## Instructions for filing TEXAS TRIBUNE, INC.

Form 8453-EO - Exempt Org. Declaration & Signature for E-filing for the period ended December 31, 2012

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Signature...

The original Form 8453-EO should be signed (use full name) and dated by the taxpayer.

Filing...

Return your signed Form 8453-EO declaration to:

raymond.lee@ey.com
ERNST & YOUNG U.S. LLP
401 Congress Avenue, Suite 1800
Austin TX 78701

Payment of tax...

No payment of tax is required.

DO NOT separately file form 990 with the Internal Revenue Service. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return which is due on November 15, 2013. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

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#### Form **8453-EO**

#### **Exempt Organization Declaration and Signature for Electronic Filing**

OMB	NO.	1545-	1879	
				_

Department of the Treasury Internal Revenue Service

For calendar year 2012, or tax year beginning \_ \_ \_ \_ , 2012, and ending \_ \_

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 **Employer identification number** Name of exempt organization 26-4527097 TRIBUNE INC. Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here ► LX **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12)... 1b 4,014,828. Form 990-EZ check here 2a b Total tax (Form 1120-POL, line 22) Form 1120-POL check here ▶ Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b **b** Balance due (Form 8868, Part I, line 3c or Part II, line 8c) Form 8868 check here ▶ Part II Declaration of Officer I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. Sign Here Signature of officer Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. Check if Check if ERO's SSN or PTIN also paid 11/11/2013 ERO's P00004272 signature preparer employed EIN 34-6565596 Use ERNST & YOUNG U.S. Firm's name (or Only 401 CONGRESS AVENUE, SUITE 1800 yours if self-employed), address, and ZIP code Phone no. 512-478-9881 AUSTIN ТΧ 78701 Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge. Print/Type preparer's name Preparer's signature Date PTIN Check Paid self-employed

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2012)

Firm's EIN ▶

Preparer

Use Only

Firm's name

Firm's address

# Instructions for filing TEXAS TRIBUNE, INC. Form 990-W

Estimated Tax on Unrelated Business Taxable Income

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#### Payment of estimated tax...

An electronic Deposit should accompany each payment as follow...

Deposit		On or before -	A	mount
1 2 3 4	PAID	April 15, 2013 June 17, 2013 September 16, 2013 December 16, 2013	\$ \$ \$ \$	NONE NONE 1,500. 1,200.
				2,700.
Overpayment of Credited a		come Tax 113 Income Tax	\$	3,304.
Total Estimat	ce of 2013	Income Tax	\$ ==	6,004.

#### Filing...

Each deposit should be made using the Electronic Federal Tax Payment System. For deposits made by EFTPS to be on time, you must initiate the transaction at least 1 business day before the date the deposit is due. If you have question regarding electronic funds transfer requirements, we suggest that you contact our office or Internal Revenue Service before transmitting payment.

## Form **990**

### Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service A For the 2012 calendar year, or tax year beginning . 2012, and ending 20 D Employer identification number C Name of organization **B** Check if applicable: TEXAS TRIBUNE, INC. 26-4527097 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 823 CONGRESS AVE, SUITE 210 (512) 716-8600 Initial return City, town or post office, state, and ZIP code Amended AUSTIN, TX 78701 G Gross receipts \$ 4,014,828. return H(a) Is this a group return for Application F Name and address of principal officer: EVAN SMITH Yes Χ Nο 823 CONGRESS AVE, SUITE 210 AUSTIN, TX 78701 Yes H(b) Are all affiliates included? No X 501(c)(3) If "No," attach a list. (see instructions) Tax-exempt status: 501(c) ( 4947(a)(1) or Website: ► WWW.TEXASTRIBUNE.ORG **H(c)** Group exemption number L Year of formation: 2009 M State of legal domicile: Form of organization: X Corporation TХ Other > Summary Part I Briefly describe the organization's mission or most significant activities: THE TEXAS TRIBUNE IS A NONPROFIT, NONPARTISAN MEDIA ORGANIZATION THAT Activities & Governance PROMOTES CIVIC ENGAGEMENT AND DISCOURSE ON PUBLIC POLICY, POLITICS, GOVERNMENT, AND OTHER MATTERS OF STATEWIDE CONCERN. Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 8 6. Number of independent voting members of the governing body (Part VI, line 1b) 4 41. Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 18. 6 63,284. 7a Total unrelated business revenue from Part VIII, column (C), line 12 39,855. **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 3,502,370. 2,163,577 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 1,428,141. 447,096. 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,013 607. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,087. 64,755. 11 3,603,818. 4,014,828. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 40,500. 40,500. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 2,731,598. 2,945,386. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$  \_ \_ \_ 747,009. 1,170,030. 1,247,007. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 3,942,128. 4,232,893. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -338,310.-218,065. 19 Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year End of Year** 2,473,679. 2,258,751. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 109,732. 127,419. 21 2,363,947. 2,131,332. 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Type or print name and title Print/Type preparer's name Check Paid 11/11/2013 self-employed P00004272 Raymond Lee Preparer ► ERNST & YOUNG U.S. LLP 34-6565596 Firm's EIN ▶ Use Only

For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address > 401 CONGRESS AVENUE, SUITE 1800 AUSTIN, TX 78701

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2012)

Yes

Χ

512-478-9881

Phone no

Form 990 (2012) Page 2 Part III **Statement of Program Service Accomplishments** Briefly describe the organization's mission: THE TEXAS TRIBUNE IS A NONPARTISAN, NONPROFIT MEDIA ORGANIZATION THAT PROMOTES CIVIC ENGAGEMENT AND DISCOURSE ON PUBLIC POLICY, POLITICS, GOVERNMENT, AND OTHER MATTERS OF STATEWIDE CONCERN. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 2,718,681. including grants of \$ 40,500. ) (Revenue \$ 4a (Code: ) (Expenses \$ 151,425. 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. 226,357. including grants of \$ 4b (Code: ) (Expenses \$ 0 ) (Revenue \$ 0) ON THE RECORD EVENTS, OPEN FREE TO THE PUBLIC WHERE COMMUNITY MEMBERS CAN DIRECTLY INTERACT WITH THE STATESMAN AND NEWSMAKERS WHO WILL SHAPE TEXAS' FUTURE. \_\_\_) (Revenue \$ 176,029. including grants of \$ **4c** (Code: ) (Expenses \$ \_155,393. **)** TEXAS WEEKLY SUBSCRIPTION SERVICE PUBLISHING SPECIALTY NEWS AND INFORMATION REGARDING TEXAS POLITICS AND GOVERNMENT. ATTACHMENT 1 **4d** Other program services (Describe in Schedule O.) (Expenses \$ 168,628. including grants of \$ ) (Revenue \$ 142,356.

3,289,695. 4e Total program service expenses ▶

JSA 2E1020 2.000 Form **990** (2012) 0494AU 1175

Form 990 (2012)
Part IV Checklist of Required Schedules

Part	Checklist of Required Schedules		V	NI.
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_	Х	
•	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	3		Х
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		21
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		Х
E	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
U	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 "Yes," complete Schedule D, Part II</i>	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
	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		Χ
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		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3.7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	40.	Х	
	complete Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	10h		Х
12	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
b	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		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
. •	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
-	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part	V Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	Χ	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Χ	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	Χ	

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Par				
	Check if Schedule O contains a response to any question in this Part V		Yes	No No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 35		162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 41			
b	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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Χ	
4a	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	4a		Х
h	account)?	44		21
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	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		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		Х
h	and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		21
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ŭ	required to file Form 8282?	7c		Х
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.			
	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:			
а	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 10b			
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			
126	against amounts due or received from them.)  Section 4947(a)(1) pag exempt charitable trusts. Is the organization filing Form 990 in liquid Form 19412.	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note</b> . See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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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 to any question in this Part VI.

	Check it Scriedule O contains a response to any question in this Part VI	• • •		Λ
Sect	ion A. Governing Body and Management		.,	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			X
	any other officer, director, trustee, or key employee?	2		Λ
3	Did the organization delegate control over management duties customarily performed by or under the direct			Х
_	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		21
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		Х
	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7h		Х
•	stockholders, or persons other than the governing body?	7b		21
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	80		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	.)	
		-	Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b	X	
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
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 5	501(c)(	3)s o	nly)
	available for public inspection. Indicate how you made these available. Check all that apply.    V			
	X Own website			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inter	est p	olicy,
	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 AVE, SUITE 210 AUSTIN, TX 78701 512-716-8608	ne		

JSA Form **990** (2012)

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

Check if Schedule O contains a response to any question in this Part VII .......

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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.

( <b>A)</b> Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an y officer and a director/trustee)						( <b>D)</b> 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
	5.00	X		Х				0	0	_0
(2) STEPHEN ADLER DIRECTOR	1.00	Х						0	0	0
(3) ROSENTHAL ALVES DIRECTOR	1.00	Х						0	0	0
(4) H.O. MAYCOTTE DIRECTOR	1.00	X						0	0	0
(5) ELLEN SPENCER SUSMAN DIRECTOR	1.00	X						0	0	0
(6) VERONICA VARGAS STIDVENT DIRECTOR	1.00	Х						0	0	0
(7) MICHAEL SHERROD DIRECTOR	1.00	Х						0	0	0
(8) EVAN SMITH DIRECTOR/CEO/EDITOR-IN-CHIEF	40.00	Х		Х				309,301.	0	2,432.
ROSS RAMSEY EXECUTIVE EDITOR	40.00				Х			165,254.	0	10.
(10) APRIL HINKLE DIR. OF BUSINESS DEVELOPMENT	40.00					X		299,602.	0	72.
(11) TANYA ERLACH DIRECTOR OF EVENTS	40.00					Х		125,254.	0	3,462.
(12) EMILY RAMSHAW HARTSTEIN EDITOR	40.00					Х		120,905.	0	3,497.
(13)										
(14)										

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Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke ⊤	y Em	plo			and F	ligl		ed Employ	yees (co	·	_
	(A) Name and title	Average hours per week (list any hours for	box,	unles	Pos neck ss pe	erson	e than o is both or/trust	an	( <b>D)</b> Reportable compensation from the	(E) Reportable compensation fro related organizations	on from	(F) Estimated amount of other compensation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organization and related organizations	
													_
													_
													_
													_
													_
													_
													_
													_
													_
													_
1h	Sub-total								1,020,316.		0	9,473	_
С	Sub-total  Total from continuation sheets to Part VII, Solution (add lines 1b and 1c)	ection A						<b>&gt;</b>	1,020,316.		0	9,473	0
	Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				re	ceived more than	\$100,000	of	·	_
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											Yes No	
4	For any individual listed on line 1a, is the sorganization and related organizations greindividual	sum of rep eater than	ortab \$15	le c	om 00?	pen	satior	n ar	nd other compens	sation from	the	4 X	
	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on 1							5 X	
	ction B. Independent Contractors	, , , ,											_
1	Complete this table for your five highest com compensation from the organization. Report c year.												
	( <b>A)</b> Name and business add	Iress							( <b>B</b> ) Description of se	rvices	Co	(C) ompensation	_

(A) Name and business address	(B) Description of services	( <b>C)</b> 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

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Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse to any quest	tion in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats ats	1a	Federated campaigns 1a					
ara our	b	Membership dues 1b	643,935.				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events1c					
ia i	d	Related organizations 1d					
ns,	e	Government grants (contributions) 1e					
e Si	f	All other contributions, gifts, grants,					
혈		and similar amounts not included above . 1f	2,858,435.				
ig p	g	Noncash contributions included in lines 1a-1f: \$	33,585.				
	h	Total. Add lines 1a-1f		3,502,370.			
nue			Business Code				
ver	2a	SUBSCRIPTIONS	900099	155,393.	155,393.		
Program Service Revenue	b	SPONSORED EVENTS	900099	55,650.	55,650.		
<u>si</u>	c	CONTENT PRODUCTION	900099	151,425.	151,425.		
Ser	d	FESTIVAL TICKET SALES	900099	84,628.	84,628.		
E	e						
gra	f	All other program service revenue					
<u>_</u>	g	Total. Add lines 2a-2f		447,096.			
	3	Investment income (including dividends, inter-	est, and				
		other similar amounts)		607.	607.		
	4	Income from investment of tax-exempt bond p	oroceeds ►	0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	<b>.</b>	0			
ne	8a	Gross income from fundraising					
en		events (not including \$					
ě		of contributions reported on line 1c).					
Ē		See Part IV, line 18 a					
Other Revenue	b	Less: direct expenses b					
ō	С	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold <b>b</b>					
	С	Net income or (loss) from sales of inventory.  Miscellaneous Revenue	Business Code	0			
				62,024		62.004	
	11a	ADVERTISING REVENUE	900099	63,284.	1 471	63,284.	
	b	MISCELLANEOUS REVENUE	900099	1,471.	1,471.		
	C	All alban assessed					
	d	All other revenue		64,755.			
	12	Total. Add lines 11a-11d		4,014,828.	449,174.	63,284.	
		i otal levellue. Occ molluctions		4,014,020.	447,114.	03,204.	

#### Form 990 (2012) 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).

	Check if Schedule O contains a response to any question in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States. See Part IV, line 21	40,500.	40,500.						
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	474,555.	474,555.						
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		117.001					
7	Other salaries and wages	2,197,469.	1,565,088.	117,804.	514,577.				
8	Pension plan accruals and contributions (include section								
	401(k) and 403(b) employer contributions)	0 0 0 5 1	0.4.05.4		10.000				
9	Other employee benefits	98,251.	84,954.	0.640	13,297.				
10	Payroll taxes	175,111.	132,135.	9,640.	33,336.				
11	Fees for services (non-employees):								
а	Management	1 026	700	212					
b	Legal	1,036. 48,599.	723.	313.					
	Accounting	48,399.		48,599.					
	Lobbying	0							
е	Professional fundraising services. See Part IV, line 17	0							
f	Investment management fees	0							
g	Other. (If line 11g amount exceeds 10% of line 25, column	116,660.	116,372.		288.				
40	(A) amount, list line 11g expenses on Schedule O.)	92,046.	62,467.		29,579.				
12	Advertising and promotion	73,478.	45,580.	2,147.	25,751.				
13	Office expenses	122,175.	90,974.	735.	30,466.				
14	Information technology	122,173.	30/3/11	733.	30/100.				
15 16	Royalties	196,006.	154,420.	8,574.	33,012.				
17	Occupancy	126,415.	109,162.	55.	17,198.				
18	Travel  Payments of travel or entertainment expenses	120, 110.	103,1021		11,1301				
10	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	397,944.	361,705.		36,239.				
20	Interest	0			,,				
21	Payments to affiliates	559.		175.	384.				
22	Depreciation, depletion, and amortization	62,667.	47,287.	3,450.	11,930.				
23	Insurance	9,422.	3,773.	4,697.	952.				
24	Other expenses. Itemize expenses not covered		•	,					
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
а									
b									
c									
d									
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	4,232,893.	3,289,695.	196,189.	747,009.				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if								
	following SOP 98-2 (ASC 958-720)	0							

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#### Part X Balance Sheet

Гε	ILV	Dalatice Sticet					
		Check if Schedule O contains a response	to any	question in this Part	X		<u> </u>
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing		C	'	0	
	2	Savings and temporary cash investments			1,198,598.	2	1,303,088.
	3	Pledges and grants receivable, net			948,190.		649,408.
	4	Accounts receivable, net		225,963.	4	251,564.	
	5	Loans and other receivables from current and	former	officers, directors,			
		trustees, key employees, and highest co					
		Complete Part II of Schedule L			C	5	0
	6	Loans and other receivables from other disqualified pers					
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
m		organizations (see instructions). Complete Part II of Sche	dule L		C	6	0
Assets	7	Notes and loans receivable, net			С	7	0
Ass	8	Inventories for sale or use			C	8	0
	9	Prepaid expenses and deferred charges			9,636.	9	15,650.
	10 a	Land, buildings, and equipment: cost or					
			10a	218,832.			
	b	Less: accumulated depreciation	10b	179,791.	91,292.	10c	39,041.
	11	Investments - publicly traded securities			C	11	0
	12	Investments - other securities. See Part IV, line 11			C	12	0
	13	Investments - program-related. See Part IV, line 11	٠		C	13	0
	14	Intangible assets		C	14	0	
	15	Other assets. See Part IV, line 11			C	15	0
	16	Total assets. Add lines 1 through 15 (must equal			2,473,679.		2,258,751.
	17	Accounts payable and accrued expenses		109,732.		127,419.	
	18	Grants payable		C	18	0	
	19	Deferred revenue		C	19	0	
	20	Tax-exempt bond liabilities		C	20	0	
es	21	Escrow or custodial account liability. Complete Pa		C	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			C	22	0
	23	Secured mortgages and notes payable to unrelate			(	23	0
	24	Unsecured notes and loans payable to unrelated			<u> </u>	24	U
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines		•	(		0
		of Schedule D			109,732.	23	127,419.
_	26				109,732.	26	127,419.
Ø		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	Check	here $\blacktriangleright$ $\stackrel{\times}{\sqsubseteq}$ and			
Fund Balances	27	• ,			1,284,593.	27	1,386,291.
ala	28	Unrestricted net assets Temporarily restricted net assets			1,079,354.	28	745,041.
<u>В</u>	29	Permanently restricted net assets				29	0
Ë	-0	Organizations that do not follow SFAS 117 (ASC 958)				23	
Ä		complete lines 30 through 34.	, oncor				
Net Assets or	30	Capital stock or trust principal, or current funds				30	
se	31	Paid-in or capital surplus, or land, building, or equ	ipment	fund		31	
Ą	32	Retained earnings, endowment, accumulated incomment				32	
Net	33				2,363,947.	33	2,131,332.
_	34	Total liabilities and net assets/fund balances			2,473,679.	34	2,258,751.
_				1	· · · · · · · · · · · · · · · · · · ·		Form <b>QQQ</b> (2012)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,0	14,8	328.
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,2	32,8	393.
3	Revenue less expenses. Subtract line 2 from line 1	3			18,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,3	63,9	947.
5	Net unrealized gains (losses) on investments	5				С
6	Donated services and use of facilities	6				С
7	Investment expenses	7				С
8	Prior period adjustments	8				С
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-	14,5	550.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		2,1	31,3	332.
Part						
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplai	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npile	d or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	on a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	sight				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant	?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplai	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fort	h in			
	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits		3b		

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#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

2012

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Nam	e of t	he organization							Emplo	yer iden	tificatio	on numl	er	
TEX	AS	TRIBUNE, INC.									-452	7097		
Pai	τI	Reason for Pub	lic Charity Status	s (All organizations mu	ist con	nplete	this pa	art.) Se	e instri	uctions				
The	orga	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)					
1				association of churches		ed in s	ection	170(b)(	1)(A)(i)					
2	Щ			(1)(A)(ii). (Attach Schedul										
3		· · · · · · · · · · · · · · · · · · ·		ervice organization descri			-							
4				erated in conjunction wi	ith a h	ospita	ıl descr	ibed in	sectio	n 170(b	)(1)( <i>A</i>	A)(iii).	Enter	the
		hospital's name, cit												
5		= :		nefit of a college or univ	ersity	owