			PUBLIC DISCLOSUF	RE	COF	γ	Louis		
Forr	9	90	Characterization Content and C	enue Code		ung	2	No. 1549	2
		of the Tre nue Serv	easury	,	orting requireme	nts.	-	spectio	
AF	or th	e 201	2 calendar year, or tax year beginning , 2012, and	ending			,20		
В с	heck if ap	oplicable:	C Name of organization		D Employer id		on numb	ber	
	Addre		TEXAS TRIBUNE, INC.		26-452	/097			
-	chang		Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room.	/suite	E Telephone n	umber			
	-	return	823 CONGRESS AVE, SUITE 210		(512) 71		0		
	Termi	inated	City, town or post office, state, and ZIP code						
	Amen return	n l	AUSTIN, TX 78701		G Gross receip		<u> </u>	014,	828.
	Applic pendi		F Name and address of principal officer: EVAN SMITH		H(a) Is this a grou affiliates?			-	XN
	Taylow		823 CONGRESS AVE, SUITE 210 AUSTIN, TX 78701 atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	507	H(b) Are all affilia			Yes	N
<u> </u>		empt sta	atus: X 501(c)(3) 501(c) () 4 (insert no.) 4947(a)(1) or WWW.TEXASTRIBUNE.ORG	527	If "No," attac H(c) Group exem			ions)	
		-		. Year of format	tion: 2009 M			nicile:	TX
	rt I	-	mmary				<u> </u>		
Governance		THE PROM GOVE	y describe the organization's mission or most significant activities: TEXAS TRIBUNE IS A NONPROFIT, NONPARTISAN MEDIA O MOTES CIVIC ENGAGEMENT AND DISCOURSE ON PUBLIC POL ERNMENT, AND OTHER MATTERS OF STATEWIDE CONCERN. < this box ▶ if the organization discontinued its operations or disposed of m	ICI, POL					
ۍ ه			er of voting members of the governing body (Part VI, line 1a)			3			8
Activities &			er of independent voting members of the governing body (Part VI, line 1b)			4 5			6 41
ctiv			number of individuals employed in calendar year 2012 (Part V, line 2a) number of volunteers (estimate if necessary)			5 6			18
◄			number of volunteers (estimate if necessary) unrelated business revenue from Part VIII, column (C), line 12			7a		63,	284.
			nrelated business taxable income from Form 990-T, line 34			7b			855.
					Prior Year			ent Yea	
e			ibutions and grants (Part VIII, line 1h)		2,163,57			502,	
Revenue			am service revenue (Part VIII, line 2g)		1,428,14			447,	
Re			tment income (Part VIII, column (A), lines 3, 4, and 7d)		1,01			61	607. 755.
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,603,81		4,	014,	
	-		s and similar amounts paid (Part IX, column (A), lines 1-3)		40,50		,		500.
			its paid to or for members (Part IX, column (A), line 4)			0			(
es	15	Salarie	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,731,59	8.	2,	945,	386.
Expenses	16a	Profes	es, other compensation, employee benefits (Part IX, column (A), lines 5-10) ssional fundraising fees (Part IX, column (A), line 11e) fundraising expenses (Part IX, column (D), line 25)			0			(
Exp	b	Total f	fundraising expenses (Part IX, column (D), line 25) $147,009$		1,170,03		1	247,	007
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e) expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,942,12			232,	
			nue less expenses. Subtract line 18 from line 12	· · · –	-338,31			218,	
s or ces					ning of Current	'ear	End	of Year	-
Net Assets or Fund Balances	20	Total a	assets (Part X, line 16)		2,473,67			258,	
et As nd B	21		liabilities (Part X, line 26)		109,73			127,	
Pa	rt II	Sig	ssets or fund balances. Subtract line 21 from line 20		2,363,94			131,	
Un true	der per e, corre	nalties o ect, and	of perjury, I declare that I have examined this return, including accompanying schedules and complete. Declaration of preparer (other than officer) is based on all information of which prep	d statements, a parer has any ki	and to the best of nowledge.	my know	wledge a	and beli	ef, it is
Sig He			Signature of officer		Date				
			Type or print name and title Type preparer's name Pr <u>ep</u> arer's signature Da	ate	Chask	if PTIN	1		
Paic	ł		R ÓI	1/11/2013	Check self-employ		P000	0427	2
	parer	Firm's	sname ▶ ERNST & YOUNG U.S. LLP			34-65			
USe	Only		address ▶ 401 Congress avenue, suite 1800 austin, TX 78701		Phone no.	512-4	78-9	881	
Мау	/ the II		cuss this return with the preparer shown above? (see instructions)			[Ye	<u> </u>	No
For JSA	Paper	rwork	Reduction Act Notice, see the separate instructions.				Form	990	(2012)
	010 1.00 0 4	00 494A0	PUBLIC DISCLOSUF	RE	COF	γ		I	PAGE

2

Check if Schedule O contains a response to any question in this Part III
TEXAS TRIBUNE IS A NONPARTISAN, NONPROFIT MEDIA ORGANIZATION THAT NOTES CIVIC ENGAGEMENT AND DISCOURSE ON PUBLIC POLICY, POLITICS, RNMENT, AND OTHER MATTERS OF STATEWIDE CONCERN.
NOTES CIVIC ENGAGEMENT AND DISCOURSE ON PUBLIC POLICY, POLITICS, RNMENT, AND OTHER MATTERS OF STATEWIDE CONCERN. The organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ? s," describe these new services on Schedule O.
RNMENT, AND OTHER MATTERS OF STATEWIDE CONCERN.
ne organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ? s," describe these new services on Schedule O.
Form 990 or 990-EZ? Yes X s," describe these new services on Schedule O.
Form 990 or 990-EZ? Yes X s," describe these new services on Schedule O.
the organization cease conducting, or make significant changes in how it conducts, any program ves?
s," describe these changes on Schedule O. ribe the organization's program service accomplishments for each of its three largest program services, as measure nses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot otal expenses, and revenue, if any, for each program service reported.
e:) (Expenses \$2,718,681. including grants of \$0,500.) (Revenue \$151,425.)
NE PUBLICATION OF ORIGINAL NEWS AND INFORMATION TO HELP THE
ZENS OF TEXAS BETTER UNDERSTAND THE SIGNIFICANT ISSUES FACING
R STATE AND BECOME MORE INFORMED AND ENGAGED VOTERS AND
ICIPANTS IN THE DEMOCRATIC PROCESS.
e:) (Expenses \$ including grants of \$) (Revenue \$)
HE RECORD EVENTS, OPEN FREE TO THE PUBLIC WHERE COMMUNITY
BERS CAN DIRECTLY INTERACT WITH THE STATESMAN AND NEWSMAKERS
WILL SHAPE TEXAS' FUTURE.
WILL SHAFE TEARS FOTORE.
\therefore) (Expenses \$ 176.029, including grants of \$ 0) (Revenue \$ 155.393,)
:) (Expenses \$including grants of \$) (Revenue \$);
S WEEKLY SUBSCRIPTION SERVICE PUBLISHING SPECIALTY NEWS AND
S WEEKLY SUBSCRIPTION SERVICE PUBLISHING SPECIALTY NEWS AND
S WEEKLY SUBSCRIPTION SERVICE PUBLISHING SPECIALTY NEWS AND
S WEEKLY SUBSCRIPTION SERVICE PUBLISHING SPECIALTY NEWS AND
S WEEKLY SUBSCRIPTION SERVICE PUBLISHING SPECIALTY NEWS AND
S WEEKLY SUBSCRIPTION SERVICE PUBLISHING SPECIALTY NEWS AND
S WEEKLY SUBSCRIPTION SERVICE PUBLISHING SPECIALTY NEWS AND
S WEEKLY SUBSCRIPTION SERVICE PUBLISHING SPECIALTY NEWS AND
S WEEKLY SUBSCRIPTION SERVICE PUBLISHING SPECIALTY NEWS AND
S WEEKLY SUBSCRIPTION SERVICE PUBLISHING SPECIALTY NEWS AND
S WEEKLY SUBSCRIPTION SERVICE PUBLISHING SPECIALTY NEWS AND
S WEEKLY SUBSCRIPTION SERVICE PUBLISHING SPECIALTY NEWS AND
S WEEKLY SUBSCRIPTION SERVICE PUBLISHING SPECIALTY NEWS AND
AS WEEKLY SUBSCRIPTION SERVICE PUBLISHING SPECIALTY NEWS AND
AS WEEKLY SUBSCRIPTION SERVICE PUBLISHING SPECIALTY NEWS AND PRMATION REGARDING TEXAS POLITICS AND GOVERNMENT.
AS WEEKLY SUBSCRIPTION SERVICE PUBLISHING SPECIALTY NEWS AND RMATION REGARDING TEXAS POLITICS AND GOVERNMENT. RMATION REGARDING TEXAS POLITICS AND GOVERNMENT. Regarding texas for the services (Describe in Schedule O.) ATTACHMENT 1 Program services (Describe in Schedule O.) ATTACHMENT 1 Panses \$ 168,628. including grants of \$) (Revenue \$ 142,356.)
AS WEEKLY SUBSCRIPTION SERVICE PUBLISHING SPECIALTY NEWS AND PRMATION REGARDING TEXAS POLITICS AND GOVERNMENT.

TEXAS TRIBUNE, INC.

	990 (2012)		F	Page 3
Part	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)? 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			37
	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)			v
_	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,	-		Х
•	Part III	5		
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	6		Х
7	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	-		
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
3	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or 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, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			5.7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		Х
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	12a	Х	
h	complete Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		
D	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? 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?			٦ <i>7</i>
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	∠UD		

Form §	990 (2012)			Page 4
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	X	
24 a	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 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			<u> </u>
20 a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
D				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		X
	If "Yes," complete Schedule L, Part I	250		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	20		X
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		
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			37
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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		Х
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		Х
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		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			
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		
37				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		X
	Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	X	
	19? Note . All Form 990 filers are required to complete Schedule O	38		

Form 990 (2012)

TEXAS TRIBUNE, INC.

