of Current Year 8,097,880 1,372,808 6,725,072 d statements, and on all information	2,065 488,994 6,623,741 98,180 0 2,677,795 0 3,818,886 6,594,861 28,880 End of Year 7,590,623 844,730 6,745,893
Signal Met Assets of Expenses of Signal Balances Expenses of Signal Balances	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III penalt edge aledge.	Investing Other in Total results of periods	ment income (Part VIII, column (Acevenue—add lines 8 through and similar amounts paid (Pass paid to or for members (Pass, other compensation, employed and fundraising fees (Part II) draising expenses (Part IX, column (Acevenue—8 (Part IX, line 16)	A), lines 3, 4, and 7d)  A), lines 5, 6d, 8c, 9c, 10c, and 11e)  11 (must equal Part VIII, column (A), art IX, column (A), lines 1–3)  rt IX, column (A), line 4)  oyee benefits (Part IX, column (A), line  (X, column (A), line 11e)  (D), line 25)  626,361  A), lines 11a–11d, 11f–24f)  must equal Part IX, column (A), line 29  ne 18 from line 12  cittline 21 from line 20  mined this return, including accompanying	es Beginn	2,883 593,116 9,762,416 80,406 0 2,697,040 0 7,531,232 10,308,678 -546,262 ing of Current Year 8,097,880 1,372,808 6,725,072 distatements, and on all information	2,065 488,994 6,623,741 98,180 0 2,677,795 0 3,818,886 6,594,861 28,880 End of Year 7,590,623 844,730 6,745,893
Signal Met Assets of Expenses of Signal Balances Expenses of Signal Balances	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III penalt edge aledge.	Investing Other in Total results alaries 5-10) Profession Total fun Other in Total a Total III Net assisties of pend belief.	ment income (Part VIII, column (Part VIII), column (Part VIIII),	A), lines 3, 4, and 7d)  A), lines 5, 6d, 8c, 9c, 10c, and 11e)  11 (must equal Part VIII, column (A), art IX, column (A), lines 1–3)  rt IX, column (A), line 4)  oyee benefits (Part IX, column (A), line  (X, column (A), line 11e)  (D), line 25)  626,361  A), lines 11a–11d, 11f–24f)  must equal Part IX, column (A), line 29  ne 18 from line 12  cittline 21 from line 20  mined this return, including accompanying	es Beginn	2,883 593,116 9,762,416 80,406 0 2,697,040 0 7,531,232 10,308,678 -546,262 ing of Current Year 8,097,880 1,372,808 6,725,072 d statements, and on all information	2,065 488,994 6,623,741 98,180 0 2,677,795 0 3,818,886 6,594,861 28,880 End of Year 7,590,623 844,730 6,745,893
Signal Met Assets of Expenses of Signal Balances Expenses of Signal Balances	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III penalt edge added.	Investing Other in Total results alaries 5–10) Profession Other in Total en Revenut Total and Total ling Net assignatives of period belief, and belief, and belief, and belief, and particularly promote the second promote th	ment income (Part VIII, column (Acvenue—add lines 8 through and similar amounts paid (Pass paid to or for members (Pass, other compensation, employed and fundraising fees (Part II) adraising expenses (Part IX, column (Acxpenses (Part IX, column (Acxpenses Add lines 13–17 (Inseless expenses Subtract lines (Part X, line 16)	A), lines 3, 4, and 7d)  A), lines 5, 6d, 8c, 9c, 10c, and 11e)  11 (must equal Part VIII, column (A), art IX, column (A), lines 1–3)  rt IX, column (A), line 4)  oyee benefits (Part IX, column (A), line  (X, column (A), line 11e)  (D), line 25)  626,361  A), lines 11a–11d, 11f–24f)  must equal Part IX, column (A), line 2: ne 18 from line 12  cit line 21 from line 20  mined this return, including accompanying the Declaration of preparer (other than of the preparer's signature	es Beginn	2,883 593,116 9,762,416 80,406 0 2,697,040 0 7,531,232 10,308,678 -546,262 ing of Current Year 8,097,880 1,372,808 6,725,072 d statements, and on all information  2012-05-09 Date  Check if self-	2,065 488,994 6,623,741 98,180 0 2,677,795 0 3,818,886 6,594,861 28,880 End of Year 7,590,623 844,730 6,745,893
Signature Paragraphic And Para	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III penalt edge aledge.	Investing Other in Total results alaries 5–10) Profession Total fun Other in Total and Total in Net assistics of period belief, and belief, and belief, and belief, and belief, and belief, and property of the property of the property of the protection of the protec	ment income (Part VIII, column (Acvenue—add lines 8 through and similar amounts paid (Pass paid to or for members (Pass, other compensation, employed and fundraising fees (Part II) adraising expenses (Part IX, column (Acxpenses (Part IX, column (Acxpenses Add lines 13–17 (Inseless expenses Subtract lines (Part X, line 16)	A), lines 3, 4, and 7d)  A), lines 5, 6d, 8c, 9c, 10c, and 11e)  11 (must equal Part VIII, column (A), art IX, column (A), lines 1–3)  rt IX, column (A), line 4)  oyee benefits (Part IX, column (A), line  (X, column (A), line 11e)  (D), line 25)  626,361  A), lines 11a–11d, 11f–24f)  must equal Part IX, column (A), line 2  ne 18 from line 12  cit line 21 from line 20  mined this return, including accompanying the Declaration of preparer (other than of the preparer's signature  Preparer's signature  AV LAROCCA CPA	Beginn  g schedules and fficer) is based of	2,883 593,116 9,762,416 80,406 0 2,697,040 0 7,531,232 10,308,678 -546,262 ing of Current Year 8,097,880 1,372,808 6,725,072 d statements, and on all information  2012-05-09 Date	2,065 488,994 6,623,741 98,180 0 2,677,795 0 3,818,886 6,594,861 28,880 End of Year 7,590,623 844,730 6,745,893 to the best of my of which preparer has any
Sign Paragraph P	10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 edge aledge.	Investing Other in Total results alaries 5-10) Profession Total fundation of the results of the	ment income (Part VIII, column (Active) and similar amounts paid (Part Spaid to or for members (Part II) draising expenses (Part IX, column (Active) and spaid to or for IX, column (Active) and spaid to or for the less expenses Subtract III spaid to or for fund balances Subtract II spaid to or for	A), lines 3, 4, and 7d)  A), lines 5, 6d, 8c, 9c, 10c, and 11e)  11 (must equal Part VIII, column (A), art IX, column (A), lines 1–3)  rt IX, column (A), line 4)  oyee benefits (Part IX, column (A), line  (X, column (A), line 11e)  (D), line 25)  626,361  A), lines 11a–11d, 11f–24f)  must equal Part IX, column (A), line 2  ne 18 from line 12  cit line 21 from line 20  mined this return, including accompanying the Declaration of preparer (other than of the preparer's signature  Preparer's signature  AV LAROCCA CPA	Beginn  g schedules and fficer) is based of	2,883 593,116 9,762,416 80,406 0 2,697,040 0 7,531,232 10,308,678 -546,262 ing of Current Year 8,097,880 1,372,808 6,725,072 d statements, and on all information  2012-05-09 Date  Check if self-	2,065 488,994 6,623,741 98,180 0 2,677,795 0 3,818,886 6,594,861 28,880 End of Year 7,590,623 844,730 6,745,893  to the best of my of which preparer has any
Here Seeks of Expenses of Expe	10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 edge aledge.	Investing Other in Total results alaries 5-10) Profession Total fundation of the results of the	ment income (Part VIII, column (Acevenue—add lines 8 through and similar amounts paid (Pass paid to or for members (Pass, other compensation, employed and fundraising fees (Part II) draising expenses (Part IX, column (Acepenses (Part IX, column (Acepenses Add lines 13–17 (Find less expenses Subtract lines (Part X, line 16)	A), lines 3, 4, and 7d)  A), lines 5, 6d, 8c, 9c, 10c, and 11e)  11 (must equal Part VIII, column (A), art IX, column (A), lines 1–3)  rt IX, column (A), line 4)  (b), line 4)  (c), line 25)  626,361  (d), lines 11a–11d, 11f–24f)  (e), lines 11a–11d, 11f–24f)  (f), lines 12  (g), lines 15 from line 12  (g), lines 16 from line 15  (g), lines 16 from line 16  (g), lines 17  (g), lines 17  (g), lines 18  (g), lines 11a–11d, 11f–24f)  (g), lines 11a–11d, 11f–24f)	Beginn  g schedules and fficer) is based of	2,883 593,116 9,762,416 80,406 0 2,697,040 0 7,531,232 10,308,678 -546,262 ing of Current Year 8,097,880 1,372,808 6,725,072 d statements, and on all information  2012-05-09 Date  Check if self-	2,065 488,994 6,623,741 98,180 0 2,677,795 0 3,818,886 6,594,861 28,880 End of Year 7,590,623 844,730 6,745,893 to the best of my of which preparer has any

