

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning 10/01, 2023, and ending 9/30, 20 2024**2023**Department of the Treasury
Internal Revenue Service**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.Name of filer **ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL**
DOING BUSINESS AS: KLRNEIN or SSN
74-2461534

Name and title of officer or person subject to tax

PATRICK LOPEZ EXECUTIVE VP & CFO**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b 0.
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize SCHUH BROWNE PC to enter my PIN 11311 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

74217914514

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

W. MARTIN SCHUH, JR.

Date

05/29/2025**ERO Must Retain This Form — See Instructions**
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023For calendar year 2023 or other tax year beginning 10/01, 2023, and ending 9/30, 2024Go to **www.irs.gov/Form990T** for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue ServiceOpen to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed.	Print or Type	ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL DOING BUSINESS AS: KLRN 501 BROADWAY ST. SAN ANTONIO, TX 78215-1820	<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number 74-2461534
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A			E Group exemption number (see instructions)	
			F <input type="checkbox"/> Check box if an amended return.	
C Book value of all assets at end of year.....			9,029,489.	
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity				
H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800				
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation..... <input type="checkbox"/>				
J Enter the number of attached Schedules A (Form 990-T)..... 1				
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.				
L The books are in care of <u>PATRICK LOPEZ 501 BROADWAY ST. SAN ANTONIO TX 78215</u> Telephone number <u>210 270-9000</u>				

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).....	1	0.
2 Reserved.....	2	
3 Add lines 1 and 2.....	3	0.
4 Charitable contributions (see instructions for limitation rules).....	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3.....	5	0.
6 Deduction for net operating loss. See instructions.....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5.....	7	0.
8 Specific deduction (generally \$1,000, but see instructions for exceptions).....	8	1,000.
9 Trusts. Section 199A deduction. See instructions.....	9	
10 Total deductions. Add lines 8 and 9.....	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.....	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21).....	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).....	2	
3 Proxy tax. See instructions.....	3	
4 Other tax amounts. See instructions.....	4	
5 Alternative minimum tax.....	5	
6 Tax on noncompliant facility income. See instructions.....	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies.....	7	0.

Part III Tax and Payments

1 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)....	1a				
b Other credits (see instructions).....	1b				
c General business credit. Attach Form 3800 (see instructions).....	1c				
d Credit for prior-year minimum tax (attach Form 8801 or 8827).....	1d				
e Total credits. Add lines 1a through 1d.....	1e	0.			
2 Subtract line 1e from Part II, line 7.....	2	0.			
3 a Amount due from Form 4255.....	3a				
b Amount due from Form 8611.....	3b				
c Amount due from Form 8697.....	3c				
d Amount due from Form 8866.....	3d				
e Other amounts due (see instructions).....	3e				
f Total amounts due. Add lines 3a through 3e.....	3f	0.			
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here.....	4	0.			
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k).....	5				

Part III Tax and Payments (continued)

6a Payments: Preceding year's overpayment credited to the current year	6a	1,029.	
b Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Elective payment election amount from Form 3800	6g		
h Payment from Form 2439	6h		
i Credit from Form 4136	6i		
j Other (see instructions)	6j		
7 Total payments. Add lines 6a through 6j	7	1,029.	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	1,029.	
11 Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11	1,029.	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2023 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
		X
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 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 \$ 0.		
4 Enter available pre-2018 NOL carryovers here \$. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part 1, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
	\$	
	\$	
	\$	
	\$	
6a Reserved for future use		
b Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	W. MARTIN SCHUH, JR.			PTIN
	Firm's name	SCHUH BROWNE PC		Firm's EIN
	Firm's address	7800 IH 10 W STE 630 SAN ANTONIO, TX 78230		Phone no. 210-979-7600

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL DOING BUSINESS AS: KLRN	B Employer identification number 74-2461534
C Unrelated business activity code (see instructions) 515100	D Sequence: 1 of 1