Page 5

1a Enter the number reported in Box3 of Form 1036. Enter -0- if not applicable. 1a 33 b Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable 1a 33 2a Enter the number of Grams W-26 included in line 1a. Enter -0- if not applicable payments to vendors and reportable gaming (gambling) with loging withholding reportable payments to vendors and reportable for the calendar year ending with or within the year covered by this return. 1a 41 2a Enter the number of approxes reported on line 2a, did the organization file all required tedrate employment tax returns? 42 2b × a Dd the organization nave unrelated business gross income of \$1,000 or more during the year? 3a 3a 3b × 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b × 4a At any time during the calendar year, did the organization have an interest in, or a signature or other attoring account? 3a × b If Yes; "enter the name of the foreign country. > Sa × 5b X c If Yes's to is a pohibited tax sheler transaction at any time during tha xyaare Sa × 5b X b If Yes; "enter the name of the foreign country. > Sa × 5b X b If Yes, 'id the organization receive data w	Par				
1 = Enter the number operated in Box 3 of Form 1096. Enter-0: if not applicable. 1 = 1 = 35 = 10 = 10 = 10 = 10 = 10 = 10 = 10 = 1		Check if Schedule O contains a response to any question in this Part V	•••		•
b Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable,	10	Enter the number reported in Rev 2 of Form 1006. Enter 0 if not applicable		Yes	NO
c Did the organization comply with backup withholding rules for reportable payners to vendors and reportable gaming (gambling) winnings to prize winners? c × 2a Enter the number of employees reported on Form W-3. Transmital of Wage and Tax Statements, field of the calendary sear ending with or within the year overed by this return. 1 c × 3a Dathe organization have unrelated business gress income of \$1.000 or more during the year? 3a 2a × 3a A at my time during the calendary year ending the organization have an interest in or a signature or other authority over, a financial account? 3a × 3b × 3a A at my time during the calendary year, dight to erganization have an interest in or a signature or other authority over, a financial account? 3a × 3b × 3a A at my time during the calendary year, dight to erganization have an interest in or a signature or other authority over, a financial account? 3a × 3b × 3a A at my time during the calendary year, dight the organization has a bank account, securities account?? 3a × 3a × 3a W as the organization a party to a prohbited tax shelter transaction at my time during the taxel and my contributions that were not tax deductible as charitable contributions? 5a × 3b If 'Yes' to line 5a or 5b, did the organization file Form 8386-7? 7a × 7a × 7					
reportable gaming (gambling) winnings to prize winners?. 1c × 28 Enter the number of employees reported on Form W43. Transmittal of Wage and Tax. 11 × 28 Inter the number of employees reported on Form W43. Transmittal of Wage and Tax. 11 × 14 b If a least one is reported on line 2a, did the organization life all required to effie (see instructions). 3a X 3b X 30 D If the organization have unrelated business gross income of \$1.000 or more dump the year? 3a X 3b X 41 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a timencial account in a foreign country: 5a X 5a X 54 Was the organization a party to a prohibited tax shelter transaction at any time during the xyear? 5a X 5b X 55 Ur 16* So r5, bit dithe organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with even to tax double bacchibite contributions? 5a X 5b X 56 Does the organization norbuly the organization include with even or stax double acchibite contributions? 5c C 5c C 5c C 5c C C C C C C C C					
2a Ether the number of employees reported on Form W-3, Transmital of Wage and Tax 2a 41 b If at least one is reported on line 2a, did the organization file all required fedral employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b 34 At any time during the calendary year, did the organization have an interest in or a signature or other authority over, a tinancial account in a foreign country. 3a X 3b X 54 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a tinancial account; 5c 3a X 55 enstructions for filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. 5a X 54 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax shelter transaction at any time organization solicit any contributions that were not tax adductible as charitable contributions? 5a X 54 Does the organization solicit any contributions that were not tax adductible as charitable contributions? 6b 6a X 7 Organization receive a payment in excess of 375 made parity as a contribution and partly for goods and services provided to the payor? <td>U</td> <td></td> <td>1c</td> <td>Х</td> <td></td>	U		1c	Х	
Statements, field for the calendar year ending with or within the year covered by this return. [21] 41 b If at least one is reported on line 2, at different one statements of the corparization file at required to e-file (see instructions),,,,,,,, .	2a				
b If at least one is reported on the 2a, did the organization file all required federal employment tax returns? 2b × 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a 3b × 3b If Yes, 'has i filed a Form 900-T for this year? If 'No, 'provide an explanation in Schedule 0 3a × 3b × 3c A tary time during the calendar year, did the organization have an interest in, or a signature or other authonity over, a financial account in a foreign country. ► See instructions for filing requirements for Form TD F00-22.1, Report of Foreign Bank and Financial Accounts. Sa × 5w Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa × × 6 Towashie party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? Sa × 6 Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6a × 0 If Yeas,' did the organization neckive a payment in excess of 375 made party as a contribution and party for goods and services provided? 7a × 7 Organization receive any tonds, directly or indirectly, to pay premiums on a personal benefit contract? 7b × 10 the organization receive a payment in excess					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to exite (see instructions),,,,,,,, .	b		2b	Х	
3a Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a × b If Yees, 'has it filed a form 990-T for this year? If Wo, 'provide an axplanation in Schedule O. 3b × 4 At any time during the calendar year, (did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial account)? See instructions for fing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a × 5b Id any taxable party notify the organization file Form 8886-T? 5b × 6a Does the organization neve annual gross receipts that are normally greater than \$100,000, and did the organization include with ever posticitation an express statement that such contributions or gifts were not tax deductible? 5b × 7 Organizations colicit any contributes that were not tax deductible? 7a × 7a × 7 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a × 7a × 7 Did the organization neetrole a pay or or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7a × 7a × 7 Did the organization neetrole or subsets of Works directly or indirectly, to pay premiums on a personal benefit contrat? 7a × 7a ×					
b If "Yes," has it filed a Form 990-T for this year," If "We," provide an explanation in Schedule O 3b X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other function of the rauthority over, a financial account, is a total account, securities account, or other function account, securities account, or other function account, securities account, or other function accounts, securities account, or other function function accounts, securities account, but meduring the tax year? 5a 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a × 5b If "Yes," to line 5a or 5b, did the organization file form 886-17? 5a × 5b × 6a Does the organization have annual gross receips that are normally greater than \$100,000, and did the organization notice with every solicitation an express statement that such contributions or glifts were not tax deductible? 7a × 7 Organization seclew a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 7a × 7 Did the organization neclew apy trenvise dispose of tangible personal property for which it was required to the form 8282. 7c × 7d If the organization neclew apy t	3a		3a	Х	
4 A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: >			3b	Х	
account)? 4a X b If "Yes," enter the name of the foreign country: b See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction? 5a X 6a Does the organization shet were not tax deductible activation an express statement that such contributions or glifts were not tax deductible? 5a X 7 Organization solid: any contributions that were not tax deductible activation and party for goods and services provided to the payor? 6b 7a X 7 Organization receive a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor? 7d X 7 Did the organization notify the donor of the value of the goods or services provided? 7d X 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d 7d X 7 Did the organization sell, directly or indirectly, to pay premiums on a personal benefit contract? 7d X 7d X 7 Did the organization sell as yound of cars, baats, airplanes, or other valiese, did the organization fore					
b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form DF 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X b Did any taxable party notify the organization file form 8806-17 5c 5a X c Did any taxable party notify the organization file form 8806-17 5c 5a X c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization neclude with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7a X c Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and service any function of and like directly or indirectly, on a personal benefit contract? 7a X c Did the organization neceive any control. 7a X 7f X f To did the organization neceive any function of ansibilation to a donor a		over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form DF 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X b Did any taxable party notify the organization file form 8806-17 5c 5a X c Did any taxable party notify the organization file form 8806-17 5c 5a X c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization neclude with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7a X c Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and service any function of and like directly or indirectly, on a personal benefit contract? 7a X c Did the organization neceive any control. 7a X 7f X f To did the organization neceive any function of ansibilation to a donor a		account)?	4a		X
5a Xas the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 5b X c If 'Yes', did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible catherizable contributions? 6a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible contributions under section 170(c). 6b 7a X b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7a X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 7c X d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d 7a X f Did the organization receive any funds, directly or indirectly, no apersonal benefit contract? 7c X f If the organization receive a contribution of qualified intellectual property, did the organization file a Form 829as required //r. 7g X g If the organization make a distributions under section 4966? <td>b</td> <td>If "Yes," enter the name of the foreign country: ►</td> <td></td> <td></td> <td></td>	b	If "Yes," enter the name of the foreign country: ►			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b b Did any taxable party notify the organization file Form 8886-1? b c If "Yes" to line 5 a or 5b, did the organization file Form 8886-1? b c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization nolude with every solicitation an express statement that such contributions or glits were not tax deductible contributions under section 170(c). b a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? c b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for which it was required to file Form 8282? 7c c Did the organization receive any tonds, directly or indirectly, to a personal benefit contract? 7t d If "Yes," indicate the number of Form 8282 filed during the year? 7d f Did the organization needwed a contribution of qualified niellocutal property, did the organization file Form 8282? 7d f Did the organization make any taxable during the year? 7d g Ithe orga		See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
b bit dry theory and the organization faile from 8886-72 5 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions? 5 6 Does the organization solicit any contributions that were not tax deductible contributions and party for goods and services provided to the payor? 6 7 Organization solit any receive deductible contributions under section 170(c). 8 9 Did the organization receive a payment in excess of \$75 made partly as a contribution and party for goods and services provided to the payor? 7 4 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 filed during the year 7d 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f 7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 8089 as required? 7h 7 Did the organization make a distributions under section 49667 9a 9 Sponsoring organizations maintaining donor advised funds and section 599(a)(3) supporting organization, have excess business holdings at any time during the year? <td>5a</td> <td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td> <td>5a</td> <td></td> <td></td>	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions of that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 6b 6b 7 Organization stat may receive deductible contributions on aperses statement that such contributions on a party for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d 7a X b If "Yes," indicate the number of Forms 8282 filed during the year 7d 7e X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization received a contribution of qualified intellecula property. did the organization file a Form 1088-C? 7h 7g 8 Dright the supporting organization received a contribution or advised funds. 7a 7g 7h 9 Sponsoring organization receive a solicitation and vised funds. 7a 9a 9a 9 Sponsoring organizations maintaining donor advised funds. 7b 1a 1a 10 section 501(c)(7) organizations. Enter: 10a 10b 1a <td< th=""><td></td><td></td><td>5b</td><td></td><td>X</td></td<>			5b		X
organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 6b 7 Organization stat may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d 7f X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X g If the organization receive a contribution of cash, bata, airplanes, or other vehicle, did the organization file a Form 108e-C? 8 9a 9a 9a S Sponsoring organizations maintaining door advised funds. 8a 9a 9a </th <td></td> <td></td> <td>5c</td> <td></td> <td></td>			5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or glits were not tax deductible? 6b a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d 7d d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required? 7f X f B sponsoring organizations maintaining doon advised funds and section 509(a)(3) supporting organizations maintaining doon advised funds. a a g Sponsoring organization make any taxable distributions under section 4966? 9a 9b b g Sponsoring organizations maintaining doon advised funds. 10a 10a 10a 10a 10a <td>6a</td> <td></td> <td></td> <td></td> <td></td>	6a				
gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 6b a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b 7c X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If 'Yes,' indicate the number of Forms 2822? Itied during the year 7d X 7f X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f If the organization received a contribution of cast, boast, singhanes, or other vehices, did the organization falle a Form 198-2. 7d X 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year? 8 9a 9 Did the organization make a distribution to a donor, donor advised funds. 9a 9a 9a 9 Did the organization make a distribution sunder section 4966? 9a 9a 9b 10b 10a 10a			6a		X
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-02? 7h X g If the organizations maintaining donor advised funds and section 509(a)(3) supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. The atom suble distributions under section 4966? 9a 9 Sponsoring organizations. Enter: 10a 10b 9a 10 Section 501(c)(27) organizations. Enter: 10a 10b 11a a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a 12a Section 501(c)(29) qualified nonprofit he	b				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If Yes, 'idid the organization notify the donor of the value of the goods or services provided? 7b - c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If Yes, 'indicate the number of Forms 8282 filed during the year [7d] - - e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Uhe organization received a contribution of qualified intellectual property, did the organization file Form 8292 - - g If the organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, a visued funds. - 7h 8 Sponsoring organizations maintaining donor advised funds. 9a 9a - 9 Did the organization make any taxable distributions under section 4966? 9a - - 10 the organization make any taxable distributions under section 4966? 9b - - - 10 the organization make a distributions included on Part VIII, line 12 10a - - - 11 Section 501(c)(12) organizat	_		6b		
and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c X c Did the organization notify the donor of the value of the goods or services provided? 7c X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d X 7c X e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7c X f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7d X g If the organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization make and taxible distributions under section 4966? 9a 9a 9a 9a 9a 9a 9a 9a 9a 9b 9a 9b 9a 9a <td></td> <td></td> <td></td> <td></td> <td></td>					
bit Yes," did the organization notify the donor of the value of the goods or services provided? 1 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If Yes," didcate the number of Forms 8282 filed during the year. 7d X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Uht e organization received a contribution of qualified intellectual property, did the organization file a Form 108-C2 7f X g If the organization coeived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 108-C2 7h X 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year? 7h 8 9 Sponsoring organizations. Did the supporting organizations under section 4966? 9a 9b 9b 10 section 501(c)(7) organizations. Enter: 10a 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10a 10b 10b 12 Section 501(c)(12) organizations. Enter: 11b 12a 12a 12b 12a 13 Section 501(c)(12) organizations. Enter: 11b	а		7.		v
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7d X f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 8 9 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year? 8a 9 9 Sponsoring organizations maintaining donor advised funds. 9a 9a 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 11b 12a 12 Socion 501(c)(12) organizations. Enter: 11b 10b 11b 12a 13 Section 501(c)(12) organizations. Enter: 11b 10b 11b 12a 12a 12b 12a 12b 12					
required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d 7c X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7f X f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 809-C? 7h X 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year? 8 9 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 10a 10b 11b 12a b Gross income from members or shareholders 10b 11b 11b 12a 11b 12a			70		
d If "Yes," indicate the number of Forms 8282 filed during the year	C		70		x
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X 8 Sponsoring organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization make as business holdings at any time during the year? 9a 9a 9a 9a 9b 9a 9b 9b 0	Ь		70		
bit die organization, during the year, pay premiumes, directly, or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7g 7d X 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, ave excess business holdings at any time during the year? 7h X 9 Sponsoring organizations maintaining donor advised funds. a bid the organization make any taxable distributions under section 4966? 9a 9 Did the organization make any taxable distributions under section 4966? 9a 9b 9 Sonsoring organizations. Enter: 10a 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 12 Section 497(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a list erganization licensed to issue qualified health plans in more than one state? 13a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 14a X			7e		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 8 a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution is cluded on Part VIII, line 12 10a 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(7) organizations. Enter: 11a a Gross income from members or shareholders 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12 Section 501(c)(2) qualified nonprofit health insurance issuers. 12b 13 Section 501(c)(2) qualified health plans in more than one state? 13a 13a 13a 14a X					
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization. have excess business holdings at any time during the year? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a b Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advised funds. 9b a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b a 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. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <					
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 8 a Did the organization make any taxable distributions under section 4966? 9a 9a b Did the organization make any taxable distributions under section 4966? 9b 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 11a 10b 12 Section 501(c)(12) organizations. Enter: 11a 11b 12a 12a 13 Section 501(c)(21) organizations. Enter: 11b 12a 12a 12a 14 Section 501(c)(21) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 12a 12a 12a 12a 12a 13a 13a </th <td>-</td> <td></td> <td></td> <td></td> <td></td>	-				
organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9a 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11b 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12 Section 501(c)(2) qualified nonprofit health insurance issuers. 12b 13a 13 Section 501(c)(2) qualified nonprofit health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	_				
organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section sol1(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13b b Enter the amount of reserves the organization is required to maintain by th	•				
9 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 9b a Initiation fees and capital contributions included on Part VIII, line 12 10b 10b 11 Section 501(c)(12) organizations. Enter: 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 10b 12 Section 501(c)(12) organizations. Enter: 11a 11b 12a a Gross income from members or shareholders 11b 12a 12b 12b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a 13 Section 501(c)(2) qualified nonprofit health insurance issuers. 12b 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a 13a Note. See the instructions for additional information the organization must report on Schedule O.			8		
a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13b 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 c Enter the amount of reserves on hand 13b 13c<	9				
b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 5a 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 13a 14a X			9a		
a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13 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 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13b 13a c 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 13b c Enter the amount of reserves on hand 13c 14a X	10	Section 501(c)(7) organizations. Enter:			
11 Section 501(c)(12) organizations. Enter: Image: transmission of the state in the state in the organization is licensed to issue qualified health plans Image: transmission of transmissinde transmission of transmissinde transmission of trans	а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a 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. 13b 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 c Enter the amount of reserves on hand 13c 14a					
against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a 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. 13b 13b 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 13b c Enter the amount of reserves on hand 13c 14a X					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a					
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a			12a		
a 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. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a					
Note. See the instructions for additional information the organization must report on Schedule O. Image: best of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: best of the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Image: best of the organization receive any payments for indoor tanning services during the tax year? Image: best of the organization receive any payments for indoor tanning services during the tax year?			10-		
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 13b c Enter the amount of reserves on hand 13c 14a X	а		ısa		
the organization is licensed to issue qualified health plans 13b 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	1.				
c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	a				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	~				
			14a		X
		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2012)

Form **990** (2012) PAGE 6

Form §	990 (2012) TEXAS TRIBUNE, INC. 26-4	45270	97)	I	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			for a	-
	Check if Schedule O contains a response to any question in this Part VI				Χ
Sect	ion 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	8			
	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 in Schedule O.	6			
b	Enter the number of voting members included in line 1a, above, who are independent				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w		2		Х
2	any other officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under the dir supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appo				
	one or more members of the governing body?	_	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) member	ers,			
	stockholders, or persons other than the governing body?	–	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken dur	ing			
	the year by the following:			Х	
a	The governing body?		8a 8b	X	<u> </u>
9	Each committee with authority to act on behalf of the governing body?	–	00		
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve		ode	.)	
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	[1	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	V	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	?[1	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	21	<u> </u>
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g		12b	Х	
с	rise to conflicts?	–			
Ū	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?	–	13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization	1	15b	Х	
40.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		IUa		
D D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard				
	organization's exempt status with respect to such arrangements?		16b		
Sect	ion 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 (Sectionary available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)	ion 50:	1(c)(3)s o	nly)
10		lict of	into-	oct -	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, confl and financial statements available to the public during the tax year.	ICL OF	mer	εσι β	oncy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	s of the	è		
20	organization: ▶ KARA HAMANN 823 CONGRESS AVE, SUITE 210 AUSTIN, TX 78701 512-716-8608		, 		
JSA			Form	990	(2012)