				i age i
Part		m Service Accomplishments ins a response to any question in thi		
1	Briefly describe the organization'	s mission		
MISSI AND T PEOPL	ON OF APT AS FOLLOWS "EAC O UNDERSTAND LIFE AND THE	PROVIDE FUNDING SUPPORT FOR CH OF US IS BORN WITH A NATUR E PEOPLE AROUND US ALABAMA E CHILDREN TO LEARN, EMPOWER	AL DESIRE TO LEARN WE SEEK T PUBLIC TELEVISION IS A CENTE	O EXPLORE OUR WORLD ER OF DISCOVERY FOR
t	he prior Form 990 or 990-EZ?	y significant program services during		┌ Yes ┌ No
	f "Yes," describe these new servi			
9		cting, or make significant changes in · · · · · · · · · · · · · · · · · · ·		┌ Yes ┌ No
4 [	Describe the exempt purpose ach Section 501(c)(3) and 501(c)(4)	nevements for each of the organization organization organizations and section 4947 (a) (1 penses, and revenue, if any, for each	1) trusts are required to report the a	
4a	(Code ) (Expens	ses \$ 2,782,142 including gran	nts of \$ ) (Revenue \$	2,462,089 )
	CONTENT, TEACHER GUIDES AND LESSON AS OF 9/30/11, 49,081 EDUCATORS WE DEPARTMENT OF EDUCATION FROM 10, SUSTAINABLE CAPACITY TO DEVELOP AND 565 EDUCATORS WERE TRAINED TO DEVELOP AND 100 TEACHERS ENROLLED IN ONLINE PROFES THROUGH ITS EMPLOYED TEAM OF TRAITHROUGHOUT THE ENTIRE STATE FOR BROADCAST BY APT INTO A COMPREHE	EE WEB-BASED LIBRARY SERVICE AVAILABLE DN PLANS THAT ARE CORRELATED TO STATE FOR ENDING THE SERVICE OF THIS SERVICES OF THIS PROGRAM PROVIDES OF THIS PROFESSIONAL DEVELO VELOP ON-LINE PROFESSIONAL DEVELO VELOP ON-LINE COURSES AND 684 EDUCATORS AND THOSE OF PARTNER ORGANIZATION OF THE SERVICE OF PARTNER ORGANIZATION OF THE SERVICE OF PRE-SCHOOL NICE OF THE SERVICE	TEACHING STANDARDS AND SEARCHABLE ERVICE ELEARNING FOR EDUCATORS - FUNDITRAINING TO PARTNER EDUCATIONAL ORG, IPMENT COURSES FOR EDUCATORS BY THE ORS WERE TRAINED TO FACILITATE COURSES 80% AVERAGE COMPLETION RATE EARLY COUNS WHOM AETFA'S TRAINERS HAVE TRAIN CHILDREN ON HOW TO INCORPORATE PBS 1011, 254 WORKSHOPS WERE CONDUCTED	BASED ON KEY LEARNING CONCEPTS ED BY A GRANT FROM THE US ANIZATIONS AIMED AT BUILDING E END OF THE GRANT ON 9/30/11, ES ON-LINE MORE THAN 47,000 HILDHOOD LEARNING - AETFA, NED, CONDUCT WORKSHOPS CHILDREN'S PROGRAMS
4b	(Code ) (Expens	ses \$ 1,218,797 including gran	nts of \$ ) (Revenue \$	2,102,457 )
	MEMBER AFFILIATE OF THIS DISTRIBUT ASSISTS DIRECTLY WITH PURCHASING ITS FM-PUBLIC RADIO STATION (WLRH!) DIRECTLY WITH PURCHASING A PORT!! OF BROADCASTING TELEVISION SIGNAL FM THE AETFA ASSISTS WITH PAYING I APPROPRIATION HAS BEEN EXHAUSTED	ERY APT LEASES THE MAJORITY OF ITS CON OR APT ALSO LEASES A SMALLER AMOUNT O A PORTION OF THESE COSTS WHICH EXCEED LOCATED IN HUNTSVILLE FROM NATIONAL FOR OF THESE COSTS WHICH EXCEEDS \$232, IS OVER THE ENTIRE STATE ON A 24 HOUR-7FOR THESE EXPENSES BY PURCHASING NEED FOR THE YEAR APT'S ASSOCIATION AND MEINERS IN THE STATE WITH QUALITY, COMMENTALING APPLICATION OF THE STATE WITH QUALITY, COMMENTALING APPLICATION OF THE STATE WITH QUALITY.	OF ITS CONTENT NEEDS FROM VARIOUS OTH DS \$1 9 MILLION ANNUALLY APT LEASES THE PUBLIC RADIO (NPR) AND SEVERAL OTHER I 0000 ANNUALLY THE ENGINEERING, UTILITY, 1 DAY BASIS WELL EXCEEDS \$3 MILLION ANN DED EQUIPMENT AND PAYING VENDOR INVO MBERSHIP IN NATIONALLY RECOGNIZED CO	HER DISTRIBUTORS THE AETFA E MAJORITY OF ITS CONTENT FOR DISTRIBUTORS THE AETFA ASSISTS TECHNICAL AND EQUIPMENT COST IVALLY INCLUDING THAT OF WLRH- ICES DIRECTLY WHEN THE STATE NTENT DISTRIBUTORS SUCH AS PBS
	(Code ) (Expens	ses \$ 948,053 including gran	nts of \$ 81,680 ) (Revenue s	375,960 )
<b>-1</b> C	PRODUCTION AETFA ASSISTS WITH THI JOURNAL, SPOTLIGHT ON EDUCATION, TELLY AWARDS AS WELL AS NUMEROUS FUNDING NEEDED TO PRODUCE EDUCA THAT SERVICE DURING FISCAL YEAR 2	EFUNDING NEEDS OF APT TO PRODUCE TELI ALABAMA STORIES AND DOCUMENTARY SPEC OTHER INDUSTRY SPECIFIC AWARDS FOR I TIONAL VIDEO CONTENT FOR APTPLUS TO SI 011, A TOTAL OF 240 ADDITIONAL LEARNING IS EITHER OWNED BY APT OR AVAILABLE THE	EVISION PROGRAMS ON A LOCAL LEVEL SUC CIALS THROUGH 9/30/11, APT HAD RECEIV ITS LOCALLY PRODUCED TELEVISION PROGR UPPLEMENT THE LEASED CONTENT FROM TO GOBJECTS WERE PRODUCED AND PLACED CO	CH PROGRAMS INCLUDE CAPITOL ED 18 REGIONAL EMMYS AND 12 AMS AETFA ALSO ASSISTS WITH THI HIRD PARTY DISTRIBUTORS FOR ON-LINE THE LONG RANGE GOAL IS
	Other program services (Descri	be in Schedule O )		
	(Expenses \$	including grants of \$	) (Revenue \$	)
 4е	Total program service expenses	<b>-</b> \$ 4,948,992		

art IV	Checkli	st of Rea	uired Sc	hedules

			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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	2	Yes	
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 $I^{\bullet}$	3		No
4	Section 501(c)(3) organizations. 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	4	Yes	
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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νo
9	Did the organization report an amount in Part X, line 21, 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	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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.	11b		No
	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.	11c		No
	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.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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	19		No ———
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\bigcirc$ Yes $\checkmark$ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R. Part V. June 2	36		No
37	organization? If "Yes," complete Schedule R, Part V, line 2	50		<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	<u>.</u>	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 98	3		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this	,		
Ь	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
1	Did the organization have unrelated business gross income of \$1,000 or more during the			
_	year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
•	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b	Yes	
	file Form 8282?	7c		N
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		No
f	contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
a	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
a	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Voc " has it filed a Form 720 to report those payments? If "No " provide an explanation in Schedule O	1/h		

