EXTENDED TO MAY 15, 2023 Return of Organization Exempt From In Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc. Do not enter social security numbers on this form as it may b Go to www.irs.gov/Form990 for instructions and the latest ar year, or tax year beginning JUL 1, 2021 and ending J	ept private foundations) e made public. information.	Public Copy OMB No. 1545-0047 2021 Open to Public Inspection
f organization	D Employer identification	on number
H TEXAS PUBLIC BROADCASTING SYSTEM I	74-1616224	

		of the Treasury enue Service Go to www.irs.gov/Form990 for instructions and the I	latest ir	nformation.	Inspection
				JN 30, 2022	•
В	Check if applicab	le: C Name of organization		D Employer identificati	on number
Г	Addre	SOUTH TEXAS PUBLIC BROADCASTING SYSTEM I			
	Name			74-1616224	
	Initial returr		n/suite	E Telephone number	
	Final returr			361-855-22	13
	termi ated			G Gross receipts \$	2,287,055.
	Amer returr			H(a) Is this a group retur	n
	Appli tion	F name and address of principal officer: DOMALD DOMLAR		for subordinates?	Yes X No
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates includ	
		empt status: 🚺 501(c)(3) 🔄 501(c) ()◀ (insert no.) 🗌 4947(a)(1) or 🗌	527	If "No," attach a list	. See instructions
		ite: WWW.KEDT.ORG		H(c) Group exemption n	
			L Year of	formation: 1972 M St	ate of legal domicile: ${f T}{f X}$
Pa	art I	Summary			
۵ ۵	1	Briefly describe the organization's mission or most significant activities: SEE SCH	IEDUL	E 0.	
- Dic					
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed of	f more tl	nan 25% of its net assets	
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			11
		Number of independent voting members of the governing body (Part VI, line 1b)			11
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			36
Activities &	6	Total number of volunteers (estimate if necessary)			0
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	d	Net unrelated business taxable income from Form 990-T, Part I, line 11			
		Contributions and grants (Bart VIII line 1b)		Prior Year 2,758,224.	Current Year 2,156,698.
an	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		262,956.	2,130,050:
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28,031.	20,572.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-43,303.	21,007.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,005,908.	2,198,277.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	40	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		853,295.	922,746.
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 366, 406.		-	
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	1,495,828.	1,540,430.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,349,123.	2,463,176.
	19	Revenue less expenses. Subtract line 18 from line 12		656,785.	-264,899.
Net Assets or	£		Begi	nning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		9,998,913.	9,349,608.
ASS	21	Total liabilities (Part X, line 26)		3,223,434.	2,839,635.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		6,775,479.	6,509,973.
P	art II	Signature Block			
Unc	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and s	statemen	ts, and to the best of my kno	owledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Form **990**

Sign Here	Signature of officer DONALD DUNLAP, PRESIDENT AND GENERAL MANAGER Type or print name and title	Date
Preparer	Print/Type preparer's name Preparer's signature Date PATRICK NICHOLAS, CPA PATRICK NICHOLAS, CP 01/27 Firm's name VIPFLI LLP	Check PTIN /23 self-employed P00289567 Firm's EIN ► 39-0758449
Use Only May the IF	Firm's address 30 LONG CREEK DRIVE SOUTH PORTLAND, ME 04106-2437 as discuss this return with the preparer shown above? See instructions	Phone no. 207. 774. 5701
132001 12-09 S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, _,	Form 990 (2021)

nt of Program S	ervice Accomp	lishments	STING SYSTE	<u>MI 74-16</u>	16224 Page
-	-				[
he organization's miss	sion:				
		MG SYSTEM I MMUNIITES C		D TO EDUCATI XAS.	.NG,
		rvices during the year		ed on the	Yes X No
ion cease conducting	, or make significar	it changes in how it co	onducts, any prograr	n services?	Yes X No
	ervice accomplishm ations are required	to report the amount		services, as measured t ions to others, the total	
) (Expenses \$ M SERVICES	942,054.	including grants of \$) (Revenue \$	17,818.
) (Expenses \$	531,875.	including grants of \$) (Revenue \$	
) (Expenses \$ LING	285,784.	including grants of \$) (Revenue \$	
ervices (Describe on S	Schedule (0.)				
	including grants of \$) (Revenue \$)
rvice expenses 🕨	1,759	9,713.			
		rices (Describe on Schedule O.) including grants of \$ ice expenses ▶ 1,755	including grants of \$	including grants of \$) (Revenue \$	including grants of \$) (Revenue \$