Page	7
гауе	

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

Check if Schedule O contains a response to any question 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 instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)				C) sition			(D)	(E)	(F)
Name and Title	Average hours per	box,	unles	ss pe	erson	e than c is both	an	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any hours for					or/trust	, 	from the	related organizations	other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JOHN THORNTON BOARD CHAIRMAN	5.00	x		х				0	0	0
(2) STEPHEN ADLER	1.00			21				0	0	0
DIRECTOR		X						0	0	0
(3) ROSENTHAL ALVES	1.00									
DIRECTOR		X						0	0	0
(4) H.O. MAYCOTTE DIRECTOR	1.00	X						0	0	0
(5) ELLEN SPENCER SUSMAN DIRECTOR	1.00	Х						0	0	0
(6) VERONICA VARGAS STIDVENT DIRECTOR	1.00	X						0	0	0
(7) MICHAEL SHERROD DIRECTOR	1.00	X						0	0	0
(8) EVAN SMITH DIRECTOR/CEO/EDITOR-IN-CHIEF	40.00	X		Х				309,301.	0	2,432.
(9) ROSS RAMSEY EXECUTIVE EDITOR	40.00	_			x			165,254.	0	10.
(10) APRIL HINKLE DIR. OF BUSINESS DEVELOPMENT	40.00	-				Х		299,602.	0	72.
(11) TANYA ERLACH DIRECTOR OF EVENTS	40.00	-				Х		125,254.	0	3,462.
(12) EMILY RAMSHAW HARTSTEIN EDITOR	40.00	-				Х		120,905.	0	3,497.
(13)		-								
(14)		-								

Form 990 (2012)													age 8
Part VII Section A. Officers, Directors, Tru		y Em	plo			and F	ligh			es (co	ontinue		
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles	heck ss pe d a d	ition more rson lirect	e than o is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organizatior	from	am ((F) timated ount of other pensatio	on
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M		orga and	om the anization related nization	
		-											
		-											
		-											
		-											
		_											
		-											
		-											
		-											
1b Sub-total								1,020,316.		0		9,4	73.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-		•••	•••	•••			0		0		9,4	0 73.
2 Total number of individuals (including but not reportable compensation from the organizatio	limited to t	hose					o re	ceived more than	\$100,000 of				
3 Did the organization list any former offic	or directo	or or	tri	isto	<u> </u>		mn	lovee or highest	component	od		Yes	No
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	ivid	ual	• •		• •			•	3		X
4 For any individual listed on line 1a, is the organization and related organizations gr <i>individual</i> .	eater than	\$15	0,0	00?	lf	"Yes	," (complete Schedu	le J for su	ch	4	X	
 5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i> 	accrue co	mpen	sati	on f	from	n any	uni	related organizatio	on or individu	al	5		X
Section B. Independent Contractors	es, comple	10 001	ieut		101	Such	001	30//		•	J		
1 Complete this table for your five highest com compensation from the organization. Report of													
year.								(B)			(C)		
None and business add	aress							Description of se	rvices	Co	ompens	ation	
2 Total number of independent contractors (in	ncluding bu	ut not	lin	nited	d to	thos	e li	sted above) who	received				

more than \$100,000 in compensation from the organization 🕨

0

Par	t VII	Statement of Rever			ion in this Dont \////			
		Check if Schedule O co	ontains a respo	onse to any quest	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Its Its	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		643,935.				
S, G	c	Fundraising events						
Gift lar	d	Related organizations						
imi,	e	Government grants (contribut						
ar S	f	All other contributions, gifts, grant						
ibu		and similar amounts not included		2,858,435.				
dut	a	Noncash contributions included in						
au	g h	Total. Add lines 1a-1f			3,502,370.			
ne				Business Code				
Program Service Revenue	2a	SUBSCRIPTIONS		900099	155,393.	155,393.		
Re	b	SPONSORED EVENTS		900099	55,650.	55,650.		
/ice	c	CONTENT PRODUCTION		900099	151,425.	151,425.		
Sen	d	FESTIVAL TICKET SALES		900099	84,628.	84,628.		
Ē	e				,	,		
gra	f	All other program service reve	20110					
Pro	g	Total. Add lines 2a-2f			447,096.			
	3	Investment income (including						
		other similar amounts).	-		607.	607.		
	4	Income from investment of ta			0			
	5	Royalties			0			
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)			0			
		[(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
	d	Net gain or (loss)			0			
Ð	8a	Gross income from fundrai						
nu		events (not including \$	0					
şve		of contributions reported on I						
Å		See Part IV, line 18	,					
Other Revenue	b	Less: direct expenses						
oti	с	Net income or (loss) from fun		. <u></u>	0			
•	9a	Gross income from gaming a	ctivities.					
		See Part IV, line 19						
	b	Less: direct expenses	k					
	с	Net income or (loss) from ga		. <u></u>	0			
	10a	Gross sales of invento	ory, less					
		returns and allowances						
	b	Less: cost of goods sold	k					
	c	Net income or (loss) from sale	es of inventory		0			
		Miscellaneous Reven	ue	Business Code				
	11a	ADVERTISING REVENUE		900099	63,284.		63,284.	
	b	MISCELLANEOUS REVENUE		900099	1,471.	1,471.		
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d			64,755.			
	12	Total revenue. See instruction	ns		4,014,828.	449,174.	63,284.	

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). Check if Schedule O contains a response to any question in this Part IX (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, (A) Total expenses (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to governments and 40,500. 40,500 organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 2 ſ the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 ſ Benefits paid to or for members 4 5 Compensation of current officers, directors, 474,555. 474,555. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,197,469. 1,565,088. 117,804. 514,577. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 98,251. 84,954. 13,297. Other employee benefits 9 132,135. 33,336. 175,111. 9,640. Payroll taxes 10 Fees for services (non-employees): 11 a Management 1,036. 723. 313. b Legal 48,599. 48,599. c Accounting (d Lobbying 0 e Professional fundraising services. See Part IV, line 17 f Investment management fees ſ Other. (If line 11g amount exceeds 10% of line 25, column a 116,660. 116,372. 288. (A) amount, list line 11g expenses on Schedule O.) 92,046. 62,467. 29,579. 12 Advertising and promotion 73,478. 45,580. 25,751. 2,147. 13 Office expenses 122,175. 90,974. 735. 30,466. 14 Information technology 15 Royalties 196,006. 154,420. 8,574 33,012. 16 Occupancy 55. 17,198. 126,415. 109,162. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 397,944. 361,705. 36,239. 19 Conferences, conventions, and meetings 20 Interest 559. 175. 384. 21 Payments to affiliates 47,287. 3,450. 11,930. 62,667. 22 Depreciation, depletion, and amortization 9, 422. 952. 3,773. 4,697. 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а b С d _____ e All other expenses _____ 4,232,893. 3,289,695. 196,189. 747,009. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here l if

JSA 2E1052 1.000

following SOP 98-2 (ASC 958-720)

TEXAS TRIBUNE, INC.

ai	't X	Balance Sheet Check if Schedule O contains a response to any question in this Pa	art X		
			(A) Beginning of year	<u> </u>	(B) End of year
	1	Cash - non-interest-bearing		1	(
	2	Savings and temporary cash investments	1,198,598.	2	1,303,088.
	3	Pledges and grants receivable, net	948,190.	3	649,408
	4	Accounts receivable, net	225,963.	4	251,564
	5	Loans and other receivables from current and former officers, directors,	•		
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	C	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	
ets	7	Notes and loans receivable, net	•C	7	
Assets	8	Inventories for sale or use		8	
<	9	Prepaid expenses and deferred charges	9,636.	9	15,650
		Land, buildings, and equipment: cost or			.,
	Iva	other basis. Complete Part VI of Schedule D 10a 218, 832			
	h	Less: accumulated depreciation 179, 791		100	39,041
	11	Investments - publicly traded securities		11	,
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14			14	
	15	Intangible assets Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,258,751
	-	Accounts payable and accrued expenses			127,419
		Grants payable	•	18	10,7110
	19	Deferred revenue	•	19	
	20	Tay-evempt hand liabilities	•	20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	•	20	
<u> </u>		Loans and other payables to current and former officers, directors,		21	
		trustees, key employees, highest compensated employees, and			
LIa		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		22	
		Unsecured notes and loans payable to unrelated third parties		23	
	24 25	Other liabilities (including federal income tax, payables to related third	•	24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Cabadula D	0	25	
	26	Total liabilities. Add lines 17 through 25		26	127,419
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.		20	
	27	Unrestricted net assets	1,284,593.	27	1,386,291
3al;	28	Temporarily restricted net assets		28	745,041
	29	Permanently restricted net assets	C	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	•	31	
Ř	32	Retained earnings, endowment, accumulated income, or other funds	•	32	
6	33	Total net assets or fund balances	2 2 2 2 0 4 7	33	2,131,332
ž	~~				

Form **990** (2012)

Form 990 (2012)

TEXAS TRIBUNE, INC.