20

PAULINE P HOWLAND

(205) 328-8756

BIRMINGHAM, AL 35205

2112 11TH AVENUE SOUTH SUITE 400

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

Se	ction A. Governing Body and Management					
		r		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	12				
b	Enter the number of voting members included in line 1a, above, who are independent	12				
2	Did any officer, director, trustee, or key employee have a family relationship or a business reother officer, director, trustee, or key employee?		2		No	
3	Did the organization delegate control over management duties customarily performed by or usupervision of officers, directors or trustees, or key employees to a management company of	under the direct	3		No	
4	Did the organization make any significant changes to its governing documents since the price	· ·	4		No.	
5	filed?  Did the organization become aware during the year of a significant diversion of the organization	ion's assets?	5		No	
6	Does the organization have members or stockholders?	10113 433613.	6		No	
7a	Does the organization have members, stockholders, or other persons who may elect one or r		7a		No	
<b>L</b>	governing body?					
ь 8	ertaken during the	7b		No_		
0	ertaken during the					
а	The governing body?		8a	Yes		
Ь	Each committee with authority to act on behalf of the governing body?	-	8b	Yes		
9 	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Νo	
	<b>ction B. Policies</b> (This Section B requests information about policies not require venue Code.)	ed by the Internal				
		,		Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?		10a		No	
b	If "Yes," does the organization have written policies and procedures governing the activities affiliates, and branches to ensure their operations are consistent with those of the organizati		10b			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11-	V		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	0	11a	Yes		
	Does the organization have a written conflict of interest policy? If "No," go to line 13 $$ .	-	12a	Yes		
b	Are officers, directors or trustees, and key employees required to disclose annually interest to conflicts?	s that could give rise	12b		No	
С	Does the organization regularly and consistently monitor and enforce compliance with the podescribe in Schedule O how this is done	olicy? If "Yes,"	12c	Yes		
13	Does the organization have a written whistleblower policy?		13	Yes		
14	Does the organization have a written document retention and destruction policy?		14		N o	
15	Did the process for determining compensation of the following persons include a review and a independent persons, comparability data, and contemporaneous substantiation of the delibe					
а	The organization's CEO, Executive Director, or top management official		15a	Yes		
	Other officers or key employees of the organization		15b	Yes		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila taxable entity during the year?	ır arrangement wıth a	16a		No	
b	n to evaluate its to safeguard the	16b				
Se	ction 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 Form 1023 (or 1024 if applicable), 990, (3)s only) available for public inspection. Indicate how you make these available. Check all 1					
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing docur	ments, conflict of				

State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

interest policy, and financial statements available to the public See Additional Data Table

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

#### 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, and **current** key employees 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

<b>(A)</b> Name and Title	(B) Average hours per	(C) Position (check all that apply)						<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) JOSEPH B MAYS JR BOARD MEMBER	1 00	Х						0	0	0
(2) GREGORY O GRIFFIN SR BOARD MEMBER	1 00	Х						0	0	0
(3) ROBERT E NESBITT BOARD MEMBER	1 00	Х						0	0	0
(4) DANNETTA K THORNTON OWENS BOARD MEMBER	1 00	Х						0	50	0
(5) BELVA M WILLIAMS BOARD MEMBER	1 00	Х						0	50	0
(6) CHARLES F BOWMAN BOARD MEMBER	1 00	Х						0	75	0
(7) FERRIS W STEPHENS BOARD MEMBER	1 00	х						0	0	0
(8) GLORIA J ALEXANDER DENNARD BOARD MEMBER	1 00	Х						0	0	0
(9) VANZETTA PENN MCPHERSON BOARD MEMBER	1 00	х						0	0	0
(10) HARVEY LESTER BARNETT BOARD MEMBER	1 00	Х						0	75	0
(11) ALLYSON L EDWARDS BOARD MEMBER	1 00	х						0	0	0
(12) RODNEY D HERRING BOARD MEMBER	1 00	Х						0	0	0
(13) ALLAN A PIZZATO PRESIDENT	40 00			х				7,200	134,251	25,666
(14) PAULINE P HOWLAND CHIEF FINANCIAL OFFICER	40 00			Х				6,000	101,895	21,802
(15) CHARLES GRANTHAM CHIEF OPERATING OFFICER	40 00			х				114,965	0	2,871
(16) GARY A STOKES VP OF DEVELOPMENT	40 00			Х				86,747	0	9,010

MISSISSIPPI AUTHORITY FOR EDUCATIONAL TE

\$100,000 in compensation from the organization  $\blacktriangleright 6$ 

3825 RIDGEWOOD ROAD JACKSON, MS 39211

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

(A) Name and Title		(B) Average hours		(( tion (			all		Repo compo	( <b>D</b> ) ortable ensation	<b>(E)</b> Reportable compensation		(F Estim amount o	ated of other
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organız	m the ration (W- 9-MISC)	from related organizations (W- 2/1099- MISC)		compen from organizat relat organiza	the non and ed
	CINDY F KIRK EDUCATION	40 00			х					91,695		0		9,459
	Sub-Total		tion A					<u> </u>		306,607	236,39			68,808
2	Total number of individuals (incl \$100,000 in reportable compen	udıng but not lın	nited to	thos	e lıs			) who	receive	d more tha	<u> </u>			<u> </u>
													Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sch					eye •		ee, o	r highes • • •	t compens • •	ated employee	3		No
4	For any individual listed on line in organization and related organization individual	ations greater th	nan \$15	0,00	0 ? 1	f "Y	es," co					4	Yes	
5	Did any person listed on line 1a services rendered to the organiz									anızatıon d	or individual for •	5		No
Se	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from			ndep	ende	ent o	ontra	ctors	that rec	eived more	e than			
	Nan	(A) ne and business ad	dress							Descr	(B) ription of services		( <b>C</b> Compe	
140 C	TEES OF BOSTON COLLEGE COMMONWEALTH AVENUE ROOM 569 TNUT HILL, MA 02467									EDUCATIONA	AL MATERIALS			477,001
55 CH	EDUCATION DEVELOPMENT CENTER INC 55 CHAPEL STREET NEWTON, MA 02458									EDUCATIONA	AL MATERIALS			314,772
100 P	HAMPSHIRE DEPARTMENT OF EDUCATION LEASANT STREET CORD, NH 03301	N								EDUCATIONA	AL MATERIALS			164,154
600 C	UCKY EDUCATIONAL TELEVISION COOPER DRIVE GTON, KY 40502									EDUCATIONA	AL MATERIALS			132,384

2 Total number of independent contractors (including but not limited to those listed above) who received more than

110,887

EDUCATIONAL MATERIALS

Form 990 (2010) Page <b>9</b>									
Part	VIII	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under	
						revenue		512, 513, or 514	
ants unts		Federated campaigns Membership dues	1a . 1b						
₽,E		Fundraising events							
£ E E		Related organizations		910,000					
S, SE		Government grants (contributions)							
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants similar amounts not included above	s, and <b>1f</b> e	282,176					
ğ	-	Noncash contributions included in l							
<u>ं ल</u>	h	Total. Add lines 1a-1f	<u> </u>		1,192,176				
an	22			Business Code					
Program Serwce Revenue	2a	CORPORATION FOR PUBLIC		515100	2,354,868	2,354,868			
- 24 24	Ь	US DEPARTMENT OF EDUCA		515100	2,156,942	2,156,942			
Š	С	STATE OF ALABAMA DEPT		515100	262,801				
38	d			515100	118,508				
<u>r</u>		LOUISIANA PUBLIC TELEV  All other program service re	venue	515100	25,000	<u> </u>			
ွှဲ					22,387	22,387			
		Total. Add lines 2a-2f			4,940,506				
	3	Investment income (including and other similar amounts)  Income from investment of tax-ex	►	,	2,065			2,065	
	5	Royalties							
			(ı) Real	(II) Personal					
		Gross Rents							
	b	Less rental expenses							
	c	Rental income or (loss)							
	d	Net rental income or (loss)							
			(ı) Securities	(II) O ther					
	7a	Gross amount from sales of assets other than inventory							
		Less cost or other basis and sales expenses Gain or (loss)							
		Net gain or (loss)							
ænne		Gross income from fundraisi (not including							
Other Revenue		of contributions reported on See Part IV, line 18		0					
ŧ	ь	Less direct expenses .	b	58,120					
-		Net income or (loss) from fu			-58,120			-58,120	
			ictivities See Part IV, line 19 . a	_					
		Less direct expenses .  Net income or (loss) from ga		ь					
		Gross sales of inventory, les							
		returns and allowances .	a						
		Less cost of goods sold .							
	<u>-</u>	Net income or (loss) from sa Miscellaneous Revenue	nes or inventory F	Business Code					
	112	APT FOUNDATION		515100	536,272	536,272			
	_			515100	10,842				
	°	MISCELLANEOUS		313100	10,042	10,042			
		l All other revenue							
		Total. Add lines 11a-11d							
		· rotal. Aud illies 11a-11d			547,114				
	12	Total revenue. See Instructi	ons		6,623,741	5,487,620	0	-56,055	