	990 (2021) SOUTH TEXAS PUBLIC BROADCASTING SYSTEM I 74-1616	224	P	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	1 2	X X	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		
3		3		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	۲, T		
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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		Х
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		<u> </u>
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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
L	Part VI	<u>11a</u>		
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		х
<u> </u>	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 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		X
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	1		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</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	1	v	
40	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? <i>If</i> "Yes,"	10		х
20-	complete Schedule G, Part III	19		X
20a b	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 23
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
- '	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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Fai	TIV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Tes	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
U	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u></u>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	30	77	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	L
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orm Par	SOUTH TEXAS PUBLIC BROADCASTING SYSTEM South TEXAS PUBLIC BROADCASTING SYSTEM Statements Regarding Other IRS Filings and Tax Compliance (continued)	1 /4-161	5224	P	_{age} 5
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 30	5		
	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions				37
			<u>3a</u>		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		10		х
	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country ►		4a		<u></u>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	Counts (EBAB)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
	Sponsoring organizations maintaining donor advised funds.				
			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
)	Section 501(c)(7) organizations. Enter:	10-			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a			
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against		-		
D	amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv			
7					
7	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	<u>.</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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?	5		X
6	Did the organization have members or stockholders?	6		X
7a	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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	_ J		
	(This Section B requests information about policies not required by the internal Nevenue Code.)		Yes	No
02	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
b		10b		
1-1-1	And branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		21	
		10-		x
l2a		12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10		
	on Schedule O how this was done	12c		v
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	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?			
	The organization's CEO, Executive Director, or top management official	<u>15a</u>		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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?	16b		
ec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finano	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DONALD DUNLAP - 361-855-2213			
	3205 S STAPLES ST, CORPUS CHRISTI, TX 78411			

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Part VII 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
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
Enter -0- in columns (D), (E), and (F) if no compensation was paid.
• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Posit (do not check m box, unless perso officer and a dire			than o s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DONALD J. DUNLAP	40.00			37				100 007	0	0 (10
PRESIDENT	40.00			Х				100,927.	0.	2,612.
(2) MYRA A. LOMBARDO VICE PRESIDENT	40.00			х				73,276.	0.	395.
(3) STEVE HIPES	2.00			Δ				15,270.	0.	555.
CHAIR	2.00	х		х				0.	0.	0.
(4) TREY MCCAMPBELL	2.00									
COMMITTEE CHAIR		х		х				0.	0.	0.
(5) CHERYL CAIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) MARY ANN CAVAZOS BECKETT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) CAITLIN J. CHUPE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) FRANK ESPINOZA	1.00									-
BOARD MEMBER		Х						0.	0.	0.
(9) SHERYL GARCIA	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(10) RAUL E. RAMIREZ	1.00								•	•
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(11) AUGUSTIN RIVERA JR.	1.00	37							0	0
BOARD MEMBER (12) MARY SHERWOOD	1 00	Х						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0
(13) MICHAEL WOOD	1.00	Λ						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
										0.
		1								
132007 12-09-21										Form 990 (2021)

