Form 990

i

Return of Organization Exempt From Income Tax (Inder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its Instructions is at www.irs.gov/form990.

2016 Cpen lo Poblic

OMB No. 1545-0047

Depa Inter	ntment of the Treasury nal Revonue Service		 Information 	on about Form 9	90 and its in	structions is a	it www.l	irs.gov	/form99	0.			
	For the 2016 calen	dar year, or ta	x year beg	inning		, 20)16, and	l endin	9			•	21131712-0020-0
в	Check if applicable	C Name of organ	nization Ca	pital of	Texas	Media 1	Found	ation	ו	D Emp	layer Iden	tification nu	mber
	Address change	Doing bus nes	3 85							46	-3398	438	
	Name change	Name change Numbor and street (or P.O. box if mail is not delivered to street address) Room/suite							uite	E Telephone number			
	Initial return	1512 Broa	admoor	Drive				1		(240) 605-4797			17
	Final return/terminated			e, country, and ZIF	or foroign poe	tal code	·					·	
	Amended return	Austin				1	X 78	3723		G Gros	s recoipts	\$ 342	,764.
	Application pending	F Name and ed:	tress of princip	al officer					H(a) is the	s a group ret			Yes X No
	-	Michael Kanir,	CE0 512	Broadmoo:	r Austi	n	TX 78	3723	H(b) Are (all subcrdiner ,' attach a la	es included	17	Yes No
I	Tax-exempt status	X 501(c)(3)	501(c) (insert no.)	4947(a)() or	527	11 140	, auskanding	r (300 mat	uctoris)	
J	Website: • ww	w.austinm	onitor	.com					H(c) Grou	p exemption	number I	•	
ĸ	Form of organization.	X Corporation	Trust	Association	Other 🏲		L Year o	of formatic	n 201	13 1	State of I	egal domicile	TX
Pa	summar	v	<u></u>				·			i			
		be the organizat	tion's missu	on or most sig	nificant act	ivities	The	orgai	nizat	ion wa	s for	med to	promote
Ð	public u	inderstand	ling of	, and end	agemen	t in, i							
ů.	The comm	unily ser	ved wi.	ll be the	e centr	al Texa	s con	muni	ty in	and	aroun		
Activities & Governance	Austin,	Travis Co	unty, '	Texas.	(Contin	ued on	Sched	<u>jule</u>	0 - 0	<u>ther</u>			
Ň	2 Check this bo	ix 🖻 🔛 if the	organizatio	on discontinue	d its operation	ions or disp	osed of	more ti	nan 25%	of its net	assets		
ୁ ଜୁ		ting members o									3		6
Sa		dependent votin	-	•	• • •						4		6
ξŻ		of individuals e of volunteers (e									6		2
ei.	7a Total unrelate										7a		0.
-	b Net unrelated	business taxat	ole income	from Form 99	0-T. line 34			// 3	<u></u> ;		76		0.
							<u> </u>	<u>V</u>		Prior Yea	ar in the second se	Curr	ent Year
E.	8 Contributions	and grants (Pa	rt VIII, line	1h)		<u>~</u>	••••		142	128,	321.		166,169.
à	9 Program serv	ice revenue (Pa	art VIII, line	2g)		ଞ୍ଚSEI	>]. %	.2017.	13		674.		174,345.
Recently	10 Investment in	come (Part VIII	, column (A), lines 3, 4, a	ndi7d)	09) • • • •			1 CE				
	11 Other revenue	e (Part VIII, colu	umn (A), lin	ies 5, 6d, 8c, 9	e, 10c, and	11e)	كماند بالحفا	<u>.</u>		•	105.		1,924.
FX		e - add lines 8							_	284	100.		342,438.
SEP	1	imilar amounts j											
	· ·	to or for memb	•		•								· <u> </u>
SCANNED Expenses	15 Salaries, othe	er compensation	n, employee	e benefits (Par	rt IX, colum	n (A), lines	5-10) .	• • • •		50	350.		90,460.
₩Ž	16 a Professional	fundraising fees	draising fees (Part IX, column (A), line 11e)							750.			
∰ 8	b Total fundrais	sing expenses (i	Part IX, col	umn (D), line :	25) ►		38,	901.		起日的	影響		日本 於2013年
Z 9	17 Other expens	es (Part IX, col	umn (A), lin	nes 11a-11d, 1	1f-24e)					204,	831.		224,002.
\mathcal{O}	18 Total expense	es Add lines 13	3-17 (must e	equal Part IX,	column (A)	, line 25)					931.		314,462.
0)	19 Revenue less	expenses Sub	otract line 1	8 from line 12						28	169.		27,976.
5 8			<u> </u>						Begin	ning of Cur		End	of Year
Venote Dalany	20 Total assets ((Part X, line 16)					<i></i>				621,		152,327.
§ä ∑⊽	21 Total liabilitie	s (Part X, line 2	6)					· · · ·		1,	541.		71,808.
ž.	22 Net assets or	fund balances.	Subtract la	ne 21 from lin	e 20					83,	080.		80,519.
Pa	Allen Signatu	re Block											
Und	ar panallies of perjury. I de plete: Declaration of proget	clare that I have exe	mined this retu	m, including accor	npanying sche	dules and state	ments and	to the be	st of my kn	owledge and	belief, it is	true, correct,	and
com	plete Declaration of proper	pr (other than officer	r) is based on a	at information of w	n.ch preparer i					10-0	<u> </u>		
			$\underline{}$							5814	0.17		
Sig	in j	the of officar								Uale			
He		hael Karı		······					Pres	aident	& CE	0	
		r print name and utle	, 			<u>,</u>							
		preparar/s nama		Preparer's su		\dot{F}							
Pa			PA	1 rum	ma								
	eparer Firm's name		a L H1		PLLC								
US	e Only Firm s addn		x 2021	61									
		AUSTI											
Ma	y the IRS discuss the	is return with the	e preparer	shown above?	7 (see instri	ucti							