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to governments and organizations									
	in the U.S. See Part IV, line 21	81,680	81,680							
2	Grants and other assistance to individuals in the									
	U S See Part IV, line 22	16,500	16,500							
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	309,183	93,139	128,165	87,879					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages	1,819,438	1,324,671	131,731	363,036					
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	46,425	33,141	1,954	11,330					
9	Other employee benefits	327,542	233,801	13,787	79,954					
10	Payroll taxes	175,207	125,073	7,375	42,759					
а	Fees for services (non-employees) Management									
b	Legal	19,372	1,150	18,222						
C	Accounting	2,433		2,433						
d	Lobbying	18,859	18,859							
е	Professional fundraising services See Part IV, line 17									
f	Investment management fees									
g	Other	115,427	82,366	26,870	6,191					
12	Advertising and promotion	87,561	52,349		35,212					
13	Office expenses	98,784	33,989	64,795						
14	Information technology	121,826	111,406	10,420						
15	Royalties									
16	Occupancy	18,001	18,001							
17	Travel	104,825	84,378	20,447						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	31,912	27,964	3,948						
20	Interest									
21	Payments to affiliates	460,205		460,205						
22	Depreciation, depletion, and amortization	81,231		81,231						
23 24	Insurance	47,925		47,925	_					
	miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )									
а	ELEARNING SUBCONTRACTOR	1,651,429	1,651,429							
b	PRODUCTION-ON-AIR/WEB	660,712	660,712							
C	BROADCAST NETWORK OPERA	148,730	148,730							
d	EDUCATION MATERIALS FOR	145,654	145,654							
e	STIPENDS FOR ELEARNING	4,000	4,000							
f	All other expenses									
25	<b>Total functional expenses.</b> Add lines 1 through 24f	6,594,861	4,948,992	1,019,508	626,361					
26	Joint costs. Check here ► ☐ if following									
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a									
	combined educational campaign and fundraising solicitation									

1	Pa	rt X	Balance Sheet					
2 Savings and temporary cash investments								<b>(B)</b> End of year
3   Pledges and grants receivable, net   1,351,200   3     4   Accounts receivable, net   93,337   4     5   Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L   5     6   Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(f)(3)(8), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions)   6     7   Notes and loans receivable, net   7   7     8   Inventiones for sale or use   8   8     9   Prepaid expenses and deferred charges   36,735   9     10a   Land, buildings, and equipment cost or other basis *Complete*   10a   2,219,701     Part Vid Schedule L   7   7   7     Part Vid Schedule L   7   7   7     Part Vid Schedule L   7   7   7   7   7     Part Vid Schedule L   7   7   7   7   7   7   7   7   7		1	Cash—non-interest-bearing			1,400	1	1,000
4 Accounts receivable, net		2	Savings and temporary cash investments			725,855	2	1,243,900
Securables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		3	Pledges and grants receivable, net			1,351,260	3	489,925
highest compensated employees Complete Part II of Schedule L   5		4	Accounts receivable, net			93,337	4	99,763
Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees, and spansoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)   Schedule		5		, key e	mployees, and			
## Space   Sp							5	
9   Prepaid expenses and deferred charges   38,735   9		6	persons described in section $4958(c)(3)(B)$ , and contributing en sponsoring organizations of section $501(c)(9)$ voluntary employorganizations (see instructions)	rs, and				
9   Prepaid expenses and deferred charges   38,735   9	<del>- 5</del>		Schedule L			6		
9   Prepaid expenses and deferred charges   38,735   9	Š	7	Notes and loans receivable, net				7	
10a   Land, buildings, and equipment cost or other basis   Complete   Part VI of Schedule D   Desay accumulated depreciation   10b   597,285   1,706,896   10c   11   Investments—publicly traded securities   4,171,927   11   12   13   Investments—other securities   See Part IV, line 11   12   13   Investments—other securities   See Part IV, line 11   13   14   Intangible assets   14   15   Other assets   See Part IV, line 11   10,470   15   15   15   16   Total assets. Add lines   through 15 (must equal line 34)   8,097,880   16   17   Accounts payable and accrued expenses   1,309,685   17   18   Grants payable   18   18   19   Deferred revenue   63,123   19   20   20   20   20   20   20   20   2	₹	8	Inventories for sale or use				8	
Part VI of Schedule D   10a   10b   597,285   1,708,886   10c   10b   597,285   1,708,886   10c   11   1   1   1   1   1   1   1   1		9	Prepaid expenses and deferred charges			36,735	9	471,073
11 Investments—publicly traded securities		10a		10a				
12 Investments—other securities See Part IV, line 11		ь	Less accumulated depreciation	10b	597,285	1,706,896	10c	1,622,416
13		11	Investments—publicly traded securities		4,171,927	11	3,652,485	
14 Intangible assets		12	Investments—other securities See Part IV, line 11		12			
15 Other assets See Part IV, line 11		13	Investments—program-related See Part IV, line 11			13		
16 Total assets. Add lines 1 through 15 (must equal line 34)		14	Intangible assets				14	
17 Accounts payable and accrued expenses		15	Other assets See Part IV, line 11		•	10,470	15	10,061
18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 34)	•		8,097,880	16	7,590,623
19 Deferred revenue		17	Accounts payable and accrued expenses .			1,309,685	17	688,272
Tax-exempt bond liabilities		18	Grants payable				18	
21 Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue			63,123	19	156,458
persons Complete Part II of Schedule L	_	20	Tax-exempt bond liabilities				20	
persons Complete Part II of Schedule L	<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedule	D.			21	
23 Secured mortgages and notes payable to unrelated third parties								
24 Unsecured notes and loans payable to unrelated third parties	ä		persons Complete Part II of Schedule L		•		22	
25 Other liabilities Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties				23	
26 Total liabilities. Add lines 17 through 25		24	Unsecured notes and loans payable to unrelated third parties				24	
Organizations that follow SFAS 117, check here F and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets		25	Other liabilities Complete Part X of Schedule D				25	
through 29, and lines 33 and 34.  27 Unrestricted net assets		26	Total liabilities. Add lines 17 through 25			1,372,808	26	844,730
29 Permanently restricted net assets	,A		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	ete lin	es 27			
29 Permanently restricted net assets	9							
29 Permanently restricted net assets	<u>8</u>	27	Unrestricted net assets				-	6,127,708
lines 30 through 34.  30 Capital stock or trust principal, or current funds	8	28			· · · · · · · · · · · · · · · · · · ·	28	144,383	
lines 30 through 34.  30 Capital stock or trust principal, or current funds	Ξ	29				475,802	29	473,802
30 Capital stock or trust principal, or current funds			•	d comp	lete			
33 Total net assets or fund balances		30	Capital stock or trust principal, or current funds				30	
33 Total net assets or fund balances	Ř	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
33 Total net assets or fund balances		32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
34 Total liabilities and net assets/fund balances		33	Total net assets or fund balances			6,725,072	33	6,745,893
	_	34	Total liabilities and net assets/fund balances			8,097,880	34	7,590,623

- Pa	Check if Schedule O contains a response to any question in this Part XI		•	. [~		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,6	523,74:	
2	Total expenses (must equal Part IX, column (A), line 25)	2		•		
3	Revenue less expenses Subtract line 2 from line 1	3			28,880	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	Inning of year (must equal Part X, line 33, column (A)) 4				
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-8,059	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		6,7	745,893	
Par	TEXII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮		
1	Accounting method used to prepare the Form 990			Yes	No	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $\cdot$ .		2a		No	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, 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 its Schedule O		2c	Yes		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued				
	☐ Separate basis ☐ Both consolidated and separated basis					
За	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?	9	За	Yes		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes		

