Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or th	e 201	3 calendar year, or tax year begin	ning	, 2013	3, and e	nding			, 20	
_			C Name of organization					D Employer id	entifica	ation numbe	er .
Bo	heck if a	oplicable:	TEXAS TRIBUNE, INC					26-452	7097	7	
X	Addre		Doing Business As					1			
	7 '	change	Number and street (or P.O. box if mail is	not delivered to street address	s)	Room/s	uite	E Telephone n	umber		
	Initia	return	823 CONGRESS AVE, SUIT	ΓE 1400				(512) 71	6-8	600	
	Term	inated	City or town, state or province, country, a	and ZIP or foreign postal code							
X	Amer		AUSTIN, TX 78701					G Gross receip	ts \$	6,7	34,816.
		cation	F Name and address of principal officer:	EVAN SMITH				H(a) Is this a gro		n for	res X No
	pena	···g	823 CONGRESS AVE, SUIT	TE 1400 AUSTIN,	TX 787	01		subordinates H(b) Are all suborg		cluded?	res No
П	Tax-ex	empt st	<u>' </u>) ◀ (insert no.)	4947(a)(1)	or	527	If "No," attac	ch a list.	(see instructio	ns)
J	Websi	te: ►	WWW.TEXASTRIBUNE.ORG	, , (333 <u>37</u>]	- (-)(-)			H(c) Group exem	ption nu	ımber 🕨	
ĸ				Association Other		LY	ear of forma	tion: 2009 M			icile: TX
	art I		mmary								
	1		y describe the organization's mission or	most significant activities	· SEE S	CHEDU	LE O SU	PPLEMENTA	L II	NFORMAT	ION
ø		Bilon	y addenied the organization of micolon of	most significant douvidos			3-33		=-==		======
Governance											
ern	2	Check	k this box	econtinued its operations	e or dienoe	ed of mo	re than 25%	of its not asset	·		
Š	3		per of voting members of the governing					7	3		13.
	4	Numb	per of independent voting members of t	he governing hody (Part V	/I line 1h)				4		12.
ctivities &	5	Total	number of individuals employed in cale	indar voar 2013 (Part V. lir	22)				5		48.
₹	6	Total	number of volunteers (estimate if necess	eans)	10 Za)				6		10.
Act	_	Total	unrelated business revenue from Part V	III column (C) line 12		•			7a		21,609.
			nrelated business taxable income from I						7b		15,612.
_	5	ivet u	inclated business taxable income from	01111 990-1, IIIIe 34	7			Prior Year	7.5		nt Year
	8	Contr	ibutions and grapts (Part VIII, line 1h)					3,502,37			01,892.
Revenue	9	Drogr	ibutions and grants (Part VIII, line 1h)				• •	447,09			99,572.
Ver	10	Invoc	am service revenue (Part VIII, line 2g)	on 2.4 and 7d)			• • -		77.	1,0	783.
Re	10 11		tment income (Part VIII, column (A), line revenue (Part VIII, column (A), lines 5,					64,75			32,569.
	12		revenue - add lines 8 through 11 (must					4,014,82	_		34,816.
_								40,50	_	0,7	<u>J4,010.</u>
	13		s and similar amounts paid (Part IX, cold					40,30	0		
	14		fits paid to or for members (Part IX, colu					2,945,38		3 3	77,388.
Expenses	15		ies, other compensation, employee bene					2,940,30	0	٥,٥	11,300.
oe u	Iba		ssional fundraising fees (Part IX, column						- 0		
$\bar{\mathbf{x}}$	470		fundraising expenses (Part IX, column (I					1,247,00	7	1 /	30,101.
	17		expenses (Part IX, column (A), lines 11						_		
			expenses. Add lines 13-17 (must equal				• •	4,232,89 -218,06			07,489.
- S	19	Rever	nue less expenses. Subtract line 18 from	Tiline 12			Pogin	nning of Current		End of	27,327.
Net Assets or Fund Balances	20	Total	concto (Port V line 46)				begii	2,258,75			16,281.
\sse Bala	20						• •	127,41			
a et	21		liabilities (Part X, line 26)				• •				53,122. 63,159.
		_	ssets or fund balances. Subtract line 21 gnature Block	from line 20				2,131,33	2.	٥,9	03,139.
	art II	-	of perjury, I declare that I have examined thi	a return including accompa	unuina aabad	uloo ond	atatamanta d	and to the best of	F my k	noulodgo or	d bolief it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all inform	nation of wh	ich prepa	rer has any k	nowledge.	i iiiy K	nowieuge ai	u bellel, it is
			·								
Sig	ın		Signature of officer					Date			
He			orginature or officer					Duto			
			Type or print name and title								
		Print/	Type or print name and title /Type preparer's name	Preparer's signature		Date		1	Гр	TIN	
Paid	d		· · ·		Scot	,		Check	J "'		7225
	parer	MEL		(03	3/12/15	self-employ		P0120	1335
	Only		sname ►ERNST & YOUNG U.S					Firm's EIN ► 3			
	. 40		s address >425 HOUSTON STREET, SUITE					Phone no.	<u>1</u> / −	335-190	
			scuss this return with the preparer show		<i>)</i>					Yes	
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.						Form	990 (2013)

Form 990 (2013) Page **2**

	Briefly describe the organization's mission: ATTACHMENT 1	
	Did the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any progreservices?	
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service.	ervices, as measured b
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants are the total expenses, and revenue, if any, for each program service reported.	nd allocations to other
4a	(Code:) (Expenses \$3,035,821 including grants of \$) (Revenue \$	191.321
	ONLINE PUBLICATION OF ORIGINAL NEWS AND INFORMATION TO HELP THE	,
	CITIZENS OF TEXAS BETTER UNDERSTAND THE SIGNIFICANT ISSUES FACING	
	THEIR STATE AND BECOME MORE INFORMED AND ENGAGED VOTERS AND	
	PARTICIPANTS IN THE DEMOCRATIC PROCESS.	
	(Code:) (Expenses \$ 215,560. including grants of \$) (Revenue \$	
	ON THE RECORD EVENTS. OPEN FREE TO THE PUBLIC WHERE COMMUNITY	112,500.
	MEMBERS CAN DIRECTLY INTERACT WITH THE STATESMAN AND NEWSMAKERS	
	MEMBERS CAN DIRECTLY INTERACT WITH THE STATESMAN AND NEWSMAKERS WHO WILL SHAPE TEXAS' FUTURE.	
	WHO WILL SHAPE TEXAS' FUTURE.	600 025
4c	WHO WILL SHAPE TEXAS' FUTURE. (Code:) (Expenses \$	680,835)
4c	WHO WILL SHAPE TEXAS' FUTURE.	680,835)
4c	WHO WILL SHAPE TEXAS' FUTURE. (Code:) (Expenses \$	680,835)
4c	WHO WILL SHAPE TEXAS' FUTURE. (Code:)(Expenses \$	680,835)
4c	WHO WILL SHAPE TEXAS' FUTURE. (Code:)(Expenses \$\frac{576,441.}{1000} including grants of \$\frac{1}{1000} (Revenue \$\frac{1}{1000} THE TEXAS TRIBUNE FESTIVAL IS AN INNOVATIVE AND ENGAGING THREE-DAY EVENT FOR PEOPLE WHO ARE PASSIONATE ABOUT THE ISSUES THAT AFFECT ALL TEXANS. EACH YEAR, THE FESTIVAL BRINGS TOGETHER SOME OF THE	680,835)
4c	WHO WILL SHAPE TEXAS' FUTURE. C(Code:)(Expenses \$	680,835)
4c	CCOde: (Code: (Code:	680,835)
4c	WHO WILL SHAPE TEXAS' FUTURE. C(Code:)(Expenses \$	680,835)
4c	CCOde: (Code: (Code:	680,835)
4c	CCOde: (Code: (Code:	680,835.
4c	CCOde: (Code: (Code:	680,835)
1c	CCOde: (Code: (Code:	680,835)