E Describe the unrelated trade or business **CONTRACT PRODUCTION SERVICES & LEASE INCOME**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6 45,740.	89,885.	-44,145.
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement) STM		12 18,903.		18,903.
13 Total. Combine lines 3 through 12		13 64,643.	89,885.	-25,242.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.			
1 Compensation of officers, directors, and trustees (Part X)		1	8,704.
2 Salaries and wages		2	7,715.
3 Repairs and maintenance		3	165.
4 Bad debts		4	
5 Interest (attach statement). See instructions		5	
6 Taxes and licenses		6	
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b	
9 Depletion		9	
10 Contributions to deferred compensation plans		10	
11 Employee benefit programs		11	1,348.
12 Excess exempt expenses (Part VIII)		12	
13 Excess readership costs (Part IX)		13	
14 Other deductions (attach statement) SEE STATEMENT 2		14	12,717.
15 Total deductions. Add lines 1 through 14		15	30,649.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	-55,891.
17 Deduction for net operating loss. See instructions		17	
18 Unrelated business taxable income. Subtract line 17 from line 16		18	-55,891.

Part III Cost of Goods Sold

Enter method of inventory valuation

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

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ 9445 SOUTH FOSTER ROAD, SAN ANTONIO, TX 78222

B ☐

C ☐

D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%).....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	45,740.			
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D...	45,740.			
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)...	SEE STATEMENT 3			45,740.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)	89,885.			
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B).....				89,885.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐

B ☐

C ☐

D ☐

	A	B	C	D
2 Gross income from or allocable to debt-financed property.....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement).....				
c Total deductions (add lines 3a and 3b, columns A through D).....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement).....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement).....				
6 Divide line 4 by line 5.....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6.				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A).....				
9 Allocable deductions. Multiply line 3c by line 6....				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B).....				
11 Total dividends - received deductions included in line 10.....				

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals

Add columns 5 and 10. Enter here and on Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Totals

Add amounts in column 2. Enter here and on Part I, line 9, column (A).

Add amounts in column 5. Enter here and on Part I, line 9, column (B).

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B).....	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7.....	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5.....	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12.....	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐
B ☐
C ☐
D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income.....				
a Add columns A through D. Enter here and on Part I, line 11, column (A).....				
3 Direct advertising costs by periodical.....				
a Add columns A through D. Enter here and on Part I, line 11, column (B).....				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8.....				
5 Readership costs.....				
6 Circulation income.....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-.....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or -0- here and on Part II, line 13.....				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
ARTHUR ROJAS EMERSON	PRESIDENT & CEO	1%	1,870.
PETER GONZALEZ	VP ENGINEERING	5%	119.
PATRICK LOPEZ	EXEC VP & CFO	3.5%	6,715.
		%	
Total. Enter here and on Part II, line 1.....			8,704.

Part XI Supplemental Information (see instructions)

2023

FEDERAL STATEMENTS

PAGE 1

CLIENT 11311

ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL
DOING BUSINESS AS: KLRN

74-2461534

STATEMENT 1
SCHEDULE A, PART I, LINE 12
OTHER INCOME

PROGRAM SERVICE REVENUE.....	\$	18,903.
TOTAL	\$	<u>18,903.</u>

STATEMENT 2
SCHEDULE A, PART II, LINE 14
OTHER DEDUCTIONS

AUTO EXPENSE.....	\$	22.
AWARDS.....		776.
COMPUTER MAINTENANCE.....		5.
COPYING.....		324.
DUES & SUBSCRIPTIONS.....		50.
INSURANCE.....		211.
JANITORIAL.....		267.
MEALS AND ENTERTAINMENT.....		1.
OFFICE EXPENSES.....		850.
OTHER PRODUCTION SUPPLIES.....		59.
OUTSIDE PRINTING.....		34.
PAYROLL TAXES.....		537.
POSTAGE AND FREIGHT.....		7.
RENT.....		4,827.
RETIREMENT.....		315.
SCENERY/PROPS.....		751.
SECURITY.....		682.
TELEPHONE.....		2,460.
UTILITIES.....		539.
TOTAL	\$	<u>12,717.</u>

STATEMENT 3
SCHEDULE A, PART IV, LINE 4
DEDUCTIONS DIRECTLY CONNECTED WITH INCOME

TOWER LEASE		
AUTO AND TRAVEL.....	\$	741.
INSURANCE.....		7,825.
REPAIRS.....		33,772.
WAGES AND SALARIES.....		42,973.
RENT EXPENSE.....		4,574.
TOTAL	\$	<u>89,885.</u>

