

**Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))  
 For calendar year 2009 or other tax year beginning 10/01, 2009, and  
 ending 09/30, 2010. See separate instructions.

**A**  Check box if address changed

**B** Exempt under section  
 501(c)(3)  220(e)  
 408A  530(a)  
 529(a)

**C** Book value of all assets at end of year

Name of organization (  Check box if name changed and see instructions.)  
 ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL

Number, street, and room or suite no. If a P.O. box, see page 8 of instructions.  
 501 BROADWAY

City or town, state, and ZIP code  
 SAN ANTONIO, TX 78215-1820

**D** Employer identification number  
 (Employees' trust, see instructions for Block D on page 9.)  
 74-2461534

**E** Unrelated business activity codes  
 (See instructions for Block E on page 9.)  
 515100 511120

**F** Group exemption number (See instructions for Block F on page 9.) 9,704,047.

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. **CONTRACT PRODUCTION SERVICES AND ADVERTISING**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **PATRICK LOPEZ** Telephone number **210-270-9000**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>120,112.</u>			
b	Less returns and allowances			
c	Balance	120,112.		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c	120,112.		120,112.
4a	Capital gain net income (attach Schedule D)			
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)	14,757.	1,341.	13,416.
12	Other income (See page 10 of the instructions; attach schedule.)			
13	<b>Total.</b> Combine lines 3 through 12	134,869.	1,341.	133,528.

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	12,520.
15	Salaries and wages	15	18,408.
16	Repairs and maintenance	16	391.
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See page 13 of the instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	0.
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 0.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	5,564.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) <b>ATTACHMENT 1</b>	28	15,634.
29	<b>Total deductions.</b> Add lines 14 through 28	29	52,517.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	81,011.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	81,011.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	80,011.

**Part III Tax Computation**

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____	
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) . . . . . \$ _____ (2) Additional 3% tax (not more than \$100,000) . . . . . \$ _____	
c	Income tax on the amount on line 34 . . . . .	35c 15,454.
36	Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . .	36
37	Proxy tax. See page 16 of the instructions . . . . .	37
38	Alternative minimum tax . . . . .	38
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies . . . . .	39 15,454.

**Part IV Tax and Payments**

40 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . .	40a		
b	Other credits (see page 16 of the instructions) . . . . .	40b		
c	General business credit. Attach Form 3800 . . . . .	40c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . .	40d		
e	Total credits. Add lines 40a through 40d . . . . .	40e		
41	Subtract line 40e from line 39 . . . . .	41		15,454.
42	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) . . . . .	42		
43	Total tax. Add lines 41 and 42 . . . . .	43		15,454.
44 a	Payments: A 2008 overpayment credited to 2009 . . . . .	44a	784.	
b	2009 estimated tax payments . . . . .	44b	30,000.	
c	Tax deposited with Form 8868 . . . . .	44c		
d	Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	44d		
e	Backup withholding (see instructions) . . . . .	44e		
f	Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ Other _____ Total	44f		
45	Total payments. Add lines 44a through 44f . . . . .	45		30,784.
46	Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	46		208.
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed . . . . .	47		0.
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid . . . . .	48		15,122.
49	Enter the amount of line 48 you want: Credited to 2010 estimated tax <input type="checkbox"/> 15,122. Refunded <input type="checkbox"/>	49		

**Part V Statements Regarding Certain Activities and Other Information** (see instructions on page 17)

1	At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here _____	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . . If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$ _____		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation

1	Inventory at beginning of year . . . . .	1		6	Inventory at end of year . . . . .	6	
2	Purchases . . . . .	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .	7	
3	Cost of labor . . . . .	3					
4 a	Additional section 263A costs (attach schedule) . . . . .	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .	Yes	No
b	Other costs (attach schedule) . . . . .	4b					X
5	Total. Add lines 1 through 4b . . . . .	5					

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

**Sign Here**  Signature of officer  Date  Title  8/15/11

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

**Paid Preparer's Use Only**

Preparer's signature  Date  8/12/2011  
 Firm's name (or yours if self-employed), address, and ZIP code  BKD, LLP  
 10001 REUNION PLACE, SUITE 400  
 SAN ANTONIO, TX 78216-4137  
 Check if self-employed  Preparer's SSN or PTIN P00083353  
 EIN 44-0160260  
 Phone no. 210.341.9400

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 18)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income. Rows (1) through (4).