4e Total program service expenses ► 3,840,226

JSA
3E1020 2.000

7823IK 1175

7823IK 1175 V 13-7.15 AMENDED PAGE 3

Form 990 (2013) Page 3

Par	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,"		37	
_	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		Х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Λ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		Х
5	election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	-		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
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			3.7
	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	444		v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		Λ
'	the organization's separate of consolidated financial statements for the tax year include a foothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes,"</i>	111		21
1 2 a	complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
~	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			3.7
	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	40		v
10	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?	19		Χ
20 ~	If "Yes," complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 23
<u> </u>		<u> </u>		

Form 990 (2013) Page 4

Part l	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or 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	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
С		24c		
-1	to defease any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	٥.		37
_	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			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			.,,
	If "Yes," complete Schedule L, Part L	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		Х
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		X
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
٠.	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
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Jua		
D	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	235		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Λ
37				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		v
00	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	l	17	
	19? Note . All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2013)

Form 990 (2013) Page 5

Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number of Forms W. 2G included in line 1a. Enter 0, if not applicable. 1a 48			
	Effect the number of Forms w-26 included in line 1a. Effect -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	Х	
20	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	Λ	
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 48			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	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 bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Х
L-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	OD.		
	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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			
е	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
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		
9	organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0		
-	Did the organization make any taxable distributions under section 4966?	9a		
	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	ısa		
h	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule</i> O	14b		

JSA 3E1040 1.000 7823IK 1175 Form **990** (2013) Form 990 (2013) TEXAS TRIBUNE, INC 26-4527097 Page **6**

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 1.	3		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	_
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			37
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	- 1	Х
Secti	on B. Policies (This Section B requests information about policies not required by the internal Revenue	Code	<i>7.)</i> Yes	No
		400	163	X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10h		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X	<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?	IIa		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	120		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
•	rise to conflicts?	120		
С	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 by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b	Х	
	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 arrangement			
	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 its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
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 (Section			only)
	available for public inspection. Indicate how you made these available. Check all that apply.	•		- ,
	X Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of torganization: ▶ KARA HAMANN 823 CONGRESS AVENUE, SUITE 1400 AUSTIN, TX 78701 512-716-8608	he		

JSA Form **990** (2013)

3E1042 1.000

Form 990 (2013) TEXAS TRIBUNE, INC 26-4527097 Page **7**

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

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) Name and Title	(B) Average hours per week (list any	box, unless pers				is both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)STEPHEN ADLER	5.00									
BOARD CHAIRMAN		Х		Х					0	0
(2)ROSENTAL ALVES	1.00									°
DIRECTOR	0	Х							0	0
(3)JANN BASKETT	1.00								-	
DIRECTOR		Х							0	0
(4)GLENN BROWN	1.00									
DIRECTOR		Х						C	0	0
(5)JEFF ELLER	1.00									
DIRECTOR	0	Х						C	0	0
(6)HIGINIO MAYCOTTE	1.00									
DIRECTOR	0	Х						C	0	0
(7)TRACY LAQUEY PARKER	1.00									
DIRECTOR	0	Х						C	0	0
(8)STEVE SACHS	1.00									
DIRECTOR	0	X						C	0	0
(9)JIM SCHACHTER	1.00									
DIRECTOR	0	Х						C	0	0
(10)MICHAEL SHERROD	1.00									
DIRECTOR	0	Х						C	0	0
(11)VERONICA VARGAS STIDVENT	1.00									
DIRECTOR	0	Х						C	0	0
(12)JOHN THORNTON	1.00									
DIRECTOR	0	Х						C	0	0
(13)EVAN SMITH DIRECTOR/CEO/EDITOR-IN-CHIEF	40.00	Х		Х				346,500.	0	8,551.
(14)ROSS RAMSEY	40.00									
EXECUTIVE EDITOR	0				Χ			170,254.	0	1,620.
								-	<u> </u>	Form 990 (2013)

Form **990** (2013)

3E1041 1.000

JSA

Part VII Section A. Officers, Directors, 1	rustees, Ke	y En	nplo	ye	es,	and H	ligl	hest Compensat	ed Employees (co	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do l	not ch		ition	e than or	na	Reportable	Reportable	Estimated amount of
	hours per week (list any	,				is both a		compensation from	compensation from related	other
	hours for	office	er and	dad	lirect	or/truste	ee)	the	organizations	compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest co employee	Former	organization	(W-2/1099-MISC)	from the organization
	organizations below dotted	/idu:	tutic	ĕr	emp	lest	ner	(W-2/1099-MISC)		and related
	line)	ior tr	mal		oloye	e com				organizations
		ıste	trus		ď	pen				
			ee			compensated				
15) APRIL HINKLE	40.00					Δ.				
DIR. OF BUSINESS DEVELOPMENT		1				X		300,256.	0	1,620.
L6) MARGARET GILBURG	40.00							333,2331		1,020
DIRECTOR OF DEVELOPMENT		1				X		105,271.	0	4,271.
17) EMILY RAMSHAW HARTSTEIN	40.00							100/2/11		1,2,1
EDITOR	0	1				X		132,254.		5,485.
18) RODNEY GIBBS	40.00									-, 200
CHIEF INNOVATION OFFICER		1				X		145,254.	0	4,271.
19) TRAVIS SWICEGOOD	40.00									,
REPORTER		1				X		105,258.	0	(
								,		
		1								
1b Sub-total							\blacktriangleright	516,754.	0	10,171.
c Total from continuation sheets to Part VII,	Section A						ightharpoons	788 , 293.	0	15,647.
d Total (add lines 1b and 1c)							>	1,305,047.	0	25,818.
2 Total number of individuals (including but no		hose	liste	d al	bove	e) who	re	ceived more than	\$100,000 of	
reportable compensation from the organizat	ion ►		7							
										Yes No
3 Did the organization list any former of										
employee on line 1a? If "Yes," complete Sche	edule J for su	ch ina	lividu	ual						3 X
4 For any individual listed on line 1a, is the										
organization and related organizations									le J for such	
individual										4 X
5 Did any person listed on line 1a receive										
for services rendered to the organization? If	"Yes," comple	te Scl	nedu	ile J	<i>tor</i>	such _[per.	son		5 X
Section B. Independent Contractors	manancatad!	ndc = :	- ا- ص			lno ct - :		hat received as	than #100 000 -f	:
	umpaneatad i	naene	-nde	ent (con.	ıractor	rs t	nat received more	ะ เกลก ๖ TUU.UUU of	•
1 Complete this table for your five highest compensation from the organization. Report										