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

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

OMB No 1545-0047

Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

FOUNDATION AUTHORITY

ALABAMA EDUCATIONAL TELEVISION

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

**Employer identification number** 

63-6050895 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

2	I A	school describe	d in <b>section 170(b)(</b> :	1)(A)(II). (A	ttach Sched	ule E)							
3	_ A	hospital or a coo	operative hospital se	rvice organi:	zatıon descr	ibed in <b>sectio</b>	on 170(b)(1	)(A)(iii).					
4		medical researc ospital's name, c	h organization opera ity, and state	ted in conjur	nction with a	hospital des	cribed in <b>se</b>	ction 170(b)(	(1)(A)(iii	<b>).</b> Enter t	he		
5	$\Gamma$ $\overline{A}$	n organization op	perated for the benefi	t of a college	e or universi	ty owned or o	perated by	a governmen	tal unit de	escribed	in		
	se	ection 170(b)(1)	( <b>A)(iv).</b> (Complete P	art II )									
6	<b>Г</b> А	federal, state, or	r local government o	r governmen	tal unit desc	rıbed ın <b>sect</b>	ion 170(b)(:	1)(A)(v).					
7	d	escribed in	at normally receives (A)(vi) (Complete P		al part of its	support from	n a governme	ental unit or f	rom the g	jeneral pu	ıblıc		
8			t described in <b>sectio</b> i		<b>A)(vi)</b> (Cor	mplete Part I	I)						
9		=				=	· ·	butions, men	nbership 1	fees, and	gross		
		An organization that normally receives (1) more than 331/3% 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 331/3% of											
			oss investment inco										
			ganızatıon after June						·				
10	_		ganized and operate										
e f g	B of Si	ne box that descr  a Type I  y checking this bether than foundatection 509(a)(2)  I the organization heck this box ince August 17, allowing persons?  a person who do not (iii) below, the iii) a family membiiii) a 35% contro	received a written d 2006, has the organ	oorting organ I c organization her than one etermination ization acce controls, eith ne the suppo ibed in (i) about the	Type III  Type II  Type II	complete line I - Functiona rolled directl blicly support S that it is a c or contribut together with ation?	es 11e throu lly integrate y or indirect ted organiza Type I, Typ ion from any	igh 11h d ly by one or i tions describ e II or Type of the	d T more disq sed in sec III suppo	ype III - ualified p tion 509 orting org	Other ersons (a)(1) or		
(i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ced in rning nt?	(v) Did you not organizati col (i) of suppor	on in your t?	(vi) Is the organizati col (i) orga in the U	on in anized S ?	(vii) A mount of support			
			instructions))	Yes	No	Yes	No	Yes	No				
(A) ALABAMA EDUCATIONAL TELEVISION COMMISSION		636000619	6	Yes		Yes		Yes			6,594,8!	59	
												_	
Гotal											6,594,8	59	

## 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.)

S	ection A. Public Support		and to quanty t			out complete	
	endar year (or fiscal year beginning						
Care	in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
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 lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	<b>I</b> I.			
	endar year (or fiscal year beginning						
	ın) <b>&gt;</b>	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	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)						
12	Gross receipts from related activiti	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and <b>stop here</b>						<b>►</b>
	-tiC Ct-ti	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, check	
_	and <b>stop here.</b> The organization qua						<b>▶</b> □
b	<b>33 1/3% support test—2009.</b> If the				5a, and line 15 is 3	33 1/3% or more,	- <del>-</del>
	box and <b>stop here.</b> The organization				45.46		<b>►</b>
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	<b>►</b> □
D	<b>10%-facts-and-circumstances test-</b> 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	<b>▶</b> □

organization

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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years 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 stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. 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 **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.** Supplemental Information. Complete this part to 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).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493135052722

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

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

- ◆ 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," to 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 ILA. Do not complete Part ILA.

	, ,, ,	t have NOT filed Form 5768 (election	, , ,	•	•
	<u> </u>	s," to Form 990, Part IV, Line 5 (	Proxy Tax) or For	m 990-EZ, Part V, line 35a	(Proxy Tax), then
	ection 501(c)(4), (5), or (6) organi	zations Complete Part III		I E maniaam . dan	+.6 t
ALA	me of the organization BAMA EDUCATIONAL TELEVISION			Employer iden	tification number
	JNDATION AUTHORITY			63-6050895	
Par	Complete if the or	ganization is exempt unde	r section 501(	c) or is a section 52/	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect pol	tical campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt unde	r section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization i	ınder section 495!	5	\$
2	Enter the amount of any excise	e tax incurred by organization man	agers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 4	720 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt unde	r section 501(	c) except section 501	l(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities 🕨	\$
2		organization's funds contributed to	other organızatıon	s for section 527	
	exempt funtion activities			•	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	20-POL, line 17b	\$
4	Did the filing organization file <b>I</b>	Form 1120-POL for this year?			┌ Yes ┌ No
5	organization made payments l amount of political contribution	nd employer identification number in For each organization listed, enter in sreceived that were promptly and political action committee (PAC)	the amount paid fro directly delivered	om the filing organization's f to a separate political orga	funds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	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		
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ 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 instructions for lines 2a through 2f on page 4.)

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	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)).	

	•	( č	1)	(b)
		Yes	No	Amount
1	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			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,459
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		17,399
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			18,858
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		No	
Ь	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Dai	+ TII-A. Complete if the organization is exempt under section $501(c)(A)$ section	2 501/6	\ <u>\</u>	r section

## 501(c)(6).

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	,	THE AETFA IS A MEMBER OF THE AMERICAN PUBLIC TELEVISION SYSTEMS (APTS) LOCATED IN WASHINGTON, D C IN WHICH OF A PART OF THE ANNUAL MEMBERSHIP DUES IS DIRECTED TO APTS' RELATED LOBBYING ORGANIZATION APTS ACTION, INC NONE OF THE FUNDS SPENT BY APTS ACTION, INC ARE USED TO CONTRIBUTE TO THE CAMPAIGNS OF POLITICAL CANDIDATES

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135052722

OMB No 1545-0047

2010

Open to Public Inspection

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Supplemental Financial Statements**

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Inspection

Employer identification number

ALABAMA EDUCATIONAL TELEVISION FOUNDATION AUTHORITY 63-6050895 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year ▶\_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 **▶**\$\_\_\_\_\_

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 relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	easu	<u>ires, or Ot</u>	:he	<u>r Similar</u>	<u> Asse</u>	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing th	nat ar	e a significa	nt u	se of its co	llection	า	
а	Public exhibition		d	Γ	Loan o	rexc	hange progra	ms				
b	Scholarly research		e	$\sqcap$	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y further	the c	organization'	s ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organız	atıor			es" to Foi	rm 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	edıary	for c	ontributi	ions	or other asse	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	able		Г			Amou	ınt	
С	Beginning balance							1c		Amou		
d	Additions during the year						-	1d				
e	Distributions during the year						<u>⊢</u>	le				
f	Ending balance						_	le 1f				
		orm 990 Port V I:-	A 212				L		<u> </u>		Yes	
2a L	Did the organization include an amount on Fo		e 21 '							J	1 62	i iAO
	If "Yes," explain the arrangement in Part XIV <b>rt V Endowment Funds.</b> Complete		n and		nd "Vac	" to	Form 000	Do =	t IV line	10		
Pal	Endowment Funds. Complete	(a)Current Year		)Prior			wo Years Back				Four Y	ears Back
1a	Beginning of year balance	1,586,579			,501,284	(-).	1,464,85	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· <b>y</b> ······	
b	Contributions						89,80	2				
c	Investment earnings or losses	-23,999			85,295		-53,37	3				
d	Grants or scholarships	-2,000						+				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	1,564,580		1	,586,579		1,501,28	4				
2	Provide the estimated percentage of the yea	r end balance held	as		I					·		
а	Board designated or quasi-endowment	70 000 %										
b	Permanent endowment > 30 000 %											
С	Term endowment ►											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are held	and a	dministered	for	the			
	organization by										Yes	No
	(i) unrelated organizations									3a(i)	Yes	
	(ii) related organizations									3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organizatio	•						•		3b		
4	Describe in Part XIV the intended uses of th											
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 99	00, Pa	art X, line :	<u>LO.</u>				
	Description of investment				Cost or o		(b)Cost or ot basis (other		(c) Accumi deprecia		<b>(d)</b> Bo	ok value
1a	_and						609,	596				609,596
b i	Buildings						1,321,	352	3	370,539		950,813
<b>c</b> l	easehold improvements						16,	321		10,003		6,318
d i	Equipment						27,	722		9,042		18,680
e (	Other						244,	710	2	207,701		37,009
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B,	), line	10(c).)			•				1,622,416
			/						Sched	ule D (F		90) 2010

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	

2 6,594,861 e year Subtract line 2 from line 1 ses) on investments  2 6,594,861 3 28,880 4 -8,059		Total revenue (Form 990, Part VIII, column (A), line 12)	1
28,880 e year Subtract line 2 from line 1 ses) on investments e of facilities  3 28,880 4 -8,059 5			
ses) on investments  e of facilities  4 -8,059		Total expenses (Form 990, Part IX, column (A), line 25)	2
e of facilities 5		Excess or (deficit) for the year Subtract line 2 from line 1	3
e of identities		Net unrealized gains (losses) on investments	4
6		Donated services and use of facilities	5
•		Investment expenses	6
7		Prior period adjustments	7
(IV) 8		Other (Describe in Part XIV )	8
· · · · · · · · · · · · · · · · · · ·		Total adjustments (net) Add lines 4 - 8	9
		Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10
of Revenue per Audited Financial Statements With Revenue per Return	Revenue		
<u> </u>		Total revenue, gains, and other support per audited financial statements	1
e 1 but not on Form 990, Part VIII, line 12		Amounts included on line 1 but not on Form 990, Part VIII, line 12	2
Investments	-8,059	Net unrealized gains on investments 2a	а
se of facilities	260,709	Donated services and use of facilities	Ŀ
grants		Recoveries of prior year grants	c
XIV) 2d 58,120	58,120	Other (Describe in Part XIV) 2d	c
		Add lines <b>2a</b> through <b>2d</b>	€
e <b>1</b>		Subtract line <b>2e</b> from line <b>1</b>	3
rm 990, Part VIII, line 12, but not on line 1		Amounts included on Form 990, Part VIII, line 12, but not on line 1	4
ot included on Form 990, Part VIII, line 7b . 4a		Investment expenses not included on Form 990, Part VIII, line 7b . 4a	а
XIV)	1,434,927	Other (Describe in Part XIV)	Ŀ
		Add lines <b>4a</b> and <b>4b</b>	c
		Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
of Expenses per Audited Financial Statements With Expenses per Return	Expense	<u> </u>	
ses per audited financial 6,453,485		Total expenses and losses per audited financial statements	1
e 1 but not on Form 990, Part IX, line 25		Amounts included on line 1 but not on Form 990, Part IX, line 25	2
	260,709		а
	·	Prior year adjustments	Ŀ
		Other losses	c
XIV)	58,120	Other (Describe in Part XIV) 2d	d
		Add lines <b>2a</b> through <b>2d</b>	e
e <b>1</b>		Subtract line <b>2e</b> from line <b>1</b>	3
rm 990, Part IX, line 25, but not on line 1:		Amounts included on Form 990, Part IX, line 25, but not on line 1:	4
ot included on Form 990, Part VIII, line 7b 4a		Investment expenses not included on Form 990, Part VIII, line 7b 4a	a
XIV)	460,205	Other (Describe in Part XIV) 4b	Ŀ
		Add lines <b>4a</b> and <b>4b</b>	c
		Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  Int XIV Supplemental Information	5

Part V, line 4, Part X, Part XI, line 8 additional information	, Part XII, lines 2d and 4b, and Pa	art XIII, lines 2d and 4b Also complete this part to provide any
Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS		THE EARNINGS FROM RESTRICTED ENDOWMENT FUNDS ARE INTENDED TO BE USED TO DIRECTLY SUPPORT THE PROGRAMMATIC SERVICES OF APT INCLUDING PURCHASING EQUIPMENT NEEDED FOR LOCAL PRODUCTION EFFORTS BUT NOT FOR ADMINISTRATIVE OR OVERHEAD EXPENSES SOME OF THE ENDOWMENT FUNDS ARE RESTRICTED BY THE DONOR TO BE USED FOR SPECIFIC PROGRAMMATIC PURPOSES AND THESE RESTRICTIONS ARE DOCUMENTED AND ADHERED TO THE AETFA HAS ALSO ESTABLISHED QUASI ENDOWMENTS FOR INVESTING AND SPENDING SIZABLE DONATIONS THAT COME TO THE AETFA AS UNRESTRICTED THE INTENTION IS FOR THE EARNINGS TO BE SPENT DIRECTLY FOR THE PROGRAMMATIC SERVICES OF APT THE PRINCIPLE CAN ONLY BE SPENT UPON THE RECOMMENDATION OF THE EXECUTIVE DIRECTOR FOR A SPECIFIC PURPOSE AND APPROVED BY MAJORITY VOTE OF THE BOARD THE AETFA ADOPTED AN INVESTMENT AND SPENDING POLICY IN 2002 FOR ITS ENDOWMENTS IN WHICH AN INVESTMENT CONSULTANT WAS EMPLOYED TO INVEST THE FUNDS IN ACCORDANCE WITH AN ASSET ALLOCATION PLAN APPROVED BY THE AETFA INVESTMENT COMMITTEE THE ASSET ALLOCATION PLAN IS REVIEWED AND PERIODICALLY AMENDED BASED ON CURRENT ECONOMIC CONDITIONS THE SPENDING POLICY PROVIDES A METHODOLOGY FOR THE AMOUNT OF EARNINGS THAT CAN BE SPENT THIS METHODOLOGY AVERAGES OUT THE HIGHS AND LOWS OF THE STOCK MARKET OVER 16 ROLLING QUARTERS ONLY 50% OF THIS AMOUNT CAN THEN BE SPENT AFTER ADJUSTING FOR INFLATION THE INTENTION IS TO PRESERVE ENDOWMENT PRINCIPLE AT CURRENT DOLLAR VALUES AND TO GROW THE PRINCIPLA AT A MODEST RATE WHILE ALLOWING A PORTION OF THE EARNINGS TO SUPPORT THE INTENDED OR DESIGNATED PROGRAMMATIC SERVICES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	EFFECTIVE OCTOBER 1, 2009, APT IMPLEMENTED THE NEW ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES AS OF FEBRUARY 8, 2012 THE COMPANY HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS PREVIOUS OPEN YEARS MAY BE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES 58,120
PART XII, LINE 4B - OTHER ADJUSTMENTS		INTERCOMPANY TRANSFERS 1,434,927
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES 58,120
PART XIII, LINE 4B - OTHER ADJUSTMENTS		INTERCOMPANY TRANSFERS 460,205

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493135052722

Employer identification number

OMB No 1545-0047

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

Name of the organization

Department of the Treasury

Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to 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. See separate instructions.

**Inspection** 

	BAMA EDUCATIONAL TE INDATION AUTHORITY	LEVISION						63-6050895	
	rt I Fundraising Ac	tivities. Complete	e if the o	organiza	tion	answered "Yes"	to Form		, line 17.
1	Indicate whether the organ	-							,
- а	Mail solicitations	mzation raisea ranas	tinough	e e	_	Solicitation of no			
b	Internet and e-mail so	dicitations		f	<u>'</u>	Solicitation of go	-	_	
_	Phone solicitations	Directations		_	<u>'</u>	Special fundraisii		=	
C	•	_		g	'	Special fullulaisii	ig event	5	
d	☐ In-person solicitation	S							
2a	Did the organization have or key employees listed in								Γ <sub>Yes</sub> Γ <sub>No</sub>
b	If "Yes," list the ten higher to be compensated at leas								
(	(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?		) Gross receipts from activity	(or r fundra	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No					
			-						
Γota	nl			.▶					
3	List all states in which the licensing	organization is regis	stered or	licensed t	o sol	ıcıt funds or has b	een notıf	ied it is exempt	from registration or
<b></b>									