26-4527097

Form 99	0 (2012)			Pa	ge 12
Part 2	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u></u> .		Χ	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,014,828.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			393.
3	Revenue less expenses. Subtract line 2 from line 1	3)65.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,3	63,9	947.
5	Net unrealized gains (losses) on investments				0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		14,5	50.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		0.1		
	33, column (B))	10	2,1	31,3	32.
Part					
	Check if Schedule O contains a response to any question in this Part XII	• • • •			
	Assessment in a match and used to assess the Form 2000 Cook V Assessed Cook of			Yes	No
1	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.				
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
24	If "Yes," check a box below to indicate whether the financial statements for the year were con	niled o	•		
	reviewed on a separate basis, consolidated basis, or both:	iplied 0			
	Separate basis Consolidated basis Both consolidated and separate basis				
			2b	Х	
D	Were the organization's financial statements audited by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	ed on a	a		
	X Separate basis Consolidated basis Both consolidated and separate basis				
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	viaht			
C		•	2c	Х	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		Х
	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao th	-		
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2012

Complete if the organization is a section 501(c)(3) 4947(a)(1) nonexempt charitable						-	on or a s	ection			20		-	
		t of the Treasury enue Service	Attac	h to Form 990 or Form 990-				instruct	ions.		· · · · ·	Open to Inspec		C
Nam	ne of t	he organization							Emplo	yer iden	tificatio	on numb	er	
TΕΣ	KAS	TRIBUNE, I									-4527	7097		
Ра				s (All organizations mu		· ·	<u> </u>	,		uctions				
The	orga	nization is not	a private foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)					
1		A church, con	vention of churches, or	association of churches of	describ	ed in s	ection	170(b)(1)(A)(i)					
2				(1)(A)(ii). (Attach Schedul										
3		A hospital or	a cooperative hospital	service organization descri	ibed in	sectio	n 170(b	o)(1)(A)	(iii).					
4		A medical re	search organization op	perated in conjunction wi	th a h	ospita	l descr	ibed in	sectio	n 170(k	o)(1)(A	.)(iii). E	Enter	the
			ne, city, and state:											
5		An organizati	on operated for the be	nefit of a college or unive	ersity	owned	l or ope	erated b	oy a go	vernme	ntal u	nit des	cribe	ed in
)(1)(A)(iv). (Complete I											
6			-	or governmental unit des										
7		-		es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	it or fro	om the	e gene	al pu	ublic
			section 170(b)(1)(A)(vi)											
8				on 170(b)(1)(A)(vi). (Com	-									
9	Х	-	-	es: (1) more than 331/3%									-	
		-		s exempt functions - subj			-							
			-	ome and unrelated busin				-		n 511	tax) fi	rom bu	isine	sses
			-	ne 30, 1975. See section			-							
10		-		ated exclusively to test for		-				-				م الم
11		-		rated exclusively for the			-					-		
				upported organizations de									sec	tion
				c Type III-Function	-					I-Non-fu	-		oarot	od
				t the organization is not	-	-			•••			•	•	
е			-	agers and other than one			-		-	-				
		-	ection 509(a)(2).	gers and other than one		ie pub	niciy su	pponet	i organ	Izations	uesu	inbeu ii	1 500	,000
f			()()	en determination from the	⊳ IRS	that it	is a Tu		vne II	or Typ	ه ااا م	unnorti	na	
'												uppon	ing [
0		Since August	17 2006 has the orga	nization accepted any gift		ntributi	on from	any of	the		• • • •	• • •	l	
g	•	following pers		inization accepted any gin		inibuti			the					
				ectly controls, either alor	ne or t	oaethe	er with	person	s desc	ribed in	(ii)		Yes	No
				dy of the supported organ		~						11g(i)		
				scribed in (i) above?							• • •	11g(ii)		
		(iii) A 35% co	ontrolled entity of a pers	son described in (i) or (ii) a	bove?	• • •					• • •	11g(iii)		
h	1			out the supported organization							• • •			
	(i) Na	ame of supported	<u>v</u>	(iii) Type of organization	(iv)	ls the	(v) Did y	ou notify	(vi)	s the	(vii) A	mount o	mone	etary
	.,	organization		(described on lines 1-9		zation in listed in		anization		zation in		suppo	rt	
				above or IRC section (see instructions))	your go	overning ment?		. (i) of upport?		rganized U.S.?				
					Yes	No	Yes	No	Yes	No				
(A)														
(D)														
(B)														
(C)														
(D)														
(0)														

Total

(E)

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

Schedule A (Form 990 or 990-EZ) 2012

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
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 IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge			1 1	
14	Public support percentage for 2012 (li		, ,			14	%
15	Public support percentage from 2011					15	%
16a	331/3% support test - 2012. If the o						
	this box and stop here. The organization						
b	331/3% support test - 2011. If the c						
	check this box and stop here . The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	-			-	-		supported
	organization						· · · · P 🗀
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organizati						-
4.6	Explain in Part IV how the organizati supported organization						▶□
18	Private foundation. If the organization						
	instructions						<u></u> ▶∟

Schedule A (Form 990 or 990-EZ) 2012

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	0	3,725,440.	2,127,574.	2,163,577.	3,502,370.	11,518,961.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose		166,215.	730,934.	1,428,141.	447,096.	2,772,386.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						0
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5		2 001 655	0.050.500	2 501 710	2 040 466	14 001 047
			3,891,655.	2,858,508.	3,591,718.	3,949,466.	14,291,347.
1 a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons Amounts included on lines 2 and 3		3,000,000.	1,166,192.	560,000.	617,500.	5,343,692.
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			1,221.	100,264.	502,176.	603,661.
	Add lines 7a and 7b.		3,000,000.	1,167,413.	660,264.	1,119,676.	5,947,353.
8	Public support (Subtract line 7c from						
	line 6.)						8,343,994.
	tion B. Total Support	(-) 2008	(1) 2000	(-) 2010	(-1) 2011	(2) 2012	(6) Total
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6		3,891,655.	2,858,508.	3,591,718.	3,949,466.	14,291,347.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources		1,217.	3,455.	1,013.	607.	6,292.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			10,759.	17,436.	33,877.	62,072.
С	Add lines 10a and 10b		1,217.	14,214.	18,449.	34,484.	68,364.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)		252.	5,228.	47,685.	1,471.	54,636.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		3,893,124.	2,877,950.	3,657,852.	3,985,421.	14,414,347.
14	First five years. If the Form 990 is for		n's first, second, t	third, fourth, or	fifth tax year as	a section 501(c)(3)
	organization, check this box and stop here						▶ X
Sec	tion C. Computation of Public Sup	port Percenta	age				
15	Public support percentage for 2012 (line 8	, column (f) divide	ed by line 13, colum	n (f))		15	%
16	Public support percentage from 2011 Sche					16	%
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2012 (li			3. column (f))		17	%
18	Investment income percentage from 2011					18	%
	331/3% support tests - 2012. If the or						
	17 is not more than 331/3%, check th	-					
h	331/3% support tests - 2011. If the orga	-	-				
5	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization			•			
JSA				., 100, 01 100		chedule A (Form 99	

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B

Name of the organization			
Department of the Treasury Internal Revenue Service			
or 990-PF)			
(Form 990, 990-EZ,			

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number

TEXAS TRIBUNE, INC.

Organization type (check one):

26-4527097

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Partr	Contributors (see instructions). Use duplicate copies of Pa				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1_	THE CYNTHIA & GEORGE MITCHELL FDN	\$130,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2 _	CHARLES BUTT	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3 _	BOB_JPERRY	\$110,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4 _	KDK-HARMAN_FOUNDATION	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5 _	STILL WATER FOUNDATION	\$75,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6 _	THE MEADOWS FOUNDATION	\$109,600.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		

JSA 2E1253 1.000 0494AU 1175

Employer identification number 26-4527097

Part I	Int I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7 _	DAVID AND ISABEL WELLAND	\$ <u>40,000</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8 _	ANTHONY BUZBEE	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	GREATER_TX_FOUNDATION	\$ <u>69,309.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	HAROLD SIMMONS FOUNDATION	\$ <u>\$20,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11	JASTROW FOUNDATION	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12_	THE BROWN FOUNDATION, INC	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
13	T. BOONE PICKENS	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a)	(b) Name address, and ZIP + 4	(c) Total contributions	(d)			
No.	Name, address, and ZIP + 4 ROBERT_ROWLING	\$ 25,000.	Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
15	PAUL FOSTER	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
16	THE ANNIE E. CASEY FOUNDATION	\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
17	THE JOHN & FLORENCE NEWMAN FDN	\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
18	THE TOBIN FOUNDATION	\$ <u>25,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			

V 12-7F

0494AU 1175

Schedule B	(Form 990	, 990-EZ,	or 990-PF) (2012)
eeneddio B	(,,	0.000)(20.2)

Name of organization TEXAS TRIBUNE, INC.

Employer identification number 26-4527097

Part I	Contributors (see instructions). Use duplicate copies of Part	l if additional space is need	led.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 19 _	THE WINKLER FAMILY FOUNDATION	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	MICHAEL AND JEANNE KLEIN	\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	DEEDIE ROSE	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	BRIAN_DEROECK	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23 _	ALEJANDRO JUNCO DE LA VEGA	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	IRA YATES	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

SA		
3 1.000	0494AU	1175

V 12-7F

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization TEXAS TRIBUNE, INC.

Employer identification number 26-4527097

	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 25 _	BLAINE AND ALEXA WESNER	\$ <u>5,000</u> .	Person X Payroll O Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
26	R. STEVEN & DONNA STOCKTON HICKS	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
27	KACY AND SCOTT O'HARE	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 28 _	ANN S. BUTLER	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 29 _	STEVE ADLER AND DIANE LAND	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
30	HARRIS_LKEMPNER, JR	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31	BRADLEY_RADOFF	\$15,000.	Person X Payroll Noncash (Complete Part II if there is
(a)	(b)	(c)	a noncash contribution.) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32 _	BLAIR_LABATT	\$15,000.	Person X Payroll Noncash (Complete Part II if there is
			a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MARY & HOWARD YANCY	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_34 _	BILL DANIEL	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35 _	JOHN H. MCCALL	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	BETTYE NOWLIN	\$12,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

0494AU 1175

JSA 2E1253 1.000

Part I				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
37	NAOMI ABERLY	\$7 <u>,500</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
38	DICK DEGUERIN		The second secon	
		\$7,500.	Person X Payroll Noncash	
			(Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
39	SERAFY FOUNDATION	\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
40	THOMAS AND CARMEL BORDERS	\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
41	RICHARD AND SUSAN MARCUS	\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
42	SHIELD-AYRES_FOUNDATION	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
43	SANDY_GOTTESMAN	\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a)	(b)	(c) Total contributions	(d)	
No.	Name, address, and ZIP + 4		Type of contribution	
		\$7,500.	Payroll Noncash	
			(Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
45	WATERS & KRAUS, LLP	\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
46	WALTER_JWILKIE	\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
47	JEFF_ELLER	\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
48	GREG_AND_CINDY_KOZMETSKY	\$7 <u>,500</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	

0494AU 1175

JSA 2E1253 1.000

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
49	BETSY AND HUGHES ABELL	\$7 <u>,500</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
_ <u>50</u> _	MELBA AND TED WHATLEY	\$7,500.	Person X Payroll Noncash (Complete Part II if there is	
			a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
51	PAT OLES	\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
52_	FRED_ZEIDMAN	\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
53	ALICE KLEBERG REYNOLDS FOUNDATION	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
54	DAVE_CLAUNCH	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

V 12-7F

JSA

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
55 _	ERLE NYE	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
56	MARY SCOTT NABERS	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 57 _	PAMELA AND MICHAEL REESE	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	ROBERT & GAIL STILLWELL	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	THE LINBECK FAMILY CHARITABLE TRUST	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
60	JOHN THORNTON	\$310,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

JSA 2E1253 1.000 0494AU 1175 Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

PAGE 28

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

TEXAS CONFERENCE FOR WOMEN

ANGA - CENTRO MEDIA

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	<u>AT&T</u>	\$72,750.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	AVID	\$22,750.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	RAISE YOUR HAND TEXAS	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
ISA		Schedule I	3 (Form 990, 990-EZ, or 990-PF) (2012)

THE RK GROUP

Part I (a)

No.