	(A) Name and business address	(B) Description of services	(C) Compensation
NONE			
		·	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Form **990** (2013)

JSA 3E1055 1.000 7823IK 1175 V 13-7.15 AMENDED PAGE 9

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business exempt excluded from tax revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1b Membership dues 331,619 С Fundraising events 1d 1e Government grants (contributions) . . All other contributions, gifts, grants, and similar amounts not included above . 1f 5,270,273 Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f 5,601,892 Program Service Revenue **Business Code** 900099 125,876 SUBSCRIPTIONS 125,876 2a 900099 655,000 655,000. SPONSORED EVENTS h CONTENT PRODUCTION 900099 180,361 180,361 d FESTIVAL TICKET SALES 900099 138,335 138,335 All other program service revenue Total. Add lines 2a-2f 1,099,572 Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds . . . > 4 5 (ii) Personal (i) Real 6a Gross rents **b** Less: rental expenses Rental income or (loss) . . Net rental income or (loss) (ii) Other (i) Securities Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) Other Revenue Gross income from fundraising events (not including \$ _ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses c Net income or (loss) from fundraising events . 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 10a Gross sales of inventory, returns and allowances **b** Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** ADVERTISING REVENUE 900099 21,609 11a 900099 10,960 MISCELLANEOUS INCOME 10,960 b С d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 21,609

TEXAS TRIBUNE, INC

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).

<u>Sec</u>	Check if Schedule O contains a resp				
Do	not include amounts reported on lines 6b, 7b,		(B)	(C)	
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	524,274.	524,274.		
6	Compensation not included above, to disqualified	·	,		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	2,524,279.	1,867,664.	155,884.	500,731.
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	131,484.	111,653.	8,304.	11,527.
10	Payroll taxes	197,351.	159,653.	11,889.	25 , 809.
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	290.	150.	140.	
	Accounting	13,270.	10,464.	692.	2,114.
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17.	0			
	Investment management fees	U			
g	Other. (If line 11g amount exceeds 10% of line 25, column	0			
12	(A) amount, list line 11g expenses on Schedule O.). Advertising and promotion	64,220.	20,150.		44,070.
13	Office expenses	79,504.	35,596.	42,562.	1,346.
14	Information technology	100,299.	97,597.	1,745.	957.
15	Royalties	. 0	,	,	
16	Occupancy	242,829.	194,269.	36,091.	12,469.
17	Travel	175,260.	153,701.	1,298.	20,261.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	237,566.	236,127.		1,439.
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	40,218.	31,757.	2,086.	6,375.
23	Insurance	13,590.	10,716.	709.	2,165.
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.)				
_	MISCELLANEOUS	463,055.	386,455.	63,827.	12,773.
		403,033.	300,433.	03,027.	12,775.
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	4,807,489.	3,840,226.	325,227.	642,036.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0	, , == = 0	,	. ,
JSA		T_			Form 990 (2013)

JSA 3E1052 1.000

Form **990** (2013)

7823IK 1175 V 13-7.15 AMENDED PAGE 11 Form 990 (2013)

Part X Ba Page **11**

Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Par	rt X		
		ones in constant of contains a response of			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			0	1	1,878,797.
	2	Savings and temporary cash investments			1,303,088.	2	1,020,240.
	3	Pledges and grants receivable, net			649,408.	3	802,940.
	4	Accounts receivable, net			251 , 564.	4	355,581.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co					
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified persi	,		0	5	0
	6	4958(f)(1)), persons described in section 4958(c)(3)(B).	ons (as and o	contributing employers			
		and sponsoring organizations of section 501(c)(9) volu	ntary	employees' beneficiary		_	
ts	_	organizations (see instructions). Complete Part II of Sche			0	6	0
Assets	7	Notes and loans receivable, net			0	7	0
Ř	8	Inventories for sale or use			15 (50	8	
	9	Prepaid expenses and deferred charges			15,650.	9	27,007.
	10 a	Land, buildings, and equipment: cost or	10a	237,414.			
	h	other basis. Complete Part VI of Schedule D Less: accumulated depreciation			39,041.	100	31,716.
	11	Investments - publicly traded securities			33,041.	11	0
	12	Investments - other securities. See Part IV, line 11			0	12	0
	13	Investments - program-related. See Part IV, line 11			0	13	0
	14	Intangible assets	0	14	0		
	15	Other assets. See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equal			2,258,751.	16	4,116,281.
	17	Accounts payable and accrued expenses			127,419.	17	153,122.
	18	Grants payable		0	18	0	
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
es	21	Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and for					
jab		trustees, key employees, highest compen					
_		disqualified persons. Complete Part II of Schedule			0	22	0
	23	Secured mortgages and notes payable to unrelate			0	23	0
	24	Unsecured notes and loans payable to unrelated			0	24	0
	25	Other liabilities (including federal income tax,	-				
		parties, and other liabilities not included on lines			0	25	0
	26	of Schedule D Total liabilities. Add lines 17 through 25			127,419.	26	153,122.
_	20	Organizations that follow SFAS 117 (ASC 958),	checl		127,413.	20	133,122.
Fund Balances		complete lines 27 through 29, and lines 33 and					
lan	27	Unrestricted net assets			1,386,291.	27	2,487,874.
Ba	28	Temporarily restricted net assets			745,041.	28	1,475,285.
pur	29	Permanently restricted net assets			0	29	0
or F		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔃 and			
Net Assets or	30	Capital stock or trust principal, or current funds			30		
SSe	31	Paid-in or capital surplus, or land, building, or equ		nt fund		31	
Ą	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
S	33	Total net assets or fund balances		[2,131,332.	33	3,963,159.
	34	Total liabilities and net assets/fund balances			2,258,751.	34	4,116,281.

Form **990** (2013)

Form 990 (2013) Page **12**

Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			34,8	316.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,807,489.				
3	Revenue less expenses. Subtract line 2 from line 1	3		1,927,327.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,131,332				
5	Net unrealized gains (losses) on investments							
6								
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			95,5	500.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		3,9	63 , 1	.59.		
Part								
	Check if Schedule O contains a response or note to any line in this Part XII							
	Accounting with a discrete transfer the Fermi 200 Cook. V Account. CO				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	1 - 1 -						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
20	Were the organization's financial statements compiled or reviewed by an independent accountant?			0-		Х		
Za	If "Yes," check a box below to indicate whether the financial statements for the year were con			2a				
	reviewed on a separate basis, consolidated basis, or both:	ipiieu	UI					
				2b	Х			
b	Were the organization's financial statements audited by an independent accountant?			20	71			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	ieu o	II 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	siaht						
C	of the audit, review, or compilation of its financial statements and selection of an independent accou	•	,	2c	Χ			
	If the organization changed either its oversight process or selection process during the tax year, ϵ							
	Schedule O.	Apiaii						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in					
Ja	the Single Audit Act and OMB Circular A-133?	. 10111		3a		Χ		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	erao	the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b				

7823IK 1175 V 13-7.15 AMENDED PAGE 13

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection **Employer identification number**

TEXAS	TRIBUNE, INC								26-	-4527097
Part I	Reason for Pub	lic Charity Statu	s (All organizations mu	st con	nplete	this pa	rt.) Se	e instru	uctions	j.
The org	ganization is not a priv	ate foundation be	cause it is: (For lines 1 the	rough	11, che	ck only	one bo	x.)		
1	A church, conventi	on of churches, or	association of churches of	describ	ed in s	ection	170(b)(1)(A)(i)		
2	A school described	d in section 170(b)	n section 170(b)(1)(A)(ii). (Attach Schedule E.)							
3	A hospital or a coo	perative hospital service organization described in section 170(b)(1)(A)(iii).								
4	A medical researd	ch organization op	erated in conjunction wi	th a h	ospita	l descri	bed in	sectio	n 170(k	o)(1)(A)(iii). Enter the
	hospital's name, cit	ty, and state:								
5	An organization or	perated for the be	nefit of a college or unive	ersity	owned	or ope	rated b	y a go	vernme	ntal unit described in
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or	local government	or governmental unit des	cribed	in sect	ion 170	(b)(1)(4)(v).		
7	An organization th	at normally receive	es a substantial part of its	s supp	ort fro	m a go	vernme	ental un	it or fro	om the general public
	described in section	on 170(b)(1)(A)(vi).	. (Complete Part II.)							
8	A community trust	described in secti	on 170(b)(1)(A)(vi). (Com	plete F	Part II.)					
9 X	An organization the	at normally receive	es: (1) more than 331/3 %	of its	suppo	rt from	contrib	utions,	membe	ership fees, and gross
	receipts from activ	ities related to its	exempt functions - subj	ect to	certai	n excep	tions, a	and (2)	no mo	re than 331/3 % of its
	support from gros	ss investment inco	ome and unrelated busin	ness ta	axable	income	e (less	section	n 511	tax) from businesses
_	_ ' '	-	ne 30, 1975. See section	• •				,		
10	An organization org	ganized and opera	ted exclusively to test for	public :	safety.	See se	ction 5	09(a)(4).	
11	_	-	rated exclusively for the			-				-
	• •		apported organizations de				. , .	•		. , . ,
	<u>~~</u>		es the type of supporting	•			· —			_
	a Type I	b Type II	c Type III-Function	•	_					unctionally integrated
e			e organization is not conf			•	•	•		
		-	other than one or more	oublicly	y supp	orted o	rganiza	tions d	escribe	d in section 509(a)(1)
_	or section 509(a)(2	•							_	
f	-		n determination from the	e IRS	that it	is a Ty	/pe I, T	ype II,	or Typ	e III supporting
	organization, check						,			
g	-	=	nization accepted any gift	or cor	ntributi	on from	any of	the		
	following persons?		the control of the control		. 41				-l ! (!!)	. Yee No
		-	tly controls, either alone	_		-		escribe	a in (ii)	
			the supported organization	on?						11g(i)
			scribed in (i) above?	hava2						11g(ii)
L		-	son described in (i) or (ii) al							11g(iii)
h		, <u> </u>	out the supported organiza	· · · ·		63 Did		6.33.1	- 41	(.::) A
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	organiz	ls the cation in	the orga	ou notify inization		s the zation in	(vii) Amount of monetary support
	· ·		above or IRC section		listed in overning	in col. (i)			rganized	
			(see instructions))	Yes	nent?	supp Yes	No	Yes	U.S.?	-
				163	110	163	110	163	140	
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Page **2**

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

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

Section A Public Support

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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.						
	tion B. Total Support					<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
•	Note the same form and the last the state of						
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			nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	port Percenta	ge			T T	
14	Public support percentage for 2013 (li					14	<u>%</u>
15	Public support percentage from 2012					15	<u>%</u>
16a	331/3% support test - 2013. If the o	-					re, check
_	this box and stop here. The organizati						▶⊔
b	331/3% support test - 2012. If the c						
	check this box and stop here. The org	-	· · · · · ·				
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part IV how the organization meets to			=		· · ·	upported
L	organization						and line
a	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the organization in Part IV how the organization						•
	Explain in Part IV how the organization				-	-	Publicly
18	supported organization Private foundation. If the organization						· · · · · - · · · ·
10	_						
	instructions						<u> </u>

Schedule A (Form 990 or 990-EZ) 2013

7823IK 1175 V 13-7.15 AMENDED PAGE 15

Schedule A (Form 990 or 990-EZ) 2013 Page **3**

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	3,725,440.	2,127,574.	2,163,577.	3,502,370.	5,601,892.	17,120,853.
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.	1,099,572.	3,871,958.
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						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	3,891,655.	2,858,508.	3,591,718.	3,949,466.	6,701,464.	20,992,811.
7a	Amounts included on lines 1, 2, and 3	0,000,000	_, ,	2,002,000	0,000,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	received from disgualified persons	3,000,000.	1,166,192.	560,000.	617,500.	1,971,500.	7,315,192.
b	Amounts included on lines 2 and 3	2,000,000.	1,100,132.	330,333.	011,000.	1,3,1,000.	,,010,132.
	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.	417,135.	1,020,796.
_	Add lines 7a and 7b	3,000,000.	1,167,413.	660,264.	1,119,676.	2,388,635.	8,335,988.
8	Public support (Subtract line 7c from	3,000,000.	1,107,413.	660,264.	1,119,676.	2,300,033.	0,333,900.
Ů	line 6.)						12 656 022
Sec	tion B. Total Support						12,656,823.
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	3,891,655.	2,858,508.	3,591,718.	3,949,466.	6,701,464.	20,992,811.
	Gross income from interest, dividends,	3,091,033.	2,030,300.	3,391,710.	3,949,400.	0,701,404.	20,992,011.
	payments received on securities loans,						
	rents, royalties and income from similar	1 017	2 455	1 012	607	702	7 075
h	Unrelated business taxable income (less	1,217.	3,455.	1,013.	607.	783.	7,075.
b	section 511 taxes) from businesses						
	,						
_	acquired after June 30, 1975		10,759.	17,436.	33,877.	13,270.	75,342.
	Add lines 10a and 10b	1,217.	14,214.	18,449.	34,484.	14,053.	82,417.
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.	10,960.	65,596.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	3,893,124.	2,877,950.	3,657,852.	3,985,421.		21,140,824.
14	First five years. If the Form 990 is for						
	organization, check this box and stop here						▶ X
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8,					15	<u></u> %_
16	Public support percentage from 2012 Sche					16	<u></u> %
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2013 (lin	ne 10c, column (f	f) divided by line 13	3, column (f))		17	%
18	Investment income percentage from 2012	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2013. If the org	ganization did no				e than 331/3%, a	nd line
	17 is not more than 331/3 %, check this						
b	331/3% support tests - 2012. If the orga	nization did not	check a box on li	ine 14 or line 19	a, and line 16 is	more than 331/3	%, and
	line 18 is not more than 331/3 %, check	this box and st	op here. The org	janization qualifie	s as a publicly	supported organiz	ation ►
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,	check this bo	x and see instru	ctions >