BAA For Paperwork Reduction Act Notice, see the separate instruction

2016) xm 990 (2016)		La Foundation	46-3398438	P
	itement of Program Service			
		e or note to any line in this Part III		• • • • •
•	cribe the organization's mission			
	<u>ganization was formed t</u>	^		
			ublic and governmental is:	sues.
See Form	990, Page 2, Part III, Line 1 (continue	^{id)}		
		ogram services during the year which v		
			· · · · · · · · · · · · · · · · · · ·	es X
•	scribe these new services on Schedul			
-	anization cease conducting, or make scribe these changes on Schedule O	significant changes in how it conducts,	any program services ?	es X
•	•	employments for each of its three large	est program services, as measured by expe	
Section 501	(c)(3) and 501(c)(4) organizations are e, if any, for each program service rej	e required to report the amount of grant	is and allocations to others, the total exper	nses,
4 a (Code [.]) (Expenses \$ 2.6	1,922. including grants of \$	0.)(Revenue \$	174,34
Produce	d regular, unbiased new	v coverage for public cor	sumption. Offered twice of	
			al public forums where key	
			cal_city_issues, all_free	
		weekly radio programs fo		
			al public a wider opportu	inity
			influencers. For all forum	
			pearance or KXAN television	
Lo offe	r coverage of Austin City	y Council meetings. Made	regular appearances on KJT ((NPR) ra
			1 meetings and local issu	
	22422222222222	produce an award-winning		~
				1.11. 1.10.
	990, Page 2, Part III, Line 4a (continue			
See Form S	990, Page 2, Part III, Line 4a (continu	ed)		
) (Revenue \$)	
See Form S	990, Page 2, Part III, Line 4a (continu	ed)		
See Form	990, Page 2, Part III, Line 4a (continu	ed)		
See Form	990, Page 2, Part III, Line 4a (continu	ed)		
See Form	990, Page 2, Part III, Line 4a (continu	ed)		
See Form S	990, Page 2, Part III, Line 4a (continu	ed)		
See Form S	990, Page 2, Part III, Line 4a (continu	ed)		
See Form S	990, Page 2, Part III, Line 4a (continu	ed)		
See Form S	990, Page 2, Part III, Line 4a (continu	ed)		
See Form S	990, Page 2, Part III, Line 4a (continu	ed)		
See Form S	990, Page 2, Part III, Line 4a (continu	ed)		
See Form S	990, Page 2, Part III, Line 4a (continu	ed)		
See Form 5	990, Page 2, Part III, Line 4a (continu	ed)		
See Form 5	990, Page 2, Part III, Line 4a (continue) (Expenses \$)	ed) including grants of \$) (Revenue \$)	
See Form 5	990, Page 2, Part III, Line 4a (continue) (Expenses \$)	ed) including grants of \$) (Revenue \$)	
See Form 5	990, Page 2, Part III, Line 4a (continue) (Expenses \$)	ed) including grants of \$) (Revenue \$)	
See Form 5	990, Page 2, Part III, Line 4a (continue) (Expenses \$)	ed) including grants of \$) (Revenue \$)	
See Form 5	990, Page 2, Part III, Line 4a (continue) (Expenses \$)	ed) including grants of \$) (Revenue \$)	
See Form 5	990, Page 2, Part III, Line 4a (continue) (Expenses \$)	ed) including grants of \$) (Revenue \$)	
See Form 5	990, Page 2, Part III, Line 4a (continue) (Expenses \$)	ed) including grants of \$) (Revenue \$)	
See Form	990, Page 2, Part III, Line 4a (continue) (Expenses \$)	ed) including grants of \$) (Revenue \$)	
See Form 5	990, Page 2, Part III, Line 4a (continue) (Expenses \$)	ed) including grants of \$) (Revenue \$)	
See Form 5	990, Page 2, Part III, Line 4a (continue) (Expenses \$)	ed) including grants of \$) (Revenue \$)	
See Form 5	990, Page 2, Part III, Line 4a (continue) (Expenses \$)	ed) including grants of \$) (Revenue \$)	
See Form 5	990, Page 2, Part III, Line 4a (continue) (Expenses \$	ed) including grants of \$) (Revenue \$) (Revenue \$	
See Form 5	990, Page 2, Part III, Line 4a (continue) (Expenses \$	ed) including grants of \$) (Revenue \$)	

- -----

-

ļ

I

I

I

Fom 990 (2016) Capital of Texas Media Foundation

			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	x	
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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.	3		x
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		x
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		x
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		x
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		х
t	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.	11 b		x
c	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	11 c		x
c	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 167 If 'Yes,' complete Schedule D, Part IX	11 d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e		Х
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	111		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	х	
Ł	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 and XII is optional	12 b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		 x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), tines 6 and 11e? If Yes, complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
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		x
BAA	TEEA0103 13/18/18	Form	990 (2	2016)

Page 3

46-3398438

46-3398438

Page 4

1

Т

T T

T T

				Foundation
Rant W. Chec	klist of Re	quired Sch	edules	(continued)

		,		·
			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
Ь	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 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.	22		x
		23		
24 8	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 through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		x
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
¢	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		
c	Did the organization act as an 'on behalf of Issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		x
t	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	26b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		x
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):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		x
Ľ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
Ċ	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? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		x
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		x
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
1	If Yes' to line 35a, 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	35b		
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, line 2	38		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O		x	
BAA		Form	990 (2	016)