	more than \$15,000 on Form	i 990-cz, iiile da. List	events with gross rec	eipts greater than \$5	,000.
		(a) Event #1	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	Co. (C),
1	Gross receipts				
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)				
4	Cash prizes				
5	Non-cash prizes				
6	Rent/facility costs	13,968	3		13,968
7	Food and beverages				
8	Entertainment				
9	Other direct expenses .	44,15	2		44,152
10	Direct expense summary Add lir	nes 4 through 9 in column	(d)	🛌	58,120
11	Net income summary Combine I	nes 3 and 10 ın column (	d)		-58,120
t III			"Yes" to Form 990, Pa	rt IV, line 19, or repo	
	\$19,000 OH FOHH 950 EZ, II	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	┌ Yes% ┌ No	┌ Yes%	Г Yes <u>%</u> Г No	
8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)	<u> </u>	
Is t	he organization licensed to operate	gaming activities in eac	h of these states?		· Fyes Fno
	2 3 4 5 6 7 8 9 10 11 2 3 4 5 6 7 8 Enti	2 Less Charitable contributions	Doo WoP (event type)  1 Gross receipts	DOO WOP (event type)  1 Gross receipts	DOO WOP (event type) (event type) (total number)  1 Gross receipts

		aming activities with nonmemb	ers?
.2	T 11		1 163 1 110
	is the organization a grantor, bei	neficiary or trustee of a trust o	r a member of a partnership or other entity
	formed to administer charitable of	gaming?	····· Yes No
3	Indicate the percentage of gamin	ng activity operated in	
а	The organization's facility		13a
b	An outside facility		
4	Provide the name and address of records	f the person who prepares the o	organization's gaming/special events books and
	Name 🟲		
	Address ►		
5a	=		hom the organization receives gaming
			· · · · · · · · · · · · · · · · · · ·
b			rganization 🟲 \$ and the
	amount of gaming revenue retain	· · · · · · · · · · · · · · · · · · ·	
С	If "Yes," enter name and address	S	
	Name 🟲		
	Address		
6	Gaming manager information		
	Name 🟲		
	Gaming manager compensation I	<b>&gt;</b> \$	
	Description of services provided	<b>&gt;</b>	
	Director/officer	<b>F</b> Employee	Independent contractor
	Mandatory distributions		As Amborbon as forms bloom and a second a bo
а			distributions from the gaming proceeds to
<b>L</b>	retain the state gaming license?		Yes No
b	in the organization's own exempt		
ar			ion for responses to question on Schedule G (see
	Identifier	ReturnReference	Explanation
			THE ALABAMA EDUCATIONAL TELEVISION FOUNDATION AUTHORITY (AETFA) AND THE APT FOUNDATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

## **Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

DLN: 93493135052722 OMB No 1545-0047

Department of the Treasury

Internal Revenue Service			Attach to Form 9	90			Inspection
Name of the organization ALABAMA EDUCATIONAL TE	LEVISION					Employer identifi	cation number
FOUNDATION AUTHORITY						63-6050895	
Part I General Inform							
<ul><li>Does the organization mathe selection criteria use</li><li>Describe in Part IV the o</li></ul>	d to award the grants or ganization's procedure	or assistance? res for monitoring the use		Jnited States			ΓYes ΓΙ
Form 990, Part 1	IV, line 21 for any r	Governments and ecipient that received eded.	l more than \$5,000.	Check this box if no	one recipient rece	eived more than \$5,0	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE UNIVERSITY OF ALABAMA CENTER FOR PUBLIC TELEVISION AND RADIO201 REESE PHIFER HALL BOX 870172 TUSCALOOSA,AL 35487	63-6001138	501(C)(3)	81,680				PRODUCTION GRANT
2 Enter total number of sec	tion 501(c)(3) and co	vernment organizations				<u> </u>	<u> </u>
3 Enter total number of other							<u> </u>
	c. organizacions : :	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	

Part IIII Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) COLLEGE SCHOLARSHIPS	8	16,500			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference

Explanation

Schedule I (Form 990) 2010

DLN: 93493135052722

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization ALABAMA EDUCATIONAL TELEVISION FOUNDATION AUTHORITY

**Employer identification number** 

63-6050895

- 6	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	<b></b>
3	Indicate which if any of the following the organization uses to establish the companyation of the			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization			
7	or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form $990$ , Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			1
	ın Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) ALLAN A PIZZATO	(I) (II)	7,200 134,251	0 0		0 16,030	0 9,636	7,200 159,917	0 0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
( 10 )								
(11)								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

Schedule J (Form 990) 2010 Page **3** 

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

	Identifier	Return Reference	Explanation
--	------------	------------------	-------------

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135052722

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization ALABAMA EDUCATIONAL TELEVISION FOUNDATION AUTHORITY Employer identification number

63-6050895

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE INFORMATION CONTAINED IN THE AETFA FORM 990 IS PREPARED JOINTLY BY THE ORGANIZATION'S SENIOR ACCOUNTANT AND CFO AND PROVIDED TO AN INDEPENDENT TAX PREPARER UPON RECEIPT OF THE COMPLETED FORM 990 FROM THE PREPARER, IT IS REVIEWED BY THE SENIOR ACCOUNTANT AND CFO FOR COMPLETENESS, ACCURACY AND CONTINUITY IT IS THEN FORWARDED TO THE EXECUTIVE DIRECTOR FOR FINAL REVIEW AND APPROVAL ONCE IT IS APPROVED BY THE EXECUTIVE DIRECTOR, THE CFO SIGNS THE FORM 990 THE RETURN IS THEN PROVIDED TO THE BOARD OF DIRECTORS AND FILED WITH THE IRS

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE EMPLOYEES OF THE AETFA HAVE PASSWORD ACCESS TO AN EMPLOYEE INTRANET SITE THAT HAS AN ON-LINE EMPLOYEE GUIDE THAT CONTAINS THE CONFLICT OF INTEREST POLICY NEW EMPLOYEES ARE REQUIRED TO REVIEW ALL ORGANIZATIONAL POLICIES IN THE EMPLOYEE GUIDE WITHIN TWO WEEKS OF EMPLOY MENT AND SIGN A STATEMENT THAT THEY HAVE REVIEWED AND UNDERSTAND THESE POLICIES ALL CURRENT EMPLOYEES ARE REQUIRED TO REVIEW THE EMPLOYEE GUIDE ANNUALLY IN JANUARY OF EACH YEAR AND SIGN A STATEMENT THAT THEY HAVE DONE SO THE BOARD OF DIRECTORS ADOPTED THE CONFLICT OF INTEREST POLICY BY MAJORITY VOTE AND IS PERIODICALLY PROVIDED A HARD COPY OF THE POLICY IN THEIR BOARD MATERIALS NEW BOARD MEMBERS RECEIVE A HARD COPY OF THE POLICY IN THEIR BOARD BOOKS PROVIDED IMMEDIATELY UPON THEIR APPOINTMENTS THE BOARD ALSO ADOPTED A CONFIDENTIAL REPORTING SYSTEM (MORE POPULARLY KNOWN AS A WHISTLE-BLOWER POLICY) AVAILABLE TO ALL EMPLOYEES WHICH IS DESCRIBED IN DETAIL IN THE EMPLOYEE GUIDE THIS SYSTEM PROVIDES A TOLL-FREE NUMBER FOR EMPLOYEES TO CALL IF THEY SUSPECT ANY IMPROPRIETY BY MANAGERS AND EXECUTIVES OF THE COMPANY IN THE FORM OF MISUSE OF COMPANY ASSETS OR THAT OF OTHER EMPLOYEES THAT THEY MAY FEEL HAVE NOT BEEN ADDRESSED APPROPRIATION AND THEN RELAYS IT DIRECTLY TO A BOARD MEMBER WHO HAS ACCEPTED RESPONSIBILITY FOR HANDLING SUCH EMPLOYEE CONCERNS IT IS THEN THE RESPONSIBILITY OF THAT BOARD MEMBER TO TAKE APPROPRIATION ACTION DEPENDING ON THE NATURE OF THE CONCERN SINCE THE IMPLEMENTATION OF THE CONFIDENTIAL REPORTING SYSTEM IN 2007, NO COMPLAINTS OR CONCERNS HAVE BEEN RECEIVED