JSA 3E1221 1.000 Schedule A (Form 990 or 990-EZ) 2013 Page 4

Part IV Supplemental Information. 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 A (Form 990 or 990-EZ) 2013

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

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

Employer identification number

OMB No. 1545-0047

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

TEXAS TRIBUNE, INC 26-4527097 Organization type (check one): Filers of: Section: Χ Form 990 or 990-EZ 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 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 its

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _	THE CYNTHIA & GEORGE MITCHELL FDN	\$137,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	CHARLES BUTT	\$200,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _	STILL WATER FOUNDATION	\$75,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE MEADOWS FOUNDATION	\$135,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 _	GREATER TEXAS FOUNDATION		Person X Payroll
		\$ 14,309.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$14,309. (c) Total contributions	Noncash (Complete Part II for

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _	BROWN FOUNDATION	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	PAUL FOSTER	\$125,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	THE ANNIE E. CASEY FOUNDATION	\$20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 10 _	THE WINKLER FAMILY FOUNDATION		Person X Payroll
		\$25,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$25,000. (c) Total contributions	Noncash (Complete Part II for
		(c)	Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	(c) Total contributions	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 13 _	BRIAN DEROECK	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 14 _	ASŠSWRŠÛU	x \$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 15 _	IRA YATES	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 16 _	BLAINE AND ALEXA WESNER	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
	BLAINE AND ALEXA WESNER (b) Name, address, and ZIP + 4	\$ 5,000. (c) Total contributions	Payroll Noncash (Complete Part II for
(a)	(b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

art I	Contributors ((see instructions).	Use duplicate copie	s of Part I if additional s	space is needed.
-------	----------------	---------------------	---------------------	-----------------------------	------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 19 _	ANN S. BUTLER	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 20 _	STEVE ADLER AND DIANE LAND	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 21 _	HARRIS L. KEMPNER, JR.	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 22 _	BRADLEY_RADOFF	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
	BRADLEY_RADOFF (b) Name, address, and ZIP + 4	\$5,000. (c) Total contributions	Payroll Noncash (Complete Part II for
(a)	(b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

art I	Contributors ((see instructions).	Use duplicate copie	s of Part I if additional s	space is needed.
-------	----------------	---------------------	---------------------	-----------------------------	------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 25 _	RICHARD AND SUSAN MARCUS	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 26 _	ALICE KLEBERG REYNOLDS FOUNDATION	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 27 _	DAVID S. CLAUNCH	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 28 _	ERLE & ALICE NYE	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 29	MARY SCOTT NABERS	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 30 _	MICHAEL & PAMELA REESE	\$5,000.	Person X Payroll Noncash (Complete Part II for

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 31 _	ROBERT & GAIL STILLWELL	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 32 _	JOHN THORNTON	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 33 _	AARP TEXAS	\$12,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			71
_ 34 _	SALEM ABRAHAM	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
34 (a) No.	SALEM ABRAHAM (b) Name, address, and ZIP + 4	\$5,000. (c) Total contributions	Person X Payroll Noncash (Complete Part II for
(a)	(b)	(c)	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number 26-4527097

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 37 _	PHILIP & DONNA BERBER	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 38 _	GARRETT AND CECILIA GUTHRIE BOONE	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 39 _	SUZANNE & DAVID BOOTH	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(2)	/ D
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for
No40	Name, address, and ZIP + 4 DYA CELESTE CAMPOS (b)	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No40 (a) No.	Name, address, and ZIP + 4 DYA CELESTE CAMPOS (b) Name, address, and ZIP + 4	\$10,000. (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) Quantification X Y Y Y Y Y Y Y Y Y

PAGE 25

art I	Contributors ((see instructions).	Use duplicate copie	s of Part I if additional s	space is needed.
-------	----------------	---------------------	---------------------	-----------------------------	------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 43 _	JAMES & CHARLOTTE FINLEY	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 44 _	NEFTALI GARCIA	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 45 _	JEFFERY GARVEY	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 46 _	ALLEN GILMER	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 47 _	DAVE GLASSCO	\$ <u>10,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
48			

art I	Contributors ((see instructions).	Use duplicate copie	s of Part I if additional s	space is needed.
-------	----------------	---------------------	---------------------	-----------------------------	------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 49 _	RUSTY HARDIN	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 50 _	SCOTT & TERRI HARMON	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 51 _	NED S. HOLMES	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
140.	ramo, address, and En 11	Total oonthibations	Type of contribution
52 	JOSEPH JAMAIL	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
			Person X Payroll Noncash (Complete Part II for
52 _ 6a)	JOSEPH JAMAIL (b)	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
_ 52 _ (a) No.	JOSEPH JAMAIL (b) Name, address, and ZIP + 4	\$25,000. (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number 26-4527097

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 55 _	RUSTY KELLEY	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 56 _	LARRY & SUSAN KELLNER	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 57 _	W. AUSTIN LIGON	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
F. 0	I EO I TYPECK		
_ 58 _	LEO LINBECK	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$ 5,000. (c) Total contributions	Payroll Noncash (Complete Part II for
(a)	(b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

PAGE 28

Employer identification number 26-4527097

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
61	MICHELE & BRAD MOORE	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 62 _	STEVE MOSTYN & AMBER ANDERSON	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 63 _	MIKE A. MYERS	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
64	MR. & MRS. JOHN E. NEWMAN, JR.	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
65	DENNIS NIXON	\$ 7 , 500.	Person X Payroll Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(Complete Part II for
No.	Name, address, and ZIP + 4	Total contributions	

PAGE 29

art I	Contributors ((see instructions).	Use duplicate copie	s of Part I if additional s	space is needed.
-------	----------------	---------------------	---------------------	-----------------------------	------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	TRACY LAQUEY & PATRICK PARKER	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 68 _	JP'S PEACE, LOVE, & HAPPINESS FOUNDATION	\$5 <u>,</u> 000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	NELSON ROACH	\$20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for
No	Name, address, and ZIP + 4 BEAU & KATHRYN ROSS (b)	\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No70 (a) No.	Name, address, and ZIP + 4 BEAU & KATHRYN ROSS (b) Name, address, and ZIP + 4	\$5,000. (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 73 _	MIKAL WATTS	\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 7 <u>4</u> _	NEIL WEBBER	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 75 _	SAM WYLY	\$ <u>50,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 76 _	MICHAEL ZILKHA		Person
		\$10,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$10,000. (c) Total contributions	Noncash (Complete Part II for
1		(c)	Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	(c) Total contributions	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

art I	Contributors ((see instructions).	Use duplicate copie	s of Part I if additional s	space is needed.
-------	----------------	---------------------	---------------------	-----------------------------	------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 79 _	HOUSTON ENDOWMENT INC.	\$95,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 80 _	HUNT FAMILY FOUNDATION	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81	JOHN S. & JAMES L. KNIGHT FOUNDATION	\$1,492,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for
No82	Name, address, and ZIP + 4 KLEINHEINZ ENDOWMENT FOR THE ARTS & EDU (b)	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No82 (a) No.	Name, address, and ZIP + 4 KLEINHEINZ ENDOWMENT FOR THE ARTS & EDU (b) Name, address, and ZIP + 4	\$50,000. (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 85 _	RICHIE'S SPECIALTY PHARMACY, LLC	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 86 _	SID W. RICHARDSON FOUNDATION	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 87 _	THE BURDINE JOHNSON FOUNDATION	\$ <u>50,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(2)	/ B
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for
No. _ 88	Name, address, and ZIP + 4 THE HENRY J. KAISER FAMILY FOUNDATION (b)	\$30,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No88 (a) No.	Name, address, and ZIP + 4 THE HENRY J. KAISER FAMILY FOUNDATION (b) Name, address, and ZIP + 4	\$30,000. (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 91 _	RK GROUP	\$23,299.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92_	AMARILLO NATIONAL BANK	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 93 _	ASSOCIATION OF TX PROFESSIONAL EDUCATORS	\$ 7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(2)	/ N
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		*6,500.	
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 94 _ (a)	Name, address, and ZIP + 4 AT&T (b)	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
No. 94 (a) No.	Name, address, and ZIP + 4 AT & T (b) Name, address, and ZIP + 4	\$6,500. (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 97 _	BNSF RAILWAY COMPANY	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 98 _	C. T. BAUER COLLEGE OF BUSINESS	\$ 7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 99 _	CENTRO MEDIA	\$30,641.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100	CHRISTUS HEALTH	\$ <u>30,000.</u>	Person X Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	
			noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number 26-4527097

Part I C	Contributors (see instructions).	Use duplicate copies of F	Part I if additional space is neede	ed.
----------	----------------	--------------------	---------------------------	-------------------------------------	-----

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	DOCTORS HOSPITAL AT RENAISSANCE	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_104	EXECUTIVE MASTER IN PUBLIC LEADERSHIP	\$20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105	GOOGLE MICRO	\$62,484.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106	GREATER HOUSTON CONVENTION & VISITORS	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107_	HAYNES AND BOONE LLP	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108	HILL+KNOWLTON STRATEGIES	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

PAGE 36

Part I C	Contributors (see instructions).	Use duplicate copies of F	Part I if additional space is neede	ed.
----------	----------------	--------------------	---------------------------	-------------------------------------	-----

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	JP MORGAN CHASE	\$15,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110	LATINWORKS	\$ <u>11,100</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111	LET TEXANS DECIDE - DCI GROUP	\$ 5,900.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112	LONE STAR COLLEGE	\$9 <u>,</u> 400.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
113	MY PLATES	*	
(a) No.			Person Payroll Noncash (Complete Part II for

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	PEARSON EDUCATION, INC.	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116	PROTECT MY TEXAS PROPERTY - LUC MEDIA	\$15,715.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117	RAISE YOUR HAND TEXAS	\$18,600.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(2)	(h)	(-)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for
No	Name, address, and ZIP + 4 RICE_UNIVERSITY (b)	\$ 5, 481.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No118 _ (a) No.	Name, address, and ZIP + 4 RICE UNIVERSITY (b) Name, address, and ZIP + 4	\$5,481.	Person X

Employer identification number 26-4527097

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
121	STATE FARM	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
122	SXSW INC	\$138,650.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_123 _	TEXAS A&M UNIVERSITY	\$90,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_124	TEXAS CAPITAL BANK	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
125	TEXAS HOSPITAL ASSOCIATION	\$ <u>10,000</u> .	Person Payroll Noncash (Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	
No.	Name, address, and ZIP + 4	Total contributions	

PAGE 39

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	TEXAS MORTGAGE BANKERS ASSOCIATION	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128	TEXAS MUNICIPAL LEAGUE	\$13,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129	TEXAS STATE UNIVERSITY SYSTEM	\$ 43,909.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Name, address, and ZIP + 4 TEXAS VETERANS COMMISSION		
No.		Total contributions	Person X Payroll Noncash (Complete Part II for
No	TEXAS VETERANS COMMISSION (b)	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
No130 _ (a) No.	TEXAS VETERANS COMMISSION (b) Name, address, and ZIP + 4	\$6,300. (c) Total contributions	Person X

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_133 _	THOMPSON & HORTON LLP	\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_134	UNIVERSITY OF HOUSTON	\$9 <u>,</u> 821.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135	UNIVERSITY OF TEXAS AT ARLINGTON	\$ 103,333.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(0)	(h)	(2)	/ D
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for
No	Name, address, and ZIP + 4 UNIVERSITY OF TEXAS AT AUSTIN (b)	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No136 _ (a) No.	Name, address, and ZIP + 4 UNIVERSITY OF TEXAS AT AUSTIN (b) Name, address, and ZIP + 4	\$50,000. (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Contributors (see instructions). Use duplicate copies of Fart Fill additional space is neede	Part I	Contributors ((see instructions).	Use duplicate copies of Part I if ad	ditional space is needed.
--	--------	----------------	---------------------	--------------------------------------	---------------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
139	TEXAS TRIAL LAWYERS ASSOCIATION	\$ <u>5,100</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
140	TEXAS TURNPIKE CORPORATION	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_141 _	WATER TEXAS PAC	\$8,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

26-4527097

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ 91	FOOD INVENTORY		
		\$23,299.	_10/31/2013
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number 26-4527097

Exclusively religious, charitable, etc., individual contributions to section 501(c	
that total more than \$1,000 for the year. Complete columns (a) through (e) and	the following line entry.
For organizations completing Part III, enter the total of exclusively religious, charit	table etc

contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$

	Use duplicate copies of Part III if addit		σ. 300 ποι ασιστοί, γ φ				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		() = ((((((((((((((((((
	Transferenta nomo addresa as	(e) Transfer of gift	eletionakin of transferor to transfero				
	Transferee's name, address, ar	RO	elationship 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) Transfer of gift					
	Transferee's name, address, ar		elationship 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) Transfer of gift					
	Transferee's name, address, ar		elationship 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) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4 Ro	elationship of transferor to transferee				

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

► 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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

TEX	AS TRIBUNE, INC			26-4527097
Pa		ed Funds or Other	Similar Funds or	
ı a	Complete if the organization answered "			Adddants.
		(a) Donor adv		(b) Funds and other accounts
4	Total number at and of year	(4) 20.10. 44.		(b) i unus unu sunsi usssame
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	_		
	funds are the organization's property, subject to th	_	•	
6	Did the organization inform all grantees, donors, a			
	only for charitable purposes and not for the benef			
	conferring impermissible private benefit? t Conservation Easements. Complete if t			Yes No
Pa				rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recr	eation or education)		of an historically important land area
	Protection of natural habitat		Preservation	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization h	eld a qualified conserv	vation contribution is	n the form of a conservation
	easement on the last day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easement	s		2b
С	Number of conservation easements on a certified	historic structure inclu	ded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/0	06, and not on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, tran	nsferred, released, ext	inguished, or termir	nated by the organization during the
	tax year ▶			
4	Number of states where property subject to conse			
5	Does the organization have a written policy regard		-	-
	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforci	ng conservation ea	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing co	onservation easeme	ents during the year
	▶ \$			
8	Does each conservation easement reported on lin	e 2(d) above satisfy the	ne requirements of s	ection 170(h)(4)(B)
9	In Part XIII, describe how the organization reports			•
	balance sheet, and include, if applicable, the text		organization's financ	cial statements that describes the
D-	organization's accounting for conservation easeme			- Olmilan Assata
Pal	t III Organizations Maintaining Collections Complete if the organization answered			er Similar Assets.
			-	
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simil	FAS 116 (ASC 958), ar assets held for nu	not to report in its	revenue statement and balance sheet ucation, or research in furtherance of
	public service, provide, in Part XIII, the text of the f	ootnote to its financial	statements that de	scribes these items.
b	If the organization elected, as permitted under	SFAS 116 (ASC 958)), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other simil		ıblic exhibition, edi	ucation, or research in furtherance of
	public service, provide the following amounts relat	•		. .
	(i) Revenues included in Form 990, Part VIII, line			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of a			<u> </u>
	following amounts required to be reported under S			
а	Revenues included in Form 990, Part VIII, line 1.			••••••••••••••••••••••••••••••••••••••
b	Assets included in Form 990, Part X			▶ \$

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Page **2**

Par	rt III Organizations Maintaining Colle	ections of Art, H	istorical Tre	asures,	or Other S	Similar Asse	ts (cont	inued)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other rec	cords, check a	any of the	e following t	hat are a sigr	nificant u	se of its
а	Public exhibition	d	Loan or	exchange	programs			
b	Scholarly research	e						
С	Preservation for future generations	·						
4	Provide a description of the organization's	collections and ex	plain how the	ev further	the organiza	ation's exemp	t purpose	in Part
	XIII.			,	.			
5	During the year, did the organization solicit	or receive donations	s of art. histori	cal treasu	res. or other	similar		
	assets to be sold to raise funds rather than t					_	Yes	No
Par	rt IV Escrow and Custodial Arrangem						_	
	or reported an amount on Form 9							
	Is the organization an agent, trustee, custod included on Form 990, Part X?					_	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing table	:				
						Amount		
С	Beginning balance							
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on	Form 990, Part X, lir	ne 21?			L	Yes	No
	If "Yes," explain the arrangement in Part XIII							
Par	rt V Endowment Funds. Complete if							
		rrent year (b) F	Prior year	(c) Two yea	rs back (d) T	hree years back	(e) Four	ears back
1a	5 5 ,							
b	Contributions							
С	Net investment earnings, gains,							
	and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rrent year end balan	ice (line 1g, co	olumn (a))	held as:			
а	Board designated or quasi-endowment	%						
b	Permanent endowment %							
С	Temporarily restricted endowment	· %						
	The percentages in lines 2a, 2b, and $\overline{2c}$ sho	•						
3a	Are there endowment funds not in the poss	ession of the organ	ization that ar	e held an	d administere	ed for the	_	
	organization by:						Y	es No
	(i) unrelated organizations						3a(i)	
	(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	e organization's end	lowment fund:	S.				
Par	Land, Buildings, and Equipment. Complete if the organization ans	wered "Yes" to Fo	rm 990. Par	t IV. line	11a. See Fo	rm 990. Par	X. line	10.
	Description of property	(a) Cost or other basis	(b) Cost or o	ther basis	(c) Accumula	ted (d	i) Book valu	
1.0	Land	(investment)	(othe	er)	depreciation	1		
1a	Land							
b	Buildings			1 110	1 1	1.6		
C	Leasehold improvements			1,116.	1,1			1 716
d	Equipment		23	6,298.	204,5	004.	3	1 , 716.
<u>e</u>	Other	t 000 D		D) #: 11	1/2))			1 716
ıota	II. Add lines 1a through 1e. (Column (d) mus	ι equaι Form 990, Pa	ιτ Χ, column (b), iine 10	((C).)	. 🕨	3	1,716.

Schedule D (Form 990) 2013 Page 3

Part VII	Investments - Other Securities. Complete if the organization answere	d "Yes" to Form 990	Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
<u>(G)</u> (H)			
	n (h) must squal Form 000 Port V sol (P) line 12.)		
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.		
Pait VIII		d "Yes" to Form 990	Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) Description	(b) Book value
(1)			
_(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	uma (h) must asual Farm 000 Part V and (P)	line 45 \	
	umn (b) must equal Form 990, Part X, col. (B)	iine 15.)	
Part X	Other Liabilities. Complete if the organization answere line 25.	d "Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e
(1) Feder	ral income taxes	, ,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.) ▶	
•	or uncertain tax positions. In Part XIII, provide the		e 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

JSA
3E1270 1.000
Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Page **4**

Joneau	6 B (1 6111 656) 2516		1 agc 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	7,054,908.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	7,034,900.
a	Net appeal the distriction on the extrements		
b	Donated services and use of facilities 2b 320,092.	-	
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	320,092.
3	Subtract line 2e from line 1	3	6,734,816.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,734,816.
Part		ırn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		F 000 001
1	Total expenses and losses per audited financial statements	1	5,223,081.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities 2a 320,092.		
b	Prior year adjustments Other losses 2b 2c		
c d	Other losses Other (Describe in Part XIII.) 2d 95,500.	-	
e	Add lines 2a through 2d	2e	415,592.
3	Subtract line 2e from line 1	3	4,807,489.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1,001,103.
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4h	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,807,489.
Part	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, l	art V, lir	ne 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	
SCHE	DULE D, PART XII, LINE 2D		
BAD	DEBT EXPENSE FROM PLEDGES RECEIVABLE 95,500		

JSA 3E1271 1.000 Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 TEXAS TRIBUNE, INC 26-4527097 Page 5

Part XIII Supplemental Information (continued)

JSA

3E1226 1.000 7823IK 1175 V 13-7.15 AMENDED PAGE 49

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

26-4527097

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

TEXAS TRIBUNE, INC

Employer identification number

Part	I Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form					
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees					
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)					
_	If any of the haves an line to are shocked did the argenization follows a written nation regarding narment					
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to					
	explain	1b		Х		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all					
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line					
	1a?	2	Х			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the					
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a					
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations X Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		X		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(a)(2) and 501(a)(4) organizations must complete lines 5.0					
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
5	compensation contingent on the revenues of:					
•		5a	Х			
a b	The organization?	5b	21	X		
D	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	30		21		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
Ü	compensation contingent on the net earnings of:					
а	The organization?	6a		Х		
	Any related organization?	6b		X		
~	If "Yes" to line 6a or 6b, describe in Part III.					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed					
-	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject					
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe					
	in Part III	8		Х		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
3	Regulations section 53.4958-6(c)?	9				
		<u> </u>				

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

Schedule J (Form 990) 2013

TEXAS TRIBUNE, INC 26-4527097

Schedule J (Form 990) 2013

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.