	990 (2016) Capital of Texas Media Foundation		46-3398438	3	Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V		••••••••••••••••••••••••••••••••••••••	. <u></u> .	<u> </u>
				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a	17	影词相望	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable.	1 b	0	Side and	影影开
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	repoi	rtable garning		
	(gambling) winnings to prize winners?	• • •		1 c X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			建制品	
	ments, filed for the calendar year ending with or within the year covered by this return	2 a	2		副調
t	If at least one is reported on line 2a, did the organization file all required federal employment tax n		?	26 X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ons)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		• • • • • • • • • • • • • •	3 a	X
t	If 'Yes,' has it filed a Form 990-T for this year? If No' to line 30, provide an explanation in Schedule O.			3 b	
48	At any time during the calendar year, did the organization have an interest in, or a signature or oth	er aut	thority over, a		T
	financial account in a foreign country (such as a bank account, securities account, or other financial	al acc	ount)?	4a	X
t	If 'Yes,' enter the name of the foreign country: >	_			相關
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financi	al Acc	counts (FBAR)		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	?		5 a	X
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran	sactio	on?	5 b	X
	If Yes, to line 5a or 5b, did the organization file Form 8886-T?			5 c	<u> </u>
6 4	Doos the emergination have executed every mediate that are permittly grapher than \$100,000, and du	d tha	orophization		<u> </u>
08	Does the organization have annual gross receipts that are normally greater than \$100,000, and description of the solicit any contributions that were not tax deductible as chantable contributions?			6 a	X
,	If 'Yes,' did the organization include with every solicitation an express statement that such contribut				<u>† </u>
-	not tax deductible?			6 b	
7	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 f		nds and		
a	services provided to the payor?			7 a	X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			76	<u>†</u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it		, i i i i i i i i i i i i i i i i i i i		
	Form 8282?	• • •		7 c	X
	If 'Yes,' indicate the number of Forms 8282 filed during the year	_7 d	L		部部
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef	it cont	tract?	7 e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co	ontract	17	7 f	X
ç	If the organization received a contribution of qualified intellectual property, did the organization file	Form	8899		
-	as required?	•••		7 g	<u> </u>
t	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	nizatio	on file a	7 .	1
g	Form 1098-C?	 Donodi	by the sponsorna	7 h 1698 2022	a hi cost a
	organization have excess business holdings at any time during the year?	anica	by the sponsoling	8	199225
~	•	• • •			क्रिक्ट्राज
а	Sponsoring organizations maintaining donor advised funds.			areanna an	ASSESSI
	Did the sponsoring organization make any taxable distributions under section 4966?			93	+
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	•••		9 b	मिस्टिव
	Section 501(c)(7) organizations. Enter.	40.1			國調
	Initiation fees and capital contributions included on Part VIII, line 12.	10 a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
	Section 501(c)(12) organizations. Enter				
	Gross income from members or shareholders.	11a			
Ł	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b	the second s	FLEEVER	-SINT
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		(2	12a	क्रियदन
		12b	L		
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state?	• • •	· · · · · · · · · · · · · · · ·	13a	134-35
	Note. See the instructions for additional information the organization must report on Schedule O.			Hell	23
Ł	Enter the amount of reserves the organization is required to maintain by the states in	426			
	which the organization is licensed to issue qualified health plans	13b 13c			橋間
	Enter the amount of reserves on hand	-	L	14a	X
	Did the organization receive any payments for indoor tanning services during the tax year?			14a 14b	<u>├</u>
BAA	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedu TEEA0105 11/18/18	na Ó .	<u> </u>	14 0 Form 990 (2018
DAA	IEEAWIGO IIIIGID				

T.

Т

I

T

Form	n 990'(2016) Capital of Texas Media Foundation 46-33	898438	I	Page 6
Per	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through	7b below,	and for	r
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cl	nanges in		
	Schedule O See instructions			5
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	• • • • •	<u> </u>
Sec	tion A. Governing Body and Management			
		- 15	Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members	6		
	of the governing body, or if the governing body delegated broad			
	authority to an executive committee or similar committee, explain in Schedule O			
t	b Enter the number of voting members included in line 1a, above, who are independent	6	16. 314	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?		2	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors, or trustees, or key employees to a management company or other person?		3	x
4	Did the organization make any significant changes to its governing documents	:		
	since the prior Form 990 was filed?		4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		6	X
6	Did the organization have members or stockholders?	· · · · L	6	X
7 8	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more)		
	members of the governing body?	· · · · L	7 a	X
t	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7 b	x
ß	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	100	323 C 12	
v	the following.			花型
			8a X	+- <u>.</u>
Ľ	b Each committee with authority to act on behalf of the governing body?	· · · · ·	86	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9	x
Sec	tion B. Policies (This Section B requests information about policies not required by the Interna		- Code	<u> </u>
000			Yes	No
10a	a Did the organization have local chapters, branches, or affiliates?		10a	X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure the	lr 🗖		† –
	operations are consistent with the organization's exempt purposes?		юы	
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	1	Ita X	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13		12a X	T
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	· · · · 1	126	X
c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	[1	12c X	
13	Did the organization have a written whistleblower policy?		13	X
14	Did the organization have a written document retention and destruction policy?	[1	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official		15a X	
Ŀ	b Other officers or key employees of the organization	[1	15b	X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	1	16 a	X
F	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		5519511 16 b	
Sec	tion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(for public inspection. Indicate how you made these available. Check all that apply.	3)s only) av	ailable	
	X Own website Another's website X Upon request Other (explain in Schedu	ılə O)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial stateme the public during the tax year.	nts available to	D	
20	State the name, address, and telephone number of the person who possesses the organization's books and records.	►		
	Michael Kanin 1512 Broadmoor Drive Austin TX /8/23	(512) 605-	4797

_	-	
BA	A	

_

ŀ

L

i

Ì

TEEA0106 11/16/16

Form 990 (2016) Capital of Texas Media Foundation 46-3398438 Page 7											
Bart VIE Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and											
Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII											
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the											
• Complete this table for an personal requiring to be instant organization's tax year • List all of the organization's current officers, directo	•	•									
compensation. Enter -0- in columns (D), (E), and (F) if no • List all of the organization's current key employees,	compensa	tion	was	рак	ł						
 List all of the organization's current key amployees. List the organization's five current highest compension 											
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 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 tru organization, more than \$10,000 of reportable compensat 											
List persons in the following order. Individual trustees or d employees, and former such persons	irectors; ir	nstitu	tiona	al tru	stee	es, of	ffice	rs, key employees,	highest compensate	d	
Check this box if neither the organization nor any rela	ted organi	zatio	n co	mpe	nsa	ted a	iny (current officer, dire	ctor, or trustee		
	}			(C)							
(A) Name and Tit∘e	(B) Average hours	than !	i one i i both	box u an o	រោះទទទ		רי	(D) Reportable compensation from	(E) Reponable compensation from	(F) Estmated amount of other	
	per waak (listany		- T S	Officer	Key	e E	Forner	(W-2/1099-MISC)	rolated organizations (W-2/1099-MISC)	compensation from the organization	
	hours for related	or director	Î	Cer (employee	Highest co	л с			and related organizations	
	tions	ខ្មុំឆ្ន	<u>a</u>		love	°ŝ					
	dotted line)	slee	Institutional trustee		6	l onsa					
			e			ĝ					
(1) Marty Hopkins	_3.00	x		x		ĺ				0	
[2] Alexander Schoenbaum	3.00	^		<u>^</u>				0.	C.	0.	
Director	1-2.00	х						ο.	ο.	0.	
(3) Herb Watkins	15.00										
Chair		Х		Х				C.	0.	0.	
_(4)_Sarah_Brownstein	_3.00										
Cirector	2 00	X						0.	0.	0.	
Abby_Rapoport Director	_ <u>3.00</u>	x						с.	о.	0.	
(6) Reeve Hamilton	3.00						┢──	<u>~</u> .		<u>~.</u>	
Secretary		X		х				0.	о.	с.	
(7) Michael Kanin	40.00										
President & CEO	ļ	X		х			 	51,299.	0.	0.	
_(<u>8)</u>	 										
(9)	- -										
(10)											
(11)		-					+			<u> </u>	
(12)											
(13)											
(14)		†					$\left \right $				
BAA	TEEAO	L	1 1/1B	/18	!	1	<u> </u>	I		Form 990 (2016)	