Identifier Return Referenc	Explanation e
FORM 990, PART VI, SECTION B LINE 15	COMPENSATION RECOMMENDATIONS AND EVALUATION OF THE WORK PERFORMANCE OF THE EXECUTIVE DIRECTOR IS CONDUCTED BY A COMMITTEE APPOINTED BY THE CHAIR OF THE ALABAMA EDUCATIONAL TELEVISION COMMISSION ON A PERIODIC BASIS THIS COMMITTEE MAY USE A NUMBER OF RESOURCES TO ASSIST WITH THEIR CHARGE INCLUDING USE OF SALARY SURVEYS, INTERVIEWS WITH KEY EMPLOYEES AND OFFICERS, AND OTHER BENCHMARKS THAT MAY HAVE BEEN PREVIOUSLY ESTABLISHED COMPENSATION FOR OFFICERS AND KEY EMPLOYEES IS GENERALLY SIMILAR TO THAT ESTABLISHED BY THE STATE OF ALABAMA PERSONNEL RULES BUT NOT MANDATED TO BE FOLLOWED BY THE AETFA OFFICERS AND KEY EMPLOYEES RECEIVE SEMI-ANNUAL PERFORMANCE REVIEWS CONDUCTED BY THEIR IMMEDIATE SUPERVISOR THAT HAVE BEEN PREVIOUSLY REVIEWED AND APPROVED BY A REVIEWING OFFICER PERFORMANCE REVIEWS ARE DOCUMENTED ON A STANDARDIZED FORM AND KEY TASKS ARE RATED ON THE ANNUAL REVIEWS BASED ON THE RESULTING PERFORMANCE SCORE, EMPLOYEES MAY RECEIVE A MERIT INCREASE WITHIN THEIR ASSIGNED PAY GRADES WHEN THE STATE PROVIDES AETC EMPLOYEES WITH A COST OF LIVING INCREASE, THE SAME PERCENTAGE INCREASE IS PROVIDED TO AETFA EMPLOYEES, INCLUDING OFFICERS AND KEY EMPLOYEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE AETFA IS A PUBLIC CORPORATION AND IS THEREFORE SUBJECT TO THE ALABAMA OPEN RECORDS ACT OF 1915 ALL DOCUMENTS OF THE CORPORATION MUST BE MADE AVAILABLE TO ANY MEMBER OF THE PUBLIC REQUESTING TO SEE THEM THE REQUESTOR MAY PHYSICALLY EXAMINE THESE DOCUMENTS DURING REGULAR OFFICE HOURS AT THE CORPORATE HEADQUARTERS LOCATED IN BIRMINGHAM, ALABAMA REASONABLE ADVANCE NOTICE IS REQUIRED IN ORDER FOR STAFF TO HAVE SUFFICIENT TIME TO PULL THE REQUESTED DOCUMENTS FROM THE PUBLIC FILE MAINTAINED BY APT AND TO RESERVE SPACE FOR THE REQUESTOR TO CONDUCT THEIR EXAMINATION

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -8,059

DLN: 93493135052722

2010

OMB No 1545-0047

Open to Public Inspection

# SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization
ALABAMA EDUCATIONAL TELEVISION
FOUNDATION AUTHORITY

Employer identification number
63-6050895

Part I Identification of Disregarded Entities (	Complete	ıf the organız	ation	answered "	Yes" o	n Form 990, Part	: IV, line 33.)			
(a) Name, address, and EIN of disregarded entity		<b>(b)</b> Primary activity		(c) ty Legal domicile ( or foreign cour		<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt O or more related tax-exempt organizations di	rganiza uring the	tax year.)	ete ıf	the organiza	ation a	nswered "Yes" o		IV, line 34 becaus		<b>a</b> )
<b>(a)</b> Name, address, and EIN of related organization	Prıı	<b>(b)</b> mary activity		(c) domicile (state reign country)			(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	Section 5 cont	12(b)(13 rolled nization
(1) ALABAMA EDUCATIONAL TELEVISION COMMISSION									Yes	No
2112 11TH AVENUE SOUTH SUITE 400					GOVERNMENTAL					
BIRMINGHAM, AL 35205 63-6000619	EDUCATI	ONAL TELEVISION		AL		ENTITY				No
(2) THE APT FOUNDATION										+
2112 11TH AVENUE SOUTH SUITE 400	FUNDRAI	SING	AL			501(C)(3)	LINE 11A, I			No
BIRMINGHAM, AL 35205 26-3740432				, .=		. , , ,	·			
	-						+			+

Part III Identifi because	ication of Related to the interior of the ice of the ic	<b>ed Org</b> ore relat	<mark>anizations Taxa</mark> ted organizations t	<b>ble as a Partner</b> reated as a partne	<b>ship</b> (Co ership du	mplete if ring the ta	the org ax year	ganızatıon ( r.)	answe	ered "\	es" on Fo	rm 990,	Part	IV, lır	ne 34
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share of t	<b>(f)</b> total income		(g) f end-of-year assets	( <b>h</b> Disprop alloca	ortionate	(i) Code V- amount in b Schedule (Form 10	ox 20 of K-1	<b>(j</b> Gene mana parti	ral or aging	<b>(k)</b> Percentage ownership
									Yes	No			Yes	No	
Part IV Identifi	ication of Relat because it had on	ed Orga e or mo	l anizations Taxa pre related organız	ble as a Corpora ations treated as a	tion or a corpora	Trust (Co	I ompleto ust dur	e if the org ing the tax	anıza year	tion ar .)	nswered "\	es" on	Form	990,	Part IV,
Name, address, an	<b>(a)</b> d EIN of related organiz	ation	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct cor enti	ntrolling	(e) Type of el (C corp, S or trust	corp,	Share o	<b>(f)</b> f total income	Sha end-o	<b>j)</b> re of f-year sets		<b>(h)</b> Percentage ownership

(6)

Part V	Transactions With Related Organizations (Complete if the organization answered	"Yes" on Form 990, Pa	rt IV, line 34, 35, 3	35A, or 36.)				
Note. Complete line 1 if any entity is listed in Parts II, III or IV								
<b>1</b> During th	he tax year, did the orgranization engage in any of the following transactions with one or more related	organizations listed in Part	ts II-IV?					
<b>a</b> Recei	pt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			18	•	Ī	No	
<b>b</b> Gıft, g	grant, or capital contribution to other organization(s)			11	<b>)</b>	ı	No	
<b>c</b> Gıft, g	rant, or capital contribution from other organization(s)			10	Ye	es		
<b>d</b> Loans	or loan guarantees to or for other organization(s)			10	i	ı	No	
<b>e</b> Loans	s or loan guarantees by other organization(s)			16	2	_   '	No	
<b>f</b> Sale o	of assets to other organization(s)			1f	+	+	No	
<b>g</b> Purch	nase of assets from other organization(s)			19	,		No	
<b>h</b> Excha	ange of assets			11	٦		No	
i Lease of facilities, equipment, or other assets to other organization(s)								
j Lease of facilities, equipment, or other assets from other organization(s)								
k Performance of services or membership or fundraising solicitations for other organization(s)								
l Performance of services or membership or fundraising solicitations by other organization(s)								
<b>m</b> Sharır	ng of facilities, equipment, mailing lists, or other assets			11	n Ye	es		
<b>n</b> Sharır	ng of paid employees			<u>1</u> r	1 Ye	es		
o Reimb	bursement paid to other organization for expenses			10	<del>,</del>	+,	No	
<b>p</b> Reimb	bursement paid by other organization for expenses			11	)		No	
<b>q</b> Other	r transfer of cash or property to other organization(s)			10	1 Ye	es		
<b>r</b> Other	transfer of cash or property from other organization(s)			11	r	ı	No	
<b>2</b> If the	answer to any of the above is "Yes," see the instructions for information on who must complete this li	ne, including covered relat	cionships and transact	tion thresholds				
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determ Involve	nınıng	amoui	nt	
(1) ALABAMA E	EDUCATIONAL TELEVISION COMMISSION	М	60,953	TRACK EXPENSES				
(2) ALABAMA E	EDUCATIONAL TELEVISION COMMISSION	Q	460,205	TRACK EXPENSES				
(3) THE APT F		С	910,000	BOARD APPROVED FO	ORMU	LA		
( <b>4)</b> THE APT F	OUNDATION	N	536,272	TRACK EXPENSES				
(5)								

#### 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) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	
			Yes	No		Yes	No		Yes	No
									+	-
										1
							$\vdash$		+	$\vdash$
										T
									-	$\vdash$
										╁
									+	+

#### Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule R (Form 990) 2010