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
EVAN SMITH	(i)	315,000.	31,500.	C	C	8,551.	355,051.	0
1 DIRECTOR/CEO/EDITOR-IN-CHIEF	(ii)	0	(C	C	0	C	0
ROSS RAMSEY	(i)	170,000.	254.	C	C	1,620.	171,874.	0
2 EXECUTIVE EDITOR	(ii)	0	(C	C	0	C	0
APRIL HINKLE	(i)	150,000.	150,256.	C	C	1,620.	301,876.	0
3 DIR. OF BUSINESS DEVELOPMENT	(ii)	0	(C	C	0	C	0
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)			 				
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
40	(i)							
13	(ii)							
44	(i)							
_14	(ii)							
45	(i)			 				
_15	(ii)							
46	(i) (ii)			 				
_16	(11)			l			Cah	edule .l (Form 990) 2013

Schedule J (Form 990) 2013

JSA 3E1291 1.000

7823IK 1175 V 13-7.15 AMENDED PAGE 51

TEXAS TRIBUNE, INC 26-4527097

Schedule J (Form 990) 2013

Part | 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.

SCHEDULE J, PART III, LINES 1A AND 1B

CLUB MEMBERHIP DUES: NO WRITTEN POLICY EXISTS FOR PAYING MEMBERSHIP DUES

FOR THE TRIBUNE'S CEO, EVAN SMITH. PAYMENTS ARE MADE MONTHLY UPON

RECEIPT OF EACH CLUBS' INVOICE. MEMBERSHIPS ARE RETAINED SO THE TRIBUNE

HAS THE USE OF THE AUSTIN CLUB AND HEADLINERS CLUB FACILITIES FOR TRIBUNE

EVENTS.

SCHEDULE J, PART III, LINE 5A

APRIL HINKLE, DIRECTOR OF BUSINESS DEVELOPMENT, IS PAID COMMISSION UPON

COLLECTION OF SPONSORSHIP AND ADVERTISING RECEIPTS.

Schedule J (Form 990) 2013

JSA 3E1505 1.000

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

TEX	AS TRIBUNE, INC				26-4527097
Par	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
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	X	3.	29,630	COST/SELLING PRICE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(AIRLINE TICKETS)	Х	10.	4,000). COST/SELLING PRICE
26	Other ►()				
27	Other ►()				
28	Other ►()				
29	Number of Forms 8283 received	by the orga	anization during the tax ye	ar for contributions for	
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	29
					Yes No
30 a	During the year, did the organizat		• • • •		
	it must hold for at least three yea				
	used for exempt purposes for the e	ntire holding	period?		30a X
	If "Yes," describe the arrangement i				
31	Does the organization have a			_	
	contributions?				31 X
32 a	Does the organization hire or use	e third parti	ies or related organization	s to solicit, process, o	or sell noncash
	contributions?				32a X
b	If "Yes," describe in Part II.				
33	If the organization did not report ar	amount in	column (c) for a type of pro	perty for which column	(a) is checked,
	describe in Part II.				

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

Schedule M (Form 990) (2013)

TEXAS TRIBUNE, INC 26-4527097

Schedule M (Form 990) (2013) Page **2**

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I COLUMN (B)

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN (B).

JSA Schedule M (Form 990) (2013)

3E1508 1.000

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization Employer identification number TEXAS TRIBUNE, INC 26-4527097

AMENDED RETURN DISCLOSURE

TEXAS TRIBUNE INC. IS FILING THIS AMENDED RETURN TO REFLECT THE CHANGES

TO ITS GOVERNING BODY FOR CALENDAR YEAR 2013 THAT WERE INADVERTENTLY

MISSED IN ITS ORIGINAL FILING AND TO MODIFY ITS ANSWER TO PART VII,

SECTION A, LINE 1A "CHECK THIS BOX" QUESTION. ACCORDINGLY, THE FOLLOWING

PARTS AND SCHEDULES OF THE RETURN WERE UPDATED:

PART I, LINE 3 AND 4

PART VI, LINE 1A AND 1B

PART VII, SECTION A, LINE 1A

SCHEDULE O AMENDED RETURN DISCLOSURE

FORM 990, PART I, LINE 1

THE TEXAS TRIBUNE IS A NONPROFIT, NONPARTISAN MEDIA ORGANIZATION THAT PROMOTES CIVIC ENGAGEMENT AND DISCOURSE ON PUBLIC POLICY, POLITICS, GOVERNMENT, AND OTHER MATTERS OF STATEWIDE CONCERN.

FORM 990, PART III, LINE 2

TRIBTALK WEBSITE WAS CREATED (A DIGITAL FORUM FOR DIALOGUE AND DEBATE

ABOUT THE DAY'S NEWS). THINK OF IT AS AN OP-ED PAGE FOR THE 21ST CENTURY.

TRIBTALK FEATURES POINTED, PROVOCATIVE PERSPECTIVES ON ELECTIONS,

ECONOMICS, PUBLIC EDUCATION, HIGHER EDUCATION, HEALTH CARE, RACE AND

IMMIGRATION, TRANSPORTATION, ENERGY, THE ENVIRONMENT, CRIMINAL JUSTICE

AND MORE FROM A DIVERSE ARRAY OF POLITICAL PLAYERS AND POLICY EXPERTS

PAGE 55

FROM ACROSS TEXAS, BOTH WELL KNOWN AND UNSUNG, PREDICTABLE AND UNEXPECTED, ESTABLISHED AND EMERGING.

FORM 990, PART III, LINE 4D

TEXAS WEEKLY SUBSCRIPTION SERVICE PUBLISHING SPECIALTY NEWS AND INFORMATION REGARDING TEXAS POLITICS AND GOVERNMENT.

EXPENSES: 12,404

REVENUE: 125,876

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 MADE AVAILABLE TO THE BOARD AT A FALL BOARD MEETING OR VIA EMAIL IF THE TAX RETURN IS DUE PRIOR TO THE FALL BOARD MEETING.

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

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.

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.

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

Name of the organization	Employer identification number
TEXAS TRIBUNE, INC	26-4527097

SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS. THE FINAL COMPENSATION WAS APPROVED BY THE CHAIRMAN OF THE BOARD AND THE CEO.

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.

FORM 990, PART XI, LINE 9

BAD DEBT EXPENSE FROM PLEDGES RECEIVABLE (95,500)

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE TEXAS TRIBUNE IS A NON PROFIT, NONPARTISAN MEDIA ORGANIZATION
THAT PROMOTES CIVIC ENGAGEMENT AND DISCOURSE ON PUBLIC POLICY,

POLITICS, GOVERNMENT, AND OTHER MATTERS OF STATEWIDE CONCERN. THE
TEXAS TRIBUNE'S MISSION IS TO RAISE THE LEVEL OF CIVIC ENGAGEMENT IN
TEXAS BY PROVIDING IN-DEPTH JOURNALISM, DATA AND EVENTS TO HELP OUR
FELLOW CITIZENS BECOME BETTER INFORMED ABOUT POLITICS, PUBLIC POLICY
AND STATE GOVERNMENT.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES							
DESCRIPTION	GRANTS	EXPENSES	REVENUE				
SEE FORM 990, PART III, LINE 4D		12,404.	125,876.				
TOTALS		12,404.	125,876.				