-

,

Form 990 (2016) Capital of Texas Media	Founda	<u>tic</u>	n Fr				200	Highest Com	46-339843	8 Page 8
(A) Name and the	(B) Avarage hours per week	(co box off	not c , unte icer a	Pos heck iss pe nd a c) more nson i tirecto	than o s both pr/trust	(98) (98)	(D) Reportable componsation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted (sne)	indivicual irustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(15)										
(16)										
(17)										
(18)	 									
(19)	 								· · · · · · · · · · · · · · · · · · ·	
(20)									· · · · · · · · · · · · · · · · · · ·	
(21)										
(22)		 -								
(23)									<u> </u>	<u></u>
(24)										·····
(25)										
1 b Sub-total. C. Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) C. C				• •				51,299. 51,299. d more than \$100,0	0 . 0 . 000 of reportable cor	0. 0. mpensation
 from the organization > 0 3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater ti 	dividual	ompe	nsat		and	other	 	mpensation from		Yes No 3 X
such individual		•••	•	• •	•••		••	••••••		
for services rendered to the organization? If 'Yes,' c Section B. Independent Contractors										. 5 X
Complete this table for your five highest compensation from the organization Report compensation (A)	ed independent ind	r the	t cor cale	ndai	r yea	that ar end	reci	with or within the	organization's tax ye	ar (C)
Name and business addre			··		_	<u> </u>		(B) Description of	f services	Compensation
		- · · ·						· · · · · · · · · · · · · · · · · · ·		······
2 Total number of independent contractors (including \$100,000 of compensation from the organization	but not iln	nited	to th	IOSO	liste	ed ab	ove) who received mor	re than	
BAA		TEEAO	108	11/16	3/16					Form 990 (2016)

_ _ . ___. ___.

ł

ľ

Ì

Form 990 (2016) Capital of Texas Media Foundation

I.

46-3398438

_ ___

Page 9

	26542	Check if Schedule O contains a response	or note to any lir	e in this Part VIII .			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
at st		Federated campaigns 1a					
Gra Nou		Membership dues					
Ľs,		Fundraising events	<u>7,365.</u>				
ja Gi		Related organizations 1d					
NS.	θ	Government grants (contributions) 1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	158,804.				
id C	-	Noncash contributions included in lines 1a-11 \$					
	h	Total, Add lines 1a-1f		166,169.			
Program Service Revenue	-						
eve	28	Program scrvice fees51	9100	174,345.	174,345.	0.	0
ъ	0	·					
Ņ	C L						
Sc	a						
Le l		All other program service revenue					
Log		Total. Add lines 2a-2f		174 245			
<u> </u>	_	المتحرب والمحاج المحاجب المحاجب والمحاجب والمتحاج والمحاجب والمتحاج والمحاجب والمحاجب والمحاجب والمحاج والمح		174,345.			
	3	Investment income (including dividends, intel other similar amounts)					
	4	Income from investment of tax-exempt bond	proceeds . •				
	5	Royalties					
1		(') Real	(ii) Personai				
	6 a	Gross rents					
	b	Less rental expenses					
		Rental income or (loss) -			Manga A. Ca		
	d	Net rental income or (loss) ,					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less cost or other basis					
		and sales expenses					
		Gain or (loss)					
	d	Net gain or (loss)	*				
9	8 a	Gross income from fundraising events					
en		(not including \$ 7,365. of contributions reported on line 1c)					
Sev			0.050				
31	ь	See Part IV, line 18 a	2,250.				
Other Rev		Net income or (loss) from fundraising events	326.	AND A CONTRACTOR OF A			
0				1,924.		A REAL PROPERTY OF	1,924
	9 a	Gross income from gaming activities.					
		Less direct expenses					
		Net income or (loss) from gaming activities		na de le contrate de la compañsión de la compañsión de la contrate de la contrate de la contrate de la contrate La contrate de la cont	and at 5 abit the former and the product of the pro		a la della
		Gross sales of inventory, less returns		in the second second second			
	iv d	and allowances					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
			Business Code				
	11 a			L			
ļ	b	·					
	C						
						an an And Start State Labor to	
		Total. Add lines 11a-11d	· · · · · · · •				
BAA	12	Total revenue. See instructions		<u>342,438.</u>	174,345.	0.	<u>1,924.</u> Form 990 (2016)
			1250				

Form 990 (2016) Capital of Texas Media Foundation

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a re	sponse or note to any lin	ne in this Part IX		
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				expenses expens
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
6	trustees, and key employees	53,432.	49,096.	1,739.	2,597.
	section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	27,692.	24,231.	1,384.	2,077.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,100.	4,814.	112.	174.
10	Payroll taxes		3,707.	212.	317.
11	_ , , , ,				
	Management				
	Accounting		0.	1,731.	0.
	Lobbying		<u>v</u> .		<u></u>
	Professional fundraising services See Part IV, line 17				<u> </u>
	Investment management fees			A DESCRIPTION OF A	
g	Other (if line 11g amount exceeds 10% of line 25, cotumn (A) amount, list line 11g expenses on Schedule O () , ,	172,040.	138,991.	112.	32,937.
12	Advertising and promotion	4,849.	4,849.	0.	0.
13	Office expenses		1,401.	4,618.	52.
14	Information technology	12,977.	12,250.	285.	442.
15	Royalties.				
16	Occupancy	2,200.	2.077.	48.	75.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest.				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,560.	1,600.	960.	0.
23	Insurance	2,285.	0.	2,285.	0.
24	covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
a	expenses on Schedule O)	14.500	14,500.	C.	
b					
C					
d					
e	All other expenses	4,789.	4,406.	153.	230.
25	Total functional expenses Add lines 1 through 24e	314,462.	261,922.	13,639.	38,901.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				
	SOP 98-2 (ASC 958-720)				
BAA		TEEA0110 11/	16/18		Form 990 (2016)

i.

46-3398438

Form 990 (2016) Capital of Texas Media Foundation

__ _

L

I.

L

			(A)		(B)
			Beginning of year		End of year
1	1	Cash - non-interest-bearing	52,692.	1	116,457
ļ	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	6,750
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
3	7	Notes and loans receivable, net		7	
Assen	8	Inventories for sale or use		8	
2	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10 c	
- i -	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
- i -	13	Investments program-related See Part IV, line 11		13	
	14	Intangible assets	31,680.	14	29,120
	15	Other assets. See Part IV, line 11	249.	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	152,327
	17	Accounts payable and accrued expenses.	1,541.	17	15,075
	18	Grants payable.		18	
.	19	Deferred revenue		19	56,733
	20	Tax-exempt bond liabilities		20	
8	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L.		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	<u> </u>	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,541.	26	71,808
		Organizations that follow SFAS 117 (ASC 958), check here Xand complete		37.2	
8		lines 27 through 29, and lines 33 and 34.			
Š I	27	Unrestricted net assets	83,080.	27	79,479
	28	Temporanly restricted net assets		28	1,040
	29	Permanently restricted net assets		29	
Net Assess of Fund Datan		Organizations that do not follow SFAS 117 (ASC 958), check here ►			
g :	30	Capital stock or trust principal, or current funds		30	
§ :	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated Income, or other funds		32	
5	33	Total net assets or fund balances.	83,080.	33	80,519
	34	Total liabilities and net assets/fund balances	84,621.	34	_152,327
	-			<u> </u>	Form 990 (201)

46-3398438

Page 11

TEEA0111 11/16/16

Form	n 990 (2016) Capital of Texas Media Foundation 40	5-3398438	Page 12
R i	秘細 Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> X
1	Total revenue (must equal Part VIII, column (A), line 12)		342,438.
2	Total expenses (must equal Part IX, column (A), line 25)		314,462.
3	Revenue less expenses Subtract line 2 from line 1	3	27,976.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	83,080.
5	Net unrealized gains (losses) on investments		
6	Donated services and use of facilities		
7	investment expenses	. 7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9	-30,537.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
(Second	column (B))	10	80,519.
на	TXIII Financial Statements and Reporting		_
	Check if Schedule O contains a response or note to any line in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		
	in Schedule O		
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	•••••	2a X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or	าอ	
	separate basis, consolidated basis, or both:	4	
	Separate basis Consolidated basis Both consolidated and separate basis		
I	b Were the organization's financial statements audited by an independent accountant?	•••••	26 X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		A TRACE AND
	basis, consolidated basis. or both Separate basis Consolidated basis Both consolidated and separate basis		
		ا ا	BETTE TELEVISION
	c If Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	υαπ, ·····	2c X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	1e	38 X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	l audit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b
BAA			Form 990 (2016)

`		Public Chari	ty Status and P	ublic Su	pport	OMB No 1545-0047
SCHEDULE A (Form 990 or 990-EZ)	Com		ion is a section 501(c))(1) nonexempt charita		ion or a section	2016
		► Atta	ch to Form 990 or Forr	n 990-EZ.		
Department of the Treasury Internal Revenue Service	► Inf	ormation about Sche	dule A (Form 990 or 99 at www.irs.gov/form99	0-EZ) and its 0.	-	The Denito Rubic .
Name of the organization					Employer identifi	
Capital of Tex					46-33984:	
					s part.) See instructio	ns
The organization is not a	private foundat	ion because it is: (For	lines 1 through 12, chec	k only one bo	x.)	
		-	churches described in se	• •		
2 A school desc	ribed in section	170(b)(1)(A)(ii). (Atta	ch Schedule E (Form 99	0 or 990-EZ))	
3 A hospital or a	cooperative ho	spital service organizat	tion described in section	n 170(b)(1)(A))(111).	
4 A medical reso name, city, an		on operated in conjunc	tion with a hospital desc	ribed in secti	on 170(b)(1)(A)(iii) Enter	the hospital's
5 An organization section 170(b	n operated for ti)(1)(A)(iv). (Co	he benefit of a college mplete Part II.)	or university owned or o	perated by a	governmental unit describe	ed in
6 A federal, stat	e, or local gover	nment or governmenta	Il unit described in section	on 170(b)(1)(A)(v).	
		receives a substantial (Complete Part II)	part of its support from a	governmenta	al unit or from the general (bublic described
8 A community t	rust described i	n section 170(b)(1)(A)	(vi). (Complete Part II)			
	-		• •• •• ••	-	njunction with a land-grant aty, and state of the colleg	-
10 An organization from activities investment inc	related to its exi ome and unrela	empt functions-subject	t to certain exceptions, a ncome (less section 511	and (2) no mo	lions, membership fees, ar ire than 33-1/3% of its supp inesses acquired by the or	port from gross
			to test for public safety.	See section {	509(a)(4).	
or more public lines 12a throu	ly supported org igh 12d that des	anizations described in cribes the type of supp	n section 509(a)(1) or s porting organization and	ection 509(a) complete line	ions of, or to carry out the (2). See section 509(a)(3) is 12e, 12f, and 12g anization(s). typically by giv	. Check the box in
complete Par) the power to re t IV, Sections A	egularly appoint or elect and B.	t a majority of the direct	ors or trustee	s of the supporting organiz	ation. You must
- management	porting organiza of the supporting te Part IV, Secti	organization vested in	trolled in connection with the same persons that	h its supported control or ma	d organization(s), by having inage the supported organi	g control or zation(s) You
organization(s) (see instruction	ns) You must comple	ete Part IV, Sections A,	D, and E.	and functionally integrated	
functionally int	egrated The or	ganization generally m	organization operated in ust satisfy a distribution A and D, and Part V.	connection w requirement a	with its supported organizati and an attentiveness requir	on(s) that is not ement (see
integrated, or	Type III non-fun	ctionally integrated sur	oporting organization.		Type I, Type II, Type III fu	nctionally
		anizations	manization(s)		• • • • • • • • • • • • •	· · · · · [
(i) Name of supported or	······	(u) E(N	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the organization liste in your governin	(v) Amount of monetary ad aupport (see instructions)	(VI) Amount of other support (see instructions)
				document? Yes No		
(A)						
(B)				1		
(C)						
(D)	····					
<u>(E)</u>					£2	
Total			Sile of the second			
		A1 - A1 - 1 - 1	11		Dahadula A /D	000 000 57) 0010

ł

İ

ł

I

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. TEEAD401 09/28/16 Schedule A (Form 990 or 990-EZ) 2016

.

Schedule A (Form 990 or 990-EZ) 2016 Capital of Texas Media Foundation

Page 2

46-3398438

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.)