Total row for Schedule C, including (c) Total income calculation and (b) Total deductions.

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

Table for Schedule E, columns 1-3: Description of debt-financed property, Gross income from or allocable to debt-financed property, Deductions directly connected with or allocable to debt-financed property. Rows (1) through (4).

Table for Schedule E, columns 4-8: Amount of average acquisition debt, Average adjusted basis, Column 4 divided by column 5, Gross income reportable, Allocable deductions. Rows (1) through (4).

Totals row for Schedule E, including instructions for entering data on page 1.

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

Table for Schedule F, Exempt Controlled Organizations, columns 1-6: Name of controlled organization, Employer identification number, Net unrelated income, Total of specified payments made, Part of column 4 that is included in the controlling organization's gross income, Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table for Schedule F, Nonexempt Controlled Organizations, columns 7-11: Taxable income, Net unrelated income, Total of specified payments made, Part of column 9 that is included in the controlling organization's gross income, Deductions directly connected with income in column 10. Rows (1) through (4).

Totals row for Schedule F, including instructions for adding columns 5 and 10, and 6 and 11.

Totals

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b> . . . . . ▶				

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col. (A).		Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
<b>Totals</b> . . . . . ▶						

**Schedule J - Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) . . . ▶						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) ATCH 2	14,757.	1,341.	13,416.			
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>						
Enter here and on page 1, Part I, line 11, col. (A).		Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II</b> (lines 1-5) . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
ATCH 3			%
			%
			%
			%
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			12,520.

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SUPPLIES	296.
PURCHASED SERVICES	26.
INSURANCE	358.
UTILITIES	1,857.
OTHER MISCELLANEOUS EXPENSE	313.
EQUIPMENT RENTAL	8,890.
PAYROLL EXPENSE	3,806.
MEALS AND ENTERTAINMENT	88.
 PART II - LINE 28 - OTHER DEDUCTIONS	 <u>15,634.</u>

SCHEDULE J -- PART II -- ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

ATTACHMENT 2

<u>1.</u> <u>NAME OF PERIODICAL</u>	<u>2.</u> <u>GROSS</u> <u>ADVERTISING</u> <u>INCOME</u>	<u>3.</u> <u>DIRECT</u> <u>ADVERTISING</u> <u>COSTS</u>	<u>4.</u> <u>ADVERTISING</u> <u>GAIN OR LOSS</u>	<u>5.</u> <u>CIRCULATION</u> <u>INCOME</u>	<u>6.</u> <u>READERSHIP</u> <u>COSTS</u>	<u>7.</u> <u>EXCESS</u> <u>READERSHIP</u> <u>COSTS</u>
WEBSITE	14,757.	1,341.	13,416.			
COLUMN TOTALS	<u>14,757</u>	<u>1,341</u>	<u>13,416</u>			

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
PATRICK LOPEZ 501 BROADWAY SAN ANTONIO, TX 78215-1820		5.000000	5,229.
WILLIAM G. MOLL 501 BROADWAY SAN ANTONIO, TX 78215-1820		1.000000	1,481.
CHARLES VAUGHN 501 BROADWAY SAN ANTONIO, TX 78215-1820		5.000000	5,810.
TOTAL COMPENSATION			<u>12,520.</u>

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL	Employer identification number 74-2461534
	Number, street, and room or suite no. If a P.O. box, see instructions. 501 BROADWAY	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN ANTONIO, TX 78215	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ PATRICK LOPEZ

Telephone No. ▶ 210 270-9000 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 \_\_\_\_ or

▶  tax year beginning 10/01, 20 10, and ending 09/30, 20 10.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	30,784.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	30,784.
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.