2023**FEDERAL EXEMPT ORGANIZATION TAX SUMMARY****PAGE 1****ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL****CLIENT 11311****DOING BUSINESS AS: KLRN****74-2461534**

	2023	2022	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	6,174,983	5,714,171	460,812
PROGRAM SERVICE REVENUE.....	43,573	128,840	-85,267
INVESTMENT INCOME.....	144,796	89,010	55,786
OTHER REVENUE.....	-33,120	18,095	-51,215
TOTAL REVENUE.....	6,330,232	5,950,116	380,116
EXPENSES			
SALARIES, OTHER COMPEN., EMP. BENEFITS...	2,723,796	2,658,057	65,739
PROFESSIONAL FUNDRAISING EXPENSES.....	72,379	66,815	5,564
OTHER EXPENSES.....	2,992,009	2,931,397	60,612
TOTAL EXPENSES.....	5,788,184	5,656,269	131,915
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	542,048	293,847	248,201
TOTAL ASSETS AT END OF YEAR.....	9,029,489	8,389,995	639,494
TOTAL LIABILITIES AT END OF YEAR.....	1,527,519	1,459,113	68,406
NET ASSETS/FUND BALANCES AT END OF YEAR.	7,501,970	6,930,882	571,088

2023 FEDERAL UNRELATED BUSINESS INCOME TAX SUMMARY PAGE 1**ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL****CLIENT 11311****DOING BUSINESS AS: KLRN****74-2461534**

	2023	2022	DIFF
TOTAL UNRELATED BUSINESS TAXABLE INCOME			
TOTAL UNRELATED BUSINESS TAXABLE INCOME.....	0	9,013	-9,013
UNRELATED TAXABLE INCOME BEFORE NOL.....	0	9,013	-9,013
UNRELATED TAXABLE INCOME BEFORE DED.....	0	9,013	-9,013
TOTAL DEDUCTIONS.....	1,000	1,000	0
UNRELATED BUSINESS TAXABLE INCOME.....	0	8,013	-8,013
TAX COMPUTATION			
INCOME TAX.....	0	1,683	-1,683
TOTAL TAX BEFORE CREDITS AND PAYMENTS....	0	1,683	-1,683
TAX AND PAYMENTS			
TOTAL TAX.....	0	1,683	-1,683
OVERPAYMENT CREDITED FROM PRIOR YEAR.....	1,029	2,712	-1,683
TOTAL PAYMENTS AND CREDITS.....	1,029	2,712	-1,683
REFUND OR AMOUNT DUE			
TAX DUE.....	0	0	0
OVERPAYMENT.....	1,029	1,029	0
OVERPAYMENT CREDITED TO NEXT YEAR.....	0	1,029	-1,029
REFUND.....	1,029	0	1,029
TAX RATES			
EFFECTIVE TAX RATE.....	0.0%	21.0%	-21.0%

2023

FEDERAL WORKSHEETS

PAGE 1

CLIENT 11311

ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL
DOING BUSINESS AS: KLRN

74-2461534

RENTAL INCOME WORKSHEET
FORM 990

TOWER LEASE

GROSS RENTAL INCOME.....	\$	45,740.
EXPENSES		
AUTO AND TRAVEL.....		741.
INSURANCE.....		7,825.
REPAIRS.....		33,772.
WAGES AND SALARIES.....		42,973.
RENT EXPENSE.....		4,574.
TOTAL EXPENSES.....	\$	89,885.
NET RENTAL INCOME OR LOSS		\$ <u>-44,145.</u>

FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	4,180,107.	4,180,107.	PART IX, LINE 25, COL. B
GRANTS	0.	0.	PART IX, LINES 1-3, COL. B
REVENUE	0.	43,573.	PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
CONTRACT PRODUCERS	16,455.	16,455.		
COPYRIGHT ADMIN	2,229.	2,229.		
GRAPHIC ARTISTS	2,950.	2,950.		
OTHER EXPENSES	4,911.	4,290.	621.	
PROGRAM SERVICE EXPENSES	39,600.	39,600.		
SECURITY	200.	200.		
TALENT	58,533.	58,533.		
TOTAL	\$ <u>124,878.</u>	\$ <u>124,257.</u>	\$ <u>621.</u>	\$ <u>0.</u>