Sect	ion A. Public Support						
begin	adar year (or fiscal year ning in) ►	(a) 2012	(b) 2 013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership (ees received (Do not include any 'unusual grants.)		49,090.	110,247.	128,321.	166,169.	453,827.
	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.						
4	Total. Add lines 1 through 3		49,090.	110,247.	128,321,	166,169.	453,827.
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 (1).						73,964.
6	Public support. Subtract line 5 from line 4						379,863.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		49,090.	110,247.	128,321.	166,169.	453,827.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				551 T		
11	Total support, Add lines 7 through 10						453,827.
12	Gross receipts from related activit	es, etc. (see instru	ictions).	· · · · · · · · · · ·		· · · · · [12]	490,806.
	First five years. If the Form 990 organization, check this box and s	top here		third, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	► X
Sec	tion C. Computation of Pu	blic Support P	Percentage				
	Public support percentage for 201						<u>%</u> %
	33-1/3% support test-2016. If t and stop here. The organization	qualifies as a public	cly supported orga				•••••
b	33-1/3% support test-2015. If the and stop here. The organization	e organization did qualifies as a publi	not check a box of cly supported orga	n line 13 or 16a, ar Inization	nd line 15 is 33-1/3	% or more, check t	his box ►
	10%-facts-and-circumstances to or more, and if the organization m the organization meets the 'facts-	eets the 'facts-and and-circumstances	l-circumstances' te ' test: The organiza	st, check this box a ation qualifies as a	publicly supported	l organization	
	10%-facts-and-circumstances t or more, and if the organization in organization meets the facts-and	eets the facts-and -circumstances' tes	t The organization	n qualifies as a put	blicly supported on	anization	···· ►
18	Private foundation. If the organi	zation did not chec	k a box on line 13,	10a, 10D, 1/a, or			
BAA					Sc	hedule A (Form 99	0 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2016 Capital of Texas Media Foundation 46-3398438 Recursion Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) 🖻	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	and membership fees received (Do not include any 'unusual grants.')			}	}		
2	Gross receipts from admissions,				<u> </u>	<u>├</u>	
	merchandise sold or services)		
	performed, or facilities furnished in any activity that is]			
	related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities furnished by a						
	governmental unit to the				}		
	organization without charge				.l		
	Total. Add lines 1 through 5			·		L	
73	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons				ĺ í		
b	Amounts included on lines 2					[
	and 3 received from other than disgualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year		i				
с	Add lines 7a and 7b					·····	
8	Public support. (Subtract line	-SSHMMSHOLT - SEC				SPRINGER STREET	· · · · · · · ·
	7c from line 6)	CONSTRUCTION		因此是也可以同时问题			
Sec	tion B. Total Support					<u> </u>	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans. rents, royallies and income from						
	similar sources						
b	Unrelated business taxable income (less section 511]			
	taxes) from businesses						
	acquired after June 30, 1975 .			<u></u>		<u> </u>	
с 11	Add lines 10a and 10b Net income from unrelated business			<u>+</u>		<u>}</u> ∤	
	activities not included in line 10b,					1	
	whether or not the business is						
12	regularly carried on			<u> </u>	+	┟	
	gain or loss from the sale of						
	čapital assets (Explain in Part VI)						
13	Total support. (Add lines 9,		h 	<u> </u>			
	10c, 11, and 12.)	s for the organizati	on's first second	third fourth or fif	h tax year as a sec	tion 501(c)(3)	
	organization, check this box and a						· · · · · · • [_]
	tion C. Computation of Pu						
15	Public support percentage for 201						<u>%</u>
16	Public support percentage from 20				<u> </u>	16	
_	tion D. Computation of Inv	······				······	
17	Investment income percentage for	-	•••••••			+-	8
18	Investment income percentage fro		•				8
19a	33-1/3% support tests-2016. If is not more than 33-1/3%, check t	the organization did	I not check the bo ere. The organiza	x on line 14, and tion qualifies as a	line 15 is more than publicly supported	33-1/3%, and line 1 organization	. ∏
b	33-1/3% support tests-2015. If the line 18 is not more than 33-1/3%,	the organization did	not check a box	on line 14 or line	19a, and line 16 is r	nore than 33-1/3%,	and
20	Private foundation. If the organiz						
BAA			TEEA0403			hedule A (Form 99	

Schedule A (Form 990 or 990-EZ) 2016 Capital of Texas Media Foundation

Part N Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States (Yoreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax yea? If 'Yes,' answer (b) end (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action: (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c Substitutions only. Was the substitution the result of an event beyond the organization's control?

- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? if 'Yes,' provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

BAA

TELA0404 09/28/16

Schedule A (Form 990 or 990-EZ) 2016

46-3398438

Sche	edule A (Form 990 or 990-EZ) 2016 Capital of Texas Media Foundation	46-3398438	F	age 5
PÈ	tervisia Supporting Organizations (continued)			
	Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below governing body of a supported organization?	<u>11a</u>	Yes	No
	b A family member of a person described in (a) above?	116	<u> </u>	┝──
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		L
Sec	tion B. Type I Supporting Organizations		r,	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' desc Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's actin if the organization had more than one supported organization, describe how the powers to appoint and/or remo directors or trustees were allocated among the supported organizations and what conditions or restrictions, if an applied to such powers during the tax year	vities	Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing su benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	n(6) uch 2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management supporting organization was vested in the same persons that controlled or managed the supported organization.	of the		
 Soc	supporting organization was vested in the same persons that controlled or managed the supported organization tion D. All Type III Supporting Organizations		<u> </u>	<u> </u>
Jec	addin D. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (I) a written notice describing the type and amount of support provided during the prior t year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations pla in this regard.	ived 3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e instructions).		
	a The organization satisfied the Activities Test Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c I The organization supported a governmental entity. Describe in Part VI how you supported a government er	ntity (see instructions)		
2	Activities Test Answer (a) and (b) below.	Real	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the	e test		調節

- supported organization(s) to which the organization was responsive? If Yes, then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement
- 3 Parent of Supported Organizations. Answer (a) and (b) below.