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	- 1 / 1								ING SYSTEM I		5162	224	Paç	ge 8
Par		ees, Key Emp (B)	loye	es,	and (C		ghes	t C		, ,	<u> </u>		E)	
	(A) Name and title	Average hours per week	box, offic	not ch unles	Posi neck r s per	nore nore	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		Estin amor ot	F) nated unt of her	f
		(list any hours for related organizations	Individual trustee or director	institutional trustee		loyee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	I	organ and r	n the iizatio relateo	n d
		below line)	Individu	Institutio	Officer	Key employee	Highest employe	Former			\square	organi	zatior	ns
	Subtotal								174,203.		0.	3	,00	
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 174,203.		0.	3	,00	<u>0.</u> 7.
2	Total number of individuals (including but no							o re		000 of reportable			,	
	compensation from the organization											v	es	<u>1</u> No
3	Did the organization list any former officer,	director, truste	e, k	ey e	mple	oye	e, or	hig	hest compensated emp	loyee on	ſ	1	65	
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su								per compensation from t			3		<u>X</u>
•	and related organizations greater than \$150	-		-						-		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>comp</i>								•			5		х
Sec	tion B. Independent Contractors		. 0 / 0	// 30		/0/3								
1	Complete this table for your five highest con the organization. Report compensation for t	-									ensati	ion from	I	
	(A) Name and business) NE					(B) Description of s		C	(C) ompens	ation	
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nited	to t	thos C		ed	above) who received m	ore than				

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	990 rt V		2021) SOUTH TEXAS PU	JBLIC BRO	DADCASTING	SYSTEM I	74-1616	224 Page 9
Fa	ι ν			r noto to onvilin	a in this Dart \////			
			Check if Schedule O contains a response o	r note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
 Contributions, Gifts, Grants and Other Similar Amounts 		b c d e f <u>g</u>	Fundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and	548,630. 60,602. 181,035. 266,431. ■ Business Code	2,156,698.			sections 512 - 514
Program Service Revenue		b c d						
Proć			All other program service revenue	>				
	3 4 5		Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond pro Royalties	et, and coceeds	20,572.			20,572.
		b	Gross rents (i) Real Ga 36,317. Less: rental expenses 6b 0. Rental income or (loss) 6c 36,317.	(ii) Personal				
	7	a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(ii) Other	36,317.			36,317.
Revenue		c d	and sales expenses 7b Gain or (loss) 7c Net gain or (loss)	>				
Other Re			Gross income from fundraising events (not including \$ 60,602. of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b	<u>55,650.</u> 88,778.				
	9	c a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9b	····· •	-33,128.			-33,128.
	10	c a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold					
eous	11		INSURANCE PROCEEDS	Business Code	17,818.	17,818.		
Miscellaneous Revenue			All other revenue		17 010			
	12	e	Total. Add lines 11a-11d		<u>17,818.</u> 2,198,277.	17,818.	0.	23,761.
132009		09-:		F				Form 990 (2021)

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74-1616224 Page 10 SOUTH TEXAS PUBLIC BROADCASTING SYSTEM I Form 990 (2021) Part IX Statement of Functional Expenses

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

Section 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon		his Part IX	, , ,	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	177,209.	99,237.	35,442.	42,530.
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	<u> </u>		100 540	
7 Other salaries and wages	648,660.	327,327.	123,542.	197,791.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	22.040	25 220	E OOC	2 5 2 2
9 Other employee benefits	33,846. 63,031.	<u>25,338</u> . 32,343.	5,986.	<u>2,522.</u> 19,113.
10 Payroll taxes	03,031.	32,343.	11,575.	19,113.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17f Investment management fees				
f Investment management feesg Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch O.)	232,142.	81,486.	110,066.	40 590.
12 Advertising and promotion	4,282.	856.	2,122.	<u>40,590.</u> 1,304.
13 Office expenses	6,461.	643.	5,818.	
14 Information technology	4,428.	4,428.	•,•=••	
15 Royalties		_,		
16 Occupancy	10,137.	10,137.		
17 Travel	1,725.	1,218.	475.	32.
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	12,306.		12,306.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	328,240.	303,334.	8,537.	16,369.
23 Insurance	94,267.	87,206.	2,508.	4,553.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a PROGRAMMING	646,578.	646,578.	0.	0.
b UTILITIES	47,931.	47,931.	0.	0.
c REPAIRS AND MAINTENANCE	30,942.	30,516.	426.	0.
d PROGRAM SUPPLIES	30,169.	25,849.	4,320.	0.
e All other expenses	90,822.	35,286.	13,934.	41,602.
25 Total functional expenses. Add lines 1 through 24e	2,463,176.	1,759,713.	337,057.	366,406.
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 if following SOP 98-2 (ASC 958-720)				Form 990 (2021)

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TEXAS	PUBLIC	BROADCASTING	SYSTEM	Ι	74-161
	TEXAS	TEXAS PUBLIC	TEXAS PUBLIC BROADCASTING	TEXAS PUBLIC BROADCASTING SYSTEM	TEXAS PUBLIC BROADCASTING SYSTEM I

	990 (2 t X	2021) SOUTH TEXAS PUBLIC BROADCAST Balance Sheet	ING SYSTEM I	74-	1616224 Page 11
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,049,487.	1	829,175.
	2	Savings and temporary cash investments	4 6 6 9 9 4 9	2	1,687,357.
	3	Pledges and grants receivable, net			4,000.
	4	Accounts receivable, net			41,330.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
				6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	10/ 160	9	77,816.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 11, 426, 52	4.		
	b	Less: accumulated depreciation 10b 4,731,98	5. 7,008,155.	10c	6,694,539.
	11	Investments - publicly traded securities	4 4 - 4 -		15,391.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	9,349,608.
	17	Accounts payable and accrued expenses		17	73,079.
	18	Grants payable		18	
	19	Deferred revenue		19	29,561.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,954,625.	23	2,736,995.
	24	Unsecured notes and loans payable to unrelated third parties		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	101 005		
		of Schedule D	181,035.	25	0.
	26	Total liabilities. Add lines 17 through 25	3,223,434.	26	2,839,635.
ß		Organizations that follow FASB ASC 958, check here 🕨 🗴			
ice;		and complete lines 27, 28, 32, and 33.	E 000 772		
alar	27	Net assets without donor restrictions	0.65 50.6	27	5,807,553.
1 B	28	Net assets with donor restrictions	865,706.	28	702,420.
n		Organizations that do not follow FASB ASC 958, check here			
υF		and complete lines 29 through 33.			
ts (29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	6 500 072
ž	32	Total net assets or fund balances		32	6,509,973. 9,349,608.
	33	Total liabilities and net assets/fund balances	, , , , , , , , , , , , , , , , ,	33	Form 990 (2021)

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Form	990 (2021) SOUTH TEXAS PUBLIC BROADCASTING SYSTEM I	74-161	6224	Pa	_{ge} 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,19		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,46		
3	Revenue less expenses. Subtract line 2 from line 1	3	-26	4,8	<u>99.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,77		
5	Net unrealized gains (losses) on investments	5		-6	07.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,50	9,9	73.
Pa	t XII 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 on Schedule	О.			
2a	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	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

Pu	bli	С	С	0	p	y

(Form 990) Co Department of the Treasury Internal Revenue Service			Public Charity Status and Public Support omplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. • Go to www.irs.gov/Form990 for instructions and the latest information.						OMB No. 1545-0047
Name of t	the organizati					avamt	л. т		r identification number
Part I	Reason			BLIC BROADCAS (All organizations must c					4-1616224
				For lines 1 through 12, cl				3.	
1				n of churches described			I)(A)(i).		
2	A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	า 990).)				
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4	A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and stat								
5	-	-		lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
c			Complete Part II.)			0/l=\/4\/A\	(-)		
6 🗌 7 X	,	, 0	0	nental unit described in a ntial part of its support fr			.,	o general i	public described in
/	-		omplete Part II.)		on a gove	menta		ie general j	
8				1)(A)(vi). (Complete Par	t II.)				
9				in section 170(b)(1)(A)(,	ed in conju	inction with a	land-grant	college
	or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor
	university:								
10	An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
			• • •	t to certain exceptions; a	. ,				•
				(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
11			mplete Part III.)	volute test for public est	foty Soo	nantian El	O(a)(A)		
12	-	•	-	vely to test for public sat vely for the benefit of, to	•			rry out the	nurnoses of one or
	-	•	-	d in section 509(a)(1) o	-			•	
			-	f supporting organization					
a	7	-	• •	upervised, or controlled				-	giving
	the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	f the direc	tors or trustee	es of the su	upporting
	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b	Type II. A s	supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	/ing
		0		anization vested in the sa	ame perso	ns that co	ntrol or manao	ge the supp	ported
	¬ ~		t complete Part IV,						
с		•	•	g organization operated		,		ly integrate	ed with,
d 🗌		0). You must complete I porting organization oper		-	-	ted organi:	zation(s)
u		-	• •	ation generally must sat				•	.,
			с с	nplete Part IV, Sections			•		
e	- ·	•	,	written determination from				II, Type III	
	functionally	integrated, or	Type III non-functior	nally integrated supportin	ng organiz	ation.			
f Ente	er the number	of supported o	organizations						
			about the supporte	d organization(s). (iii) Type of organization	(iv) Is the oroa	inization listed	(v) Amount of	monoton	(vi) Amount of other
(i) Name of supp organizatior 		(ii) EIN	(described on lines 1-10	in your governi	ng document?	support (see in		(vi) Amount of other support (see instructions)
	5			above (see instructions))	Yes	No		,	
Total									

 Schedule A (Form 990) 2021
 SOUTH TEXAS PUBLIC BROADCASTING SYSTEM I 74-1616224
 Page 2

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1757494.	1723441.	2117338.	2758224.	2156698.	<u>10513195.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	1757494.	1723441.	2117338.	2758224.	2156698.	10513195.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						10513195.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1757494.	1723441.	2117338.	2758224.	2156698.	10513195.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	59,513.	63,192.	63,666.	68,556.	56,889.	311,816.
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.)						
11	Total support. Add lines 7 through 10						10825011.
12	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	-					
_	organization, check this box and stor					<u></u>	
	ction C. Computation of Publi						0 - 10
14	Public support percentage for 2021 (I					14	97.12 %
15	Public support percentage from 2020					15	96.95 %
16a	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te	-			-	7	
b	10% -facts-and-circumstances test	-					10% OF
	more, and if the organization meets the						
10	organization meets the facts-and-circu						
18	Private foundation. If the organization	п ии пот спеск а		a, 100, 17a, or 170	, check this box a		5 ▶ (Form 990) 2021
							1. Juli 200 202 1

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(Form	990)
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Supplemental Financial Statements

	Public Copy
┡	OMB No. 1545-0047

	HEDULE D n 990)	Complete if the orga	I Financial Statement inization answered "Yes" on Form 990 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	,		OMB No. 1	<u>545-00</u> 21	947
Depart	ment of the Treasury		Attach to Form 990.			Open to		lic
	I Revenue Service		0 for instructions and the latest inform	nation.		Inspect		
Nam	e of the organization		BROADCASTING SYSTEM	т		identificatio		nber
Pa	t I Organiza	ations Maintaining Donor Advised						
1 41		n answered "Yes" on Form 990, Part IV, line				Somplete II t	i ie	
			(a) Donor advised funds	(b) Funds and	d other accou	unts	
1	Total number at er	nd of year	(1)	·	,			
2		f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5		on inform all donors and donor advisors in v	vriting that the assets held in donor advis	ed funds	6			
	-	n's property, subject to the organization's e	-			Yes		No
6		on inform all grantees, donors, and donor a						
		oses and not for the benefit of the donor or						
	impermissible priva					Yes		No
Pa	rt II Conserva	ation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, I	ine 7.			
1	Purpose(s) of cons	ervation easements held by the organization	n (check all that apply).					
	Preservation	of land for public use (for example, recreat	ion or education)	f a histor	ically impor	tant land are	a	
	Protection o	f natural habitat	Preservation o	f a certifi	ed historic s	structure		
	Preservation	of open space						
2		through 2d if the organization held a qualifi	ed conservation contribution in the form	of a con				
	day of the tax year			H	Held	at the End of t	he Tax	Year
а				····· -	2a			
b	-				2b			
С		vation easements on a certified historic stru			2c			
d		vation easements included in (c) acquired a		I				
~		al Register			2d	4h - 4		
3		vation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organiza	ation during	the tax		
4	year	 where property subject to conservation eas	ement is located					
5		tion have a written policy regarding the peri						
Ŭ		orcement of the conservation easements it				Yes		No
6	,	r hours devoted to monitoring, inspecting, I					ear	
-	•		······································			j j		
7	Amount of expens	es incurred in monitoring, inspecting, hand	ing of violations, and enforcing conserva	tion ease	ements duri	ng the year		
	▶\$					0		
8	Does each conserv	vation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i))			
	and section 170(h)	(4)(B)(ii)?				Yes		No
9	In Part XIII, describ	be how the organization reports conservation	n easements in its revenue and expense	stateme	nt and			
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organization's financial statem	ents that	describes t	:he		
D -		ounting for conservation easements.						
Pa		ations Maintaining Collections of		iner Sil	milar Ass	ets.		
		the organization answered "Yes" on Form						
1a	•	elected, as permitted under FASB ASC 958				orks		
		easures, or other similar assets held for pub			e of public			
	· •	Part XIII the text of the footnote to its finan						
b	•	elected, as permitted under FASB ASC 958	· ·					
		ures, or other similar assets held for public	exhibition, education, or research in furth	nerance (of public sei	rvice,		
	-	ng amounts relating to these items:			•			
		ded on Form 990, Part VIII, line 1			▶ →			
0	. ,		nurse, or other similar aports for financia		► \$			
2	•	received or held works of art, historical trea		u gain, pi	ovide			
~	•	unts required to be reported under FASB As	•		¢			
a b		on Form 990, Part VIII, line 1 Form 990, Part X			► \$ ► \$			
		eduction Act Notice, see the Instructions				dule D (Form	1 990)	2021
					201.00			

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	dule D (Form 990) 2021 SOUTH T t III Organizations Maintaining C	EXAS PUBLIC							Page 2
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that mak	e signi	ificant u	ise of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's e	xempt	purpos	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	ures, or other sim	ilar as	sets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's col	lection?				Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "Yes"	on Fo	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets r	ot incl	luded			
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
с	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been p	orovided on Part >	(III				
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV, liı	ne 10.				
		(a) Current year	(b) Prior year	(c) Two years bac		Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	14,507.	11,619.	11,84	3.	:	11,077.		9,715.
	Contributions								
	Net investment earnings, gains, and losses	884.	2,888.	-22	4.		766.		1,362.
	Grants or scholarships								<u> </u>
	Other expenditures for facilities								
Ũ									
f	Administrative expenses								
	End of year balance	15,391.	14,507.	11,61	9.		11,843.		11,077.
2	Provide the estimated percentage of the curr	· · · ·	,	,	•		,		,
	Board designated or quasi-endowment	100	%) field as.					
a L		<u> </u>	70						
	Permanent endowment	% %							
С									
0.	The percentages on lines 2a, 2b, and 2c sho	•		d a dariatata a dire					
Ja	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	ia administered to	r the d	organiza	tion		es No
	by:								X
	(i) Unrelated organizations								X
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							3b	
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment funds.						
Fai			Devit IV line 11e C		V line	- 10			
	Complete if the organization answere								
	Description of property	(a) Cost or of	• •			umulate	d	(d) Book	value
		basis (investm	,	· · · ·	aepre	ciation			
	Land			2,200.	0.0	0 1 1			<u>,200.</u>
	Buildings			7,042.		9,10			,940.
	Leasehold improvements					7,81			,032.
	Equipment					6,10		445	<u>,367.</u>
	Other			8,961.		8,96			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	<u>X. column (B). line 1(</u>)c.)				6,694	,539.

Schedule D (Form 990) 2021

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Part VII Investments - Other Securities.			-1616224 Page 3
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or en 	d-of-vear market value
	(b) DOOK value		d-or-year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. Complete if the organization answered "Yes" of	on Form 000, Dort IV, line	110 Soo Form 000 Dart V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(b) DOOK VAIUE	(c) Method of Valuation. Cost of en	a or year market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" c	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
	n Form 000 Dout IV line	110 or 11f Soc Form OOD Dort V line Of	
Complete if the organization answered "Yes" c (a) Description of liability	Part IV, IINE	FILE OF TH. SEE FORM 990, Part X, INE 25	b. (b) Book value
(1) Federal income taxes (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide t	the text of the footnote t	o the organization's financial statements	hat reports the
organization's liability for uncertain tax positions under l	FASB ASC 740. Check h	ere if the text of the footnote has been pr	ovided in Part XIII

Schedule D (Form 990) 2021

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Sche	edule D (Form 990) 2021 SOUTH TEXAS PUBLIC BROADCASTING	SYSTEM I	74-3	1616224 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements Wit	h Revenue per Re	turn.	
	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	2,410,512.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a	-607.		
b	Donated services and use of facilities 2b	125,664.		
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d	87,178.		
е	Add lines 2a through 2d		2e	212,235.
3	Subtract line 2e from line 1		3	2,198,277.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,198,277.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements Wi	th Expenses per F	Returi	n
				••
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1			1	2,676,018.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities			
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	125,664.		
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses			2,676,018.
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	125,664.		2,676,018.
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	125,664.	_1	2,676,018.
2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	125,664.	1 2e	2,676,018.
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	125,664.	1 2e	2,676,018.
2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a	125,664.	1 2e	2,676,018.
2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	125,664.	1 2e	2,676,018. 212,842. 2,463,176. 0.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4a Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	125,664.	1 2e 3	2,676,018. 212,842. 2,463,176.
2 a b c d e 3 4 a b c 5 Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b 4b	125,664.	1 2e 3 4c 5	2,676,018. 212,842. 2,463,176. 0. 2,463,176.

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

87,178.

87,178.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

132054 10-28-21

Public Copy

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities d	DMB No. 1545-0047
(Form 990)	Complete if the	2021						
Department of the Treasury Internal Revenue Service	► Go	► Attach to Form 990 to www.irs.gov/Form990 for inst				ion.		Open to Public Inspection
Name of the organization			uotion	o una			Employer ide	ntification number
David Francis		EXAS PUBLIC BROADC					74-1616	
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	line 17	7. Form 990-EZ	filers are not
	0	ed funds through any of the followin	0		,			
a Mail solicita b Internet and	email solicitations			•	overnment grants nment grants			
c Phone solici			l fundra	-	-			
d 🔲 In-person so	licitations	· — ·		0				
		r oral agreement with any individua						
• • •		art VII) or entity in connection with p			-			
compensated at le	-	viduals or entities (fundraisers) pursu organization.	uant to	agreer	ments under which ti	ne tur	idraiser is to be	3
(i) Nome and address	a of individual		(iii) fundr	Did			Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	`t	or retained by) fundraiser ted in col. (i)	to (or retained by) organization
			Yes	No	-			
Total 3 List all states in wh	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	l it is e	exempt from re	gistration
or licensing.								
HA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form	990 or	990-E	Ζ.		Schedule	e G (Form 990) 202
32081 10-21-21								