__61

(a)

No.

__62

(a)

No.

63

Name of organization TEXAS TRIBUNE, INC.

Employer identification number 26-4527097

> Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

Х

Х

Х

Х

Х

(c)

Total contributions

(c)

Total contributions

(c)

Total contributions

\$

\$

\$____

7,986.

25,000.

180,649.

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	CADILLAC - RESOURCES	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	CENTRO_MEDIA	\$22,814.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	DOCTORS_HOSPITAL_AT_RENAISSANCE	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70 _	DRILLING_INFO_INC	\$16,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71_	EDUCATE TX	\$18,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72 _	ENERGY FUTURE HOLDINGS	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Part I				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
73	FIDELITY - CENTRO	\$9,763.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
74 _	GOOGLE	\$ <u>58,881</u> .	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
75	GREATER_HOUSTON_CONV. & VISITORS	\$20,170.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
76	HAHN PUBLIC COMMUNICATIONS	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
77	HOUSTON ASSOCIATION OF REALTORS	\$5,860.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
78	INDEPENDENT_BANKERS_ASSOC_OF_TX	\$5,000.	Person X Payroll	

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	LIVESTRONG	\$ <u>5,400.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	LONE_STAR_COLLEGE	\$ <u>11,200</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81	OFFICE_OF_PUBLIC_INSURANCE_COUNSEL	\$ <u>14,800</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	RICE_JONES_GRAD_SCHL_OF_BUSINESS	\$ <u>12,300</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83	RICE_UNIVERSITY	\$12,118.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84	SANTE VENTURES	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

JSA 2E1253 1.000 0494AU 1175 Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

PAGE 32

26-4527097

Employer identification number

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
85 _	ST DAVID'S HEART AND VASCULAR	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
86 _	TEXAS_A&M_UNIVERSITY	\$ 83,800.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
87 _	TEXAS CAPITAL BANK	 \$20,250.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
88 _	TEXAS_CREDIT_UNION_LEAGUE	\$ <u>6,600.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 89 _	TEXAS LAND TITLE ASSOCIATION	\$6,600.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 90 _	TEXAS SOCIETY OF ASSOC EXECUTIVES	 \$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	

			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92_	THE UNIV OF TEXAS PERMIAN BASIN	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93_	UNION PACIFIC	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_94	UNITED_WAY_FOR_GREATER_AUSTIN	\$5,520.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95_	UNIVERSITY OF TEXAS AT AUSTIN	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_96	UNIVERSITY OF TEXAS AT DALLAS		Person X Payroll

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d)

> Person Payroll

Noncash

(c)

Total contributions

\$

19,093.

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

(a)

No.

___91__

Name of organization TEXAS TRIBUNE, INC.

(b)

Name, address, and ZIP + 4

TEXAS STATE UNIVERSITY SYSTEM

Employer identification number 26-4527097

Type of contribution

Х

V 12-7F

\$_

23,350.

Noncash

(Complete Part II if there is a noncash contribution.)

(a) No. _101 (a) No. 102

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Name of organization TEXAS TRIBUNE, INC.

(a) No.

__97

(a) No.

___98

(a) No.

___99

(a) No.

100

Employer identification number 26-4527097

	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
	UNIVERSITY OF TEXAS AT EL PASO	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
	UT-MCCOMBS_SCHOOL_OF_BUSINESS	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
_	AARP_TX	\$33,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
	ACADEMIC PARTNERSHIPS	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
_	ACCENTURE	\$7,100.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
	APACHE_CORPORATION	\$23,200.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 2

(a)	(d)		
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(u) Type of contribution
_103 _	BP_AMERICA	 \$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_104 _	CANTU CONSTRUCTION	 \$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_105 _	EL PASO_CORP	 \$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106	GRUPO_REFORMA	 \$23,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107	HILL+KNOWLTON_STRATEGIES	 \$7,750.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_108 _	JP MORGAN CHASE	 \$ <u>14,500.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

2E1253 1.000 0494AU 1175 Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2012))
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number 26-4527097

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
109	LOCKHEED MARTIN AERONAUTICS	\$ <u>8,800</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_110 _	LONE STAR NATIONAL BANK	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_111 _	NRG_ENERGY	\$14,250.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
112	PERMIAN BASIN PETROLEUM ASSOCIATION	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_113 _	SAN ANTONIO WATER SYSTEM	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	TX COALITION OF DENTAL SERVICE ORG	\$ <u>30,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) B (Form 990, 990-EZ, or 990-PF) (2012)

				 		 _	-
JSA							
1253 1.000	04	194	AU	11	75		

Name, address, and ZIP + 4	Total contributions	Type of contribution
AL & DAVID G. BOOTH	\$23,200.	Person X Payroll Noncash (Complete Part II if there a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II if there a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II if there a noncash contribution.)
	Schedule I	B (Form 990, 990-EZ, or 990-PF) (
V 12-7F		PAG

(a)

No.

_115

(a) No.

_116

(a) No.

_117

(a) No.

_118

(a) No.

(a) No.

Name of organization TEXAS TRIBUNE, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Employer identification number 26-4527097

(d)

Type of contribution

(c)

Total contributions

TX CONSTRUCTION ASSOCIATION	\$12,750.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
THE NATURE CONSERVANCY	\$8,800.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
UNITED HEALTHCARE	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
SUZANNE DEAL & DAVID G. BOOTH	\$23,200.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
	Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2012)
4AU 1175 V 12-7F		PAGE 3

Page 2

PAGE 39

61		- - - s 7,986.	03/01/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
62	EVENT SPONSORSHIP	\$\$	_05/01/2013
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

FOOD FOR FESTIVAL VIP PARTY

Part II

(a) No.

from

Part I

26-4527097

(d)

Date received

Employer identification number

(c)

FMV (or estimate)

(see instructions)

Schedule B	(Form 990, 990-EZ, or 990-PF) (2012)			Page 4
Name of or	ganization TEXAS TRIBUNE, INC.			Employer identification number
	<i>Exclusively</i> religious, charitable, etc., that total more than \$1,000 for the y For organizations completing Part III, e	ear. Complete colur enter the total of exc.	nns (a) throug <i>lusively</i> religiou	h (e) and the following line entry. is, charitable, etc.,
	contributions of \$1,000 or less for the Use duplicate copies of Part III if addition			. See instructions.) \triangleright \$
(a) No. from	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
Part I				
		(e) Transf	er of gift	
	Transferee's name, address, a		Ba	lation ship of transform to transform
		10 217 + 4		lationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
			· · ·	
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I		(0) 036	orgin	
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee
ISA				Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

SCHE	DULE	D
(Form	990)	

Department of the Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

	al Revenue Service	Attach to	Form 990. 🕨 See separate instru		Inspection
Name	of the organization				Employer identification number
TEX	AS TRIBUNE, I	NC.			26-4527097
Par		tions Maintaining Donor Adv ion answered "Yes" to Form 9	sed Funds or Other Similar Fu 90, Part IV, line 6.	unds or A	ccounts. Complete if the
			(a) Donor advised funds		(b) Funds and other accounts
1	Total number at e	nd of year			
2		utions to (during year)			
3		from (during year)			
4		it end of year			
5		-	advisors in writing that the assets	hold in do	where advised
5	-		e organization's exclusive legal con		
6	Did the organization	on inform all grantees, donors, ar	d donor advisors in writing that gr	rant funds	
	-	-	t of the donor or donor advisor, or		
	conferring imperm	issible private benefit?			
Par	t II Conserva	tion Easements. Complete if	the organization answered "Ye	s" to Forn	n 990, Part IV, line 7.
1	Purpose(s) of con	servation easements held by the	organization (check all that apply).		
	Preservation	of land for public use (e.g., recr	eation or education)	vation of a	an historically important land area
		f natural habitat	· · · · · · · · · · · · · · · · · · ·		a certified historic structure
		of open space	1 10001		
2			eld a qualified conservation contrib	oution in th	e form of a conservation
_		ast day of the tax year.			
					Held at the End of the Tax Year
а	Total number of c	onservation easements		2	2a
b			· · · · · · · · · · · · · · · · · · ·		26
c			, historic structure included in (a)		
d			acquired after 8/17/06, and not o		
u					d
3		-	sferred, released, extinguished, or		
3			sterred, released, extinguistied, of		
4	-		rvation easement is located \blacktriangleright		
5			ing the periodic monitoring, inspec		
5	-		sements it holds?		
6			specting, and enforcing conservat		
v			speeting, and enforcing conservat		Terns during the year
7	Amount of expens	es incurred in monitoring inspec	ting, and enforcing conservation e	acomonte	during the year
'	►\$		and enforcing conservation e	asements	during the year
0			e 2(d) above satisfy the requirement	nte of cocti	an 170(h)(1)(R)
0					
9	In Port XIII. docori	he how the organization reports	conservation easements in its reve		
9	•	5	f the footnote to the organization's		
		counting for conservation easeme			statements that describes the
Par	-	-	of Art, Historical Treasures, o	or Other S	imilar Assets
			"Yes" to Form 990, Part IV, line		
10	•	v			venue statement and belance about
1a	works of art, hist	orical treasures, or other simila	ar assets held for public exhibitic	on, educat	venue statement and balance sheet tion, or research in furtherance of bes these items.
	public service, pro	vide, in Part XIII, the text of the fo	ootnote to its financial statements t	that descri	bes these items.
b					enue statement and balance sheet
				on, educat	tion, or research in furtherance of
		vide the following amounts relati	•		
	.,				
2	-				sets for financial gain, provide the
			FAS 116 (ASC 958) relating to the		
а					· · · · · • \$
<u>b</u>					
For F	aperwork Reduction	Act Notice, see the Instructions for	Form 990.		Schedule D (Form 990) 2012

TEXAS TRIBUNE, INC.