BAA

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2016

2a

2b

3a

3b

必要的

Schedule À (Form 990 or 990-EZ) 2016 Capital of Texas Media Foundation Partivia Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

46-3398438

Page 6

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see Instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of secunties	18		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1 d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		·
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integ (see instructions)	rated Typ	e III supporting organization	n

1

Schedule A (Form 990 or 990-EZ) 2016

-	adule A (Form 990 or 990-EZ) 2016 Capital of Texas Med		46-33	98438 Page
	Type III Non-Functionally integrated 509(a)(3) Su	pporting Organizat	tions (continued)	
<u>Sec</u>	tion D – Distributions			Current Year
	Amounts paid to supported organizations to accomplish exempt purpos		···	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	18,	
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
	Total annual distributions. Add lines 1 through 8			
8	Distributions to attentive supported organizations to which the organiza in Part VI) See instructions.	ition is responsive (provide	e details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions			
3				
a				
b				
	From 2013			
d	From 2014			History & State
e	From 2015			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
—	Carryover from 2011 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3l from 3f			
4	Distributions for 2016 from Section D,			
	line 7 [.] \$			
8	Applied to underdistributions of prior years	科学们的学校者的问 题		
	Applied to 2016 distributable amount			
<u>c</u>	Remainder Subtract lines 4a and 4b from 4	Harris Burran Gran Cr. Cr. 20 Mar - C		
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7			
_				
	Excess from 2013			
	Excess from 2014	HELE CONTRACTOR OF STREET		
	Excess from 2015			
	Excess from 2016	CONTRACTOR INC.		
<u> </u>		10000 BUT TO THE STREET ST	THE REAL PROPERTY AND A DESCRIPTION OF THE REAL PROPERTY	LI MLY TO WASHERN SHE SHE SHE SHE SHE

BAA

ļ

Schedule A (Form 990 or 990-EZ) 2016

Schedule À (Form 990 or 990-EZ) 2016			Foundation	46-3398438	Page 8
Part VIA Supplemental Informa Section A, lines 1, 2, 3b, 3c,	tion. Provide the	explanations regul	ed by Part II, line 10;	Part II, line 17a or 17b Part III, line 12	; Part IV,
Part IV. Section D. lines 2 an	d 3. Part IV. Section	n E, lines 1c, 2a, 2b	. 3a. and 3b: Part V. I	line 1; Part V, Section B, line 1e; Part	Ne I; V.
				art for any additional information.	••
(See instructions)					

,

L

ĺ

T.

	HEDULE D		plemental Financial					1545-0047
(F0	rm 990)	Complet Part IV, line 6	e if the organization answered 5, 7, 8, 9, 10, 11a, 11b, 11c, 11d	1 'Yes' on Form 9 1 11e, 11f, 12a, o	990, ur 12b		20	16
Dene	tment of the Treasury		Attach to Form 990).			-Open t	Q Public W
Intorn	al Rovenue Service	Information about Sche	dule D (Form 990) and its insi		w.irs.gov/ioi		entification n	tionfairthat
Walling	of the orgenization					Cimpio Julia		
	Capital (of Texas Media Four	cdation			46-339	9619	
Da	•		or Advised Funds or Oth	er Similar Fu	nds or Acc	ounts.	04.50	
	Complete	if the organization answ	ered 'Yes' on Form 990, F	Part IV, line 6				
	·····		(a) Donor advised f	unds	(b) F	unds and o	ther accou	nts
1	Total number at e	nd of year						
2	Aggreçate value of co	ntributions to (during year)						
3	Aggregate value of gr	ants from (during year)						
4	Aggregate value a	at end of year						
5	Did the organization are the organization	on inform all donors and donor on's property, subject to the org	advisors in writing that the asse ganization's exclusive legal cont	ets held in donor a rol?	idvised funds	· · · · [Yes	No
6	for charitable purp	oses and not for the benefit of	and donor advisors in writing th the donor or donor advisor, or f	or any other purp	ose conferring	_	Yes	No
Dă		ition Easements.	······································	· · · · · · · · · · · · · · · · · · ·	······································	h	- <u>1</u>	-
			ered 'Yes' on Form 990, F			<u>_</u>		
1		-	he organization (check all that a		6 - 4 feb			
		of land for public use (e g , reci natural habitat	reation or education)	Preservation of Preservation o	•	-		
		of open space			a scenned m	Stone strue	ture	
2	أسبعا	• •	held a qualified conservation co	ontribution in the f	orm of a conse	ervation ea	sement on	the
-	last day of the tax	year						
					SCOTEA	leld at the	End of the	Tax Year
			•••••••••••••••••					
	•	•	ents			. <u> </u>		.
			d historic structure included in (a	-	·			
(structure listed in	the National Register	(c) acquired after 8/17/06, and n		2 d			
3	Number of conser tex year >	vation easements modified, tra	ansferred, released, extinguishe	d, or terminated b	y the organiza	tion during	the	
4	· · · · · · · · · · · · · · · · · · ·	where property subject to cons	servation easement is located >					
5	Does the organiza	ition have a written policy rega	rding the periodic monitoring, in	spection, handling	 of violations,	-	-	_
	and enforcement	of the conservation easements	it holds?			[Yes	No
6	Staff and voluntee	er hours devoted to monitoring,	inspecting, handling of violation	ns, and enforcing of	conservation e	asements	during the y	/ear
7	Amount of expens	ses incurred in monitoring, insp	ecting, handling of violations, a	nd enforcing cons	ervation easer	nents dunn	ig the year	
	· · · · · · · · · · · · · · · · · · ·		in a day above eatisfy the recover	amonto of acotion	470/b)/4)/D)/	3		
8	and section 170(h)(4)(B)(II)?	ine 2(d) above satisfy the requir	• • • • <i>•</i> • • • •		· · · · L]Yes	No
9	conservation ease	ble, the text of the footnote to t ements	ts conservation easements in its he organization's financial state	ments that descrit	bes the organi	zation's acc	counting for	and
Pai	Complete	tions Maintaining Colle of the organization answ	ered 'Yes' on Form 990, F	Treasures, or Part IV, line 8	r Other Sin	nllar Ass	ets.	
1	art, historical treas	sures, or other similar assets h	FAS 116 (ASC 958), not to report eld for public exhibition, education attacements that describes these	ion, or research in	tatement and furtherance o	balance sh f public ser	eet works o vice, provid	of e,
I	historical treasure following amounts	s, or other similar assets held to relating to these items:	FAS 116 (ASC 958), to report in for public exhibition, education,	or research in furt	herance of pu	blic service	works of an , provide th	t, e
			ne 1					
								<u> </u>
2	amounts required	to be reported under SFAS 11	historical treasures, or other sin 6 (ASC 958) relating to these it	ems.			llowing	
			· · · · · · · · · · · · · · · · · · ·					<u> </u>
			Instructions for Form 990.				ule D (Form	990) 2016