0.1		000) 0001	
Schedule	G (Form	99012021	

SOUTH TEXAS PUBLIC BROADCASTING SYSTEM I 74-1616224 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	ts greater than \$5,000.
			1	FOOD AND		(d) Total events
					1	(add col. (a) through
				WINE	<u> </u>	col. (c))
P			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	35,001.	81,251.		116,252.
	2	Less: Contributions	19,000.	41,602.		60,602.
╡	3	Gross income (line 1 minus line 2)	16,001.	39,649.		55,650.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	38,322.	42,654.	7,802.	88,778.
1	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	88,778.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			-33,128
עבעבו וחם		<u>_</u>	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
╈	1	Gross revenue				
enses	2	Cash prizes				
DILECT EXPENSES	3	Noncash prizes				
ē∣	4	Rent/facility costs				
ב 	5	Other direct expenses				
+	_	Other direct expenses	Yes%		Yes%	
	6	Other direct expenses	No	No	No	
	6 7	Other direct expenses	No	No No	No ►	
	6	Other direct expenses	No	No No	No ►	
•	6 7 8 Ent	Other direct expenses	No No from line 1, column (d)	No No	No►	
) a	6 7 8 Ent	Other direct expenses	No No from line 1, column (d)	No No	No►	Yes No
) a	6 7 8 Ent	Other direct expenses	No N	No No	No►	Yes No
ab	6 7 8 Ent Is t If "	Other direct expenses	No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	States?	No	
) a b	6 7 8 Is t If " We	Other direct expenses	No N	states?	No	
ab	6 7 8 Is t If " We	Other direct expenses	No N	states?	No	

Sch	edule G (Form 990) 2021	SOUTH	TEXAS	PUBLIC	BROADC	ASTING	SYSTEM	I 74-1	61622	4 Page 3
11	Does the organization conduct ga	aming activitie	es with nonm	embers?					Yes	s 🗌 No
12	Is the organization a grantor, ben									
	to administer charitable gaming?									s 🛄 No
	Indicate the percentage of gaming								120	07
	The organization's facility								13a 13b	<u>%</u> %
	Enter the name and address of th									/0
		1		5	5 5 1					
	Name									
	Address 🕨									
15a	Does the organization have a con	tract with a th	nird party fror	m whom the	organization I	receives gami	ing revenue?		Ye:	s 🗌 No
b	If "Yes," enter the amount of gam						and the a	imount		
	of gaming revenue retained by the				-					
C	If "Yes," enter name and address	of the third p	arty:							
	Name									
	Address 🕨									
16	Gaming manager information:									
10	daming manager mormation.									
	Name 🕨									
	Gaming manager compensation	▶ ३		-						
	Description of services provided	▶								
	Director/officer		/ee		ependent con	tractor				
17	Mandatory distributions:									
а	Is the organization required under	r state law to	make charita	ble distributi	ons from the	gaming proce	eds to			
h	retain the state gaming license? Enter the amount of distributions						zationa ar ana	nt in the	Yes	s 🛄 No
L.	organization's own exempt activit	•				stempt organi	zations of spe			
Pa	rt IV Supplemental Infor				quired by Par	t I, line 2b, co	lumns (iii) and	(v); and Part	III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable.	Also provide a	any additiona	al information.	. See instructi	ions.			
1320	33 10-21-21							Schedu	le G (For	m 990) 2021
				3	2				(,

Schedule G	(Form 990)	SOUTH	TEXAS	PUBLIC	BROADCASTING	SYSTEM	I 74-1	616224	Page 4
Part IV	(Form 990) Supplemental Inf	ormation _{(co}	ntinued)						
									<u> </u>
								abadula O (T	orm 000)
							S	chedule G (F	orm 990)

SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

SOUTH TEXAS PUBLIC BROADCASTING SYSTEM I

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

74-1616224

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOUTH TEXAS PUBLIC BROADCASTING SYSTEM IS COMMITTED TO EDUCATING,

ENLIGHTENING AND INSPIRING COMMUNIITES OF SOUTH TEXAS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDITED FINANCIAL STATEMENTS ARE REVIEWED BY THE BOARD OF DIRECTORS

PRIOR TO PREPARATION OF THE FORM 990, WHICH IS THEN USED IN THE PREPARATION

OF THE RETURN. THE PRESIDENT AND GENERAL MANAGER REVIEWS THE RETURN PRIOR

TO FILING.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. DOCUMENTATION IS HELD AT

34

THE OGANIZATION'S OFFICES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.