Schee	dule D (Form 990) 2012									Page 2
Par	t III Organizations Maintaining Coll	ections of	f Art, His	torical	Treasur	es, or Ot	her Simila	ir Asse	ets (conti	inued)
3	Using the organization's acquisition, acces	sion, and c	other recor	ds, checl	k any of	the follow	ving that are	e a sign	ificant use	e of its
	collection items (check all that apply):			_						
а	Public exhibition		d	Loan d	or exchai	nge prograi	ms			
b	Scholarly research		e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's	collections	and expla	ain how t	they furt	her the org	ganization's	exempt	purpose	in Part
	XIII.									
5	During the year, did the organization solicit	or receive c	donations o	f art, histe	orical tre	asures, or	other similar	r		
	assets to be sold to raise funds rather than t	o be mainta	ained as pa	rt of the o	organizat	tion's colled	ction?	<u>[</u>	Yes	No
Par	t IV Escrow and Custodial Arrange				ganizatio	on answe	red "Yes" t	o Form	1 990, Pa	art IV,
	line 9, or reported an amount on	Form 990), Part X, I	ine 21.						
1a	Is the organization an agent, trustee, custod			-				Г	r	
	included on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and compl	ete the foll	owing tab	ole:					
							Am	nount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F	-orm 990, I	Part X, line	21?				L	Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if						T		() =	
4.5		rrent year	(b) Pric	or year	(C) Two	years back	(d) Three yea	ars back	(e) Four ye	ars back
	Beginning of year balance									
	Contributions									
C	Net investment earnings, gains, and losses									
A	Grants or scholarships									
	Other expenditures for facilities									
e	and programs									
£	Administrative expenses									
	End of year balance									
-	-			(1:		(a)) hald as				
2	Provide the estimated percentage of the cur Board designated or quasi-endowment ►			e (inte Tg,	column	(a)) neiu as				
a b										
	Permanent endowment >%	0/								
C	Temporarily restricted endowment	%	0.00/							
32	The percentages in lines 2a, 2b, and 2c sho	-		tion that	ara hald	and admir	sistarad for th	~~		
Ja	Are there endowment funds not in the poss organization by:		le organiza	alion that	are neiu	and aumin		le	Ye	s No
	(i) unrelated organizations								3a(i)	3 110
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		-							
	t VI Land, Buildings, and Equipment.	-								
- ui	Description of property	(a) Cost or			or other bas	is (c) Acc	cumulated	10	I) Book value	
		(invest			ther)		eciation	(u) Book value	
1a	Land									
b	Buildings									
с	Leasehold improvements				7,41	1.	7,411.			
d	Equipment			2	211,42	1. 1	72,380.		39	,041.
е	Other									
	I. Add lines 1a through 1e. (Column (d) must	t equal Forn	n 990, Part	X, columi	n (B), line	10(c).)	►		39	,041.
							I	Sched	ule D (Form	

JSA 2E1269 1.000 0494AU 1175

PAGE 42

Schedule D (F	orm 990) 2012			Page 3
Part VII	Investments - Other Securities. See F	orm 990, Part X, line	9 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financia	I derivatives			
	held equity interests			
(3) Other				
<u>(B)</u>				
<u>(C)</u>				
(D)				
(E)				
(F) (G)				
(<u>H</u>)				
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See F	orm 990, Part X, line	e 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuat	ion:
			Cost or end-of-year mark	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, li			
(1)	(a)	Description		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, col. (B) I		• • • • • • • • • • • • • • • • • • • •	
Part X	Other Liabilities. See Form 990, Part X			
1.	(a) Description of liability	(b) Book value		
	al income taxes			
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)			

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

TEXAS TRIBUNE, INC.

26-4527097

Schedu	le D (Form 990) 2012		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur	n	
1	Total revenue, gains, and other support per audited financial statements	1	4,265,802.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b 250,974.	1	
c	Recoveries of prior year grants 2c	-	
d	Other (Describe in Part XIII.)	-	
e		2e	250,974.
3	Add lines 2a through 2d Subtract line 2e from line 1	3	4,014,828.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	1/011/020.
a L		-	
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	4 014 000
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4,014,828.
Part		urn	
1	Total expenses and losses per audited financial statements	1	4,498,417.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 250, 974.		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 14,550.		
е	Add lines 2a through 2d	2e	265,524.
3	Subtract line 2e from line 1	3	4,232,893.
4	Amounts included on Form 990, Part IX, line 25, 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	1	
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,232,893.
Part			
Part V inform		V, lines ovide a	s 1b and 2b; ny additional
EXPE	NSE INCLUDED ON THE AFS BUT NOT ON FORM 990, PART IX, LINE 25		
SCHE	DULE D, PART XIII, LINE 2C		
BAD	DEBT EXPENSE FROM PLEDGES RECEIVABLE 14,550		

Schedule D (Form 990) 2012

SCHEDULE I (Form 990)	Gov G	Grants and overnments	nd Other A its, and In	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	o Organizati 1 the United	tions, I States		омв No. 1545-0047 20 12
Department of the Treasury Internal Revenue Service		ete if the or	ganization ans	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	orm 990, Part IV,	line 21 or 22.		Open to Public Inspection
Name of the organization TEXAS TRIBUNE,	INC.						Employer identification number 26-4527097	on number
1	General Information on Grants and Assistance	ssistance						
 Does the organiz the selection crite Describe in Dart 	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	tantiate the r assistance	amount of the ?	grants or assistan	ce, the grantees' (eligibility for the grants	or assistance, and	X Yes No
art I	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	vernments received n	and Organiza nore than \$5,0	tions in the Unit	ed States. Comp ed Uplicated if ad	olete if the organize Iditional space is ne	ation answered "Ye eded.	es" to Form 990,
1 (a) Name and or o	(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) <u>UNIVERSITY OF TEXAS AT AUSTIN</u> 601 COLORADO STREET AUSTIN, TY	× 78712	74-6000203	501 (C) (3)	40,500.				STATEWIDE SURVEYS
(2)								
(3)								
(4)								
(6)								
(7)(7)								
(6)								
(10)								
(11)								
(12)								
2 Enter total numbe	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	/ernment or in the line 1	ganizations liste	ed in the line 1 table	0			1.
For Paperwork Redu	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ructions for	Form 990.		- - - - - - - - - -		Schedu	Schedule I (Form 990) (2012)

PAGE 46

V 12-7F

JSA 2E1288 1.000 04 94AU 1175

INC.	
TRIBUNE,	
TEXAS	

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2012) Part III

GRANTS Ŀ О DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE

FORM 990, SCHEDULE I

A GRANT WAS AWARDED TO THE UNIVERSITY OF TEXAS AT AUSTIN FOR A TOTAL

AMOUNT OF \$40,500 TO SUPPORT THE CREATION, ADMINISTRATION, ANALYSIS AND THE TEXAS TRIBUNE RECEIVES THE RESULTS REVIEW, PAYMENT IS ISSUED AFTER DISTRIBUTION OF THREE STATEWIDE SURVEYS OF PUBLIC OPINION IN TEXAS OF EACH SURVEY NO LESS THAN 36 HOURS PRIOR TO PUBLIC RELEASE TO ANALYZE AND DETERMINE WHAT DATA IS RELEASED. RELATED TO POLITICS AND POLICY.

GRANT AGREEMENT # UTA11-001196

COMPLETION OF EACH SURVEY.

Schedule I (Form 990) (2012)

SCH	SCHEDULE J Compensation Information						
	m 990)	For certain Officers, Dire	ctors, Trustees, Key Employees, and Highest mpensated Employees		୬ଲ	19	
			anization answered "Yes" to Form 990,		<u>K</u>		
	nent of the Treasury Revenue Service	Attach to Form	Part IV, line 23. 990. ► See separate instructions.	0	pen to Inspe		
	of the organization		•	Employer identification			
TEXA	AS TRIBUNE,	, INC.		26-452709	7		
Part	Questio	ns Regarding Compensation					
						Yes	No
1a			ovided any of the following to or for a perso				
			provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for	•			
		or companions	Payments for business use of persor				
		emnification and gross-up payments					
	Discretio	onary spending account	Personal services (e.g., maid, chauffe	eur, cher)			
b	or reimburse	ement or provision of all of the ex	e organization follow a written policy re penses described above? If "No," com	plete Part III to			X
2	explain			ad by all officiare	1b		~
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officer directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			2	Х		
	unectors, trus				-		
3	Indicate which	h. if any, of the following the filing organ	nization used to establish the compensation	on of the			
			at apply. Do not check any boxes for metho				
	-		e CEO/Executive Director, but explain in Pa	-			
		nsation committee	Written employment contract				
	· · ·	dent compensation consultant	Compensation survey or study				
		90 of other organizations	X Approval by the board or compensa	tion committee			
4		0	Part VII, Section A, line 1a, with respect to				
4	organization of	or a related organization:	Fait VII, Section A, line Ta, with respect to	the ming			
а	Receive a sev	verance payment or change-of-control pa	ayment?		4a		Х
b	Participate in	, or receive payment from, a suppleme	ntal nonqualified retirement plan?		4b		Х
С			used compensation arrangement?		4c		Х
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each ite	em in Part III.			
	-	501(c)(3) and 501(c)(4) organizations					
5	•		line 1a, did the organization pay or accrue a	iny			
		n contingent on the revenues of:					
а	The organizat	ion?			5a	X	
b	Any related o	rganization?			5b		X
		e 5a or 5b, describe in Part III.					
6			line 1a, did the organization pay or accrue a	iny			
		n contingent on the net earnings of:					37
a	i he organizat	ion /			6a		X
b	Any related o	ryanization?			6b		^
-		e 6a or 6b, describe in Part III.	A line to did the exercitation and	do ony non five-			
7			n A, line 1a, did the organization provides a secribe in Part III		7		Х
8			escribe in Part III , paid or accrued pursuant to a contract		-		- 23
o			Regulations section 53.4958-4(a)(3)? If		1		
			Regulations section 53.4956-4(a)(3)? If		8		Х
9			ow the rebuttable presumption proced				
3					9		
For Pa		ction Act Notice, see the Instructions for Fo		Schedu	-	orm 990) 2012

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

INC.
TRIBUNE,
TEXAS

Schedule J (Form 990) 2012

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

							┢	
		(B) Breakdown of W-2 and	1 01 VV-2 and/or 1099-10110		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		reported as deferred in prior Form 990
EVAN SMITH	Ξ	309,301.	0			2,432.	311,733.	0
<pre>1 DIRECTOR/CEO/EDITOR-IN-CHIEF</pre>					0			0
ROSS RAMSEY	Ξ	165,000.	254.		0	10.	165,264.	0
2 EXECUTIVE EDITOR	Ē	 					 	
APRIL HINKLE	Ξ	150,000.	149,602.	0		72.	299,674.	0
3 DIR. OF BUSINESS DEVELOPMENT	(ii)	 					1	0
	Ξ							
4	(ii)							
	Ξ							
5	(ii)							
	Ξ							
6	(ii)							
	Ξ							
7	Ē							
	Ξ							
8	(ii)							
	Ξ							
6	(ii)							
	Ξ							
10	(ii)							
	Ξ							
11	(ii)							
	Ξ							
12	(ii)							
	Ξ							
13	(ii)							
	Ξ							
14	(jj)							
	Ξ							
15	(jj							
	Ξ							
16	(ii)							
							Sche	Schedule J (Form 990) 2012

JSA 2E1291 1.000

INC.
TRIBUNE,
TEXAS

Schedule J (Form 990) 2012
Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART III

NO WRITTEN POLICY EXISTS FOR PAYING MEMBERSHIP USE OF THE AUSTIN CLUB AND HEADLINERS CLUB FACILITIES FOR TRIBUNE THE TRIBUNE PAYMENTS ARE MADE MONTHLY UPON MEMBERSHIPS ARE RETAINED SO DUES FOR THE TRIBUNE'S CEO, EVAN SMITH. EACH CLUBS' INVOICE. CLUB MEMBERHIP DUES: ЪО HAS THE RECEIPT EVENTS 1A.

APRIL HINKLE, DIRECTOR OF BUSINESS DEVELOPMENT, IS PAID COMMISSION 5A.

UPON COLLECTION OF SPONSORSHIP AND ADVERTISING RECEIPTS.

Schedule J (Form 990) 2012

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

 ▶ Complete if the organization answered
 "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ▶ Attach to Form 990 or Form 990-EZ.
 ▶ See separate instructions. 20**12** Open To Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

TEXAS TRIBUNE, INC.

Employer identification number

\$

26-4527097

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disgualified person	(b) Relationship between disqualified person	(c) Description of transaction			
-	(a) Name of disqualmed person	and organization	(c) Description of transaction	Yes	No	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
2	Enter the amount of tax incurred by	the organization managers or disqualified p	persons during the year			
	under section 4958		▶ \$			

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan	fron	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) In a	default?		ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					▶\$							

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2012

Part III

Schedule L (Form 990 or 990-EZ) 2012

Part IVBusiness Transactions Involving Interested Persons.Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organi: rever	
				Yes	No
(1) HIGINIO MAYCOTTE	CURRENT DIRECTOR	25,000.	CONTRACT TO ASSIST W CRM PROJ.		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

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

SCHEDULE M (Form 990)

Noncash Contributions

 Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990. 2012 Open To Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service
Name of the organization

Name of the organization

Employer identification number 26-4527097

TEXAS TRIBUNE, INC.

Par	Types of Property			1	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	Х		5,350.	COST/SELLING PRICE
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	Х	8.	17,304.	COST/SELLING PRICE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (EVENT TICKETS)	Х	1.	2,400.	COST/SELLING PRICE
26	Other (TRAVEL)	Х	3.	8,531.	COST/SELLING PRICE
27	Other ►()				
28	Other ►()				
29	Number of Forms 8283 received	by the orga	inization during the tax ye	ar for contributions for	
	which the organization completed F				29
			_		Yes No
30 a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	es 1-28 that
	it must hold for at least three year				
	used for exempt purposes for the en	ntire holding	period?		30a X
b	If "Yes," describe the arrangement in	n Part II.			
31	Does the organization have a	• ·		-	
	contributions?				31 X
32 a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	sell noncash
	contributions?				32a X
b	If "Yes," describe in Part II.				
33	If the organization did not report an	amount in	column (c) for a type of pro	perty for which column (a)) is checked,
	describe in Part II.				
For P	aperwork Reduction Act Notice, see th	e Instruction	s for Form 990.		Schedule M (Form 990) (2012)

Part II

Page 2

number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



OTHER PROGRAM EXPENSES

FORM 990, PART III, LINE 4D

TEXAS TRIBUNE FESTIVAL IS A FULL WEEKEND OF DEBATE, DISCUSSION AND DIALOGUE FEATURING SOME OF THE BIGGEST NAMES IN THE WORLD OF POLITICS AND PUBLIC POLICY, INCLUDING CHAIRS OF MAJOR COMMITTEES IN THE TEXAS HOUSE AND SENATE. IN-KIND EXPENSES \$33,585.

PROCESS FOR REVIEWING FORM 990

FORM 990, PART VI, LINE 11B

THE 990 IS PREPARED AND REVIEWED BY A CPA FIRM IN COOPERATION WITH THE TEXAS TRIBUNE STAFF. ONCE THE STAFF AND PREPARERS AGREE ON A FINAL RETURN, THE 990 IS DISTRIBUTED TO THE BOARD FOR REVIEW AT A FALL BOARD MEETING OR VIA EMAIL IF THE TAX RETURN IS DUE PRIOR TO THE FALL BOARD MEETING.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C

ON AN ANNUAL BASIS, EACH MEMBER OF THE BOARD OF DIRECTORS IS REQUIRED TO REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND RETURN A SIGNED DOCUMENT INDICATING THAT THE MEMBER UNDERSTANDS AND WILL COMPLY WITH THE POLICY. MEMBERS OF THE BOARD OF DIRECTORS HAVE A DUTY TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST, AND REMAINING BOARD MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

IF A CONFLICT OF INTEREST EXISTS, THE MEMBER WITH THE CONFLICT OF INTEREST MUST EXCUSE HIMSELF/HERSELF FROM DISCUSSIONS AND ABSTAIN FROM VOTING OR TAKING ANY ACTION RELATED TO THE ARRANGEMENT OR TRANSACTION INVOLVING THE CONFLICT. THE BOARD SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY WHO WOULD NOT GIVE RISE TO A CONFLICT.

IF A MORE ADVANTAGEOUS TRANSACTION IS NOT POSSIBLE, THE BOARD SHALL DETERMINE WITH A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST. IF IT IS DETERMINED THAT A MEMBER FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, THE BOARD SHALL TAKE DISCIPLINARY OR CORRECTIVE ACTION.

DETERMINING COMPENSATION FOR CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT FORM 990, PART VI, LINE 15A

DURING THE INITIAL STAGES OF THE BUSINESS, THE FOUNDERS DETERMINED THAT A HIGH CALIBER LEADER WHO COULD LEAD WITH INTEGRITY AND HIGH STANDARDS WAS NECESSARY TO ENSURE THE SUCCESS OF A NONPARTISAN NEWS ORGANIZATION THAT WAS INTENDED TO BE A TRUSTED SOURCE FOR INFORMATION ON WHAT MATTERS IN TEXAS. CEOS OF MAJOR FOUNDATIONS AND WEB-BASED COMPANIES, AS WELL AS LEADERS OF OTHER PUBLIC SERVICE ORGANIZATIONS INCLUDING PROPUBLICA, MINNPOST AND PBS WERE APPROACHED TO FURTHER DETERMINE APPROPRIATE COMPENSATION LEVELS. THE CHAIRMAN OF THE BOARD APPROVED THE FINAL COMPENSATION FOR THE CEO OF THE ORGANIZATION.

V 12-7F

DETERMINING COMPENSATION FOR OFFICERS AND KEY EMPLOYEES

FORM 990, PART VI, LINE 15B

THE SECOND KEY EMPLOYEE OF THE ORGANIZATION IS THE EXECUTIVE EDITOR. HIS COMPENSATION WAS REVIEWED AGAINST MARKET RATES AND EXPERIENCE LEVELS FOR SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS. THE FINAL COMPENSATION WAS APPROVED BY THE CHAIRMAN OF THE BOARD AND THE CEO.

PUBLIC INSPECTION

FORM 990, PART VI, LINE 19

THE AUDITED FINANCIAL STATEMENTS AND TAX RETURNS ARE AVAILABLE ON THE TEXAS TRIBUNE'S WEBSITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

BAD DEBT EXPENSE FROM PLEDGES RECEIVABLE (14,550)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
SEE SCHEDULE O, PART III, LINE 4D		168,628.	142,356.
TOTALS		168,628.	142,356.

ATTACHMENT 1