Schedule D (Form 990) 2016 Cap 1	al of Te	xas Media	Founda	cion	46-339	98438	Page
Partille Organizations Mainta							
3 Using the organization's acquisition items (check all that apply)	n, accession, a	ind other record:	s, check any	y of the following that	t are a significant use of i	ts collection	
a 🗌 Public exhibition		d	Loan or e	exchange programs			
b Scholarly research		e [Other				
c Preservation for future general	tions	_	-				
4 Provide a description of the organi Part XIII	zation's collect	ions and explain	how they f	urther the organization	on's exempt purpose in		
5 During the year, did the organization to be sold to raise funds rather that	on solicit or rec n to be mainta	whe donations of the ined as part of ined br>ined ined	of art, histor ne organiza	ical treasures, or oth tion's collection?	er similar assets	Yes	No
Hare WH Escrow and Custodia line 9, or reported an a	I Arrangen mount on Fe	orm 990, Par	ete if the t X, line 2	organization ans 1.	wered 'Yes' on Forn	n 990, Par	EIV,
1 a Is the organization an agent truste on Form 990, Part X?	e, custodian o	r other intermed	iary for cont	tributions or other as	sets not included	Yes	No
b If Yes,' explain the arrangement in	Pert XIII and	complete the foll	iowing table	1	<u> </u>		
						Amount	
c Beginning balance		• • • • • • • • • •		· · · · · · · · · · ·	1c		
d Additions during the year	• • • • • • • •	· · · · · · · · ·			1d		
e Distributions during the year	• • • • • • •			· · · · · · · · · · · ·	10		
f Ending balance					. 1f		
2 a Did the organization include an am	ount on Form	990, Part X, line	21, for esc	row or custodial acco	ount liability?	Yes	No
b If Yes,' explain the arrangement in	Part XIII Che	ck here if the ex	planation h	as been provided on	Part XIII	· · · · · · · ·	
Part V Endowment Funds. C	omplete if t	he organizati	on answe	red 'Yes' on For	m 990, Part IV, line 1	10	
	(a) Current	ear (b)	Prior year	(c) Two years bac	k (d) Three years back	(e) Four y	ears back
1 a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities							
and programs							
f Administrative expenses							
g End of year balance		1	. //was. d.m			· · · · · · · · · · · · · · · · · · ·	
2 Provide the estimated percentage		year end balance	e (iine 1g, c	olumn (a)) neid as:			
a Board designated or quasi-endown		*					
b Permanent endowment	8						
c Temporarily restricted endowment							
The percentages on lines 2a, 2b, a	ind 2c should e	equal 100%					
3 a Are there endowment funds not in	the possession	n of the organiza	ition that are	e held and administe	red for the	· · · ·	
organization by						Yes	B NO
(i) unrelated organizations						. 3a(i)	
(ii) related organizations							
b If 'Yes' on line 3a(ii), are the related		•				. 3b	<u> i </u>
4 Describe in Part XIII the Intended u			wment fund	is.			
Pact Via Land, Buildings, and							
Complete if the organiz	ation answe	ered 'Yes' on	Form 990	J, Part IV, line 11	a See Form 990, P	aπ X, line	10
Description of property		a) Cost or other (investmen		(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land							···
b Buildings							······································
c Leasehold improvements							
d Equipment							
e Other							
Total. Add lines 1a through 1e (Column	(d) must equa	l Form 990, Par	t X, column	(B), line 10c.)			
BAA					Sched	lule D (Form	990) 2016

Į.

1

Schedule D (Form 990) 2016 <u>Capital of Texas M</u>	eura roundario	on 46-3398438 Pa	age 3
Complete if the organization answered "	es' on Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)			2012
Part VIII Investments - Program Related.	(
		Part IV, line 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	e
<u>(1)</u>			<u> </u>
(2)			
(3)			
(4) (5)		·····	
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal form 990, Part X_column (B) line 13)►			Control of
Part IX Other Assets.			
		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value	
(1)	scription		
(2)		·······	~
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		······	
Total. (Column (b) must equal Form 990, Part X, column (B) II	ne 15) · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Complete if the organization answered 'Yes' on F	orm 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(10)			
(11)			浙
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	•		國
2 Lightlity for uppertain lay institions. In Part XIII, provide the text of the fool			

2. Lability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's flability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

 BAA
 TEEA3303 08/15/16
 Schedule D (Form 990) 2016

L

Schedule D (Form 990) 2016 Capital of Texas Media Foundation	46-3398438	Page 4
PartXIII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	342,764.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	17 State	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities.		
c Recoveries of prior year grants		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	342,764.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		0111
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)	326.	
c Add lines 4a and 4b		-326.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		342,438.
Rar XII Reconciliation of Expenses per Audited Financial Statements With Expenses		012/1001
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	P - · · · · · · · · · · · · · · · · · ·	
1 Total expenses and losses per audited financial statements	1	313,188.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		010/100/
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII)	326.	
e Add lines 2a through 2d		326.
3 Subtract line 2e from line 1	3	312,862.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	200 J	
a Investment expenses not included on Form 990, Part VIII, line 7b		
	500. E M	
C Add lines 4a and 4b		1,600,
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		314,462.
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2 Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

Pt XII, Line 2d	Special events expense net against revenue in Form 990.
Pt XII, Line 4b	Amortization of Goodwill not recorded in audit finacials.
Pt XI, Line 4p	Special events expense net against revenue if Form 990.

Schedule D (Form 990) 2016

.

BAA

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	OMB No 1545-0047 2016
Name of the organization	Employ	er identification numbor
<u>Capital of Texas</u>		398438
Pt VI, Line 8b	The Organization does not have a committee with auth behalf of the governing body, therefore no documenta	-
Pt VI, Line 11b	The Form 990 will be emailed to all Board members for filing.	or approval pefore
Pt VI, Line 12c	The Organization monitored and enforced compliance of interest policy by email.	of the conflict of
Pt VI, Line 15a	The Bcard approves the CEO's pay every year during t	he budget process.
Pt VI, Line 19	The governing documents, conflict of interest policy statements are available upon request.	, and financial
Pt XI	Line 9: Change in beginning net assets due to chang accrual basis and first year audit.	e from cash to
	Form 990, Pt 1, Line 1 continued: The Organization accomplishing its mission through (1) free and open-t and forums intended to educate and engage the communi- and local issues, (2)partnerships with other nonprof- that also have missions to engage and inform, and (3 dissemination of news and data concerning local gove issues, including data obtained through open records information requests.	o-the public events ty concerning state it organizations)the online ernment and civic
Other	Information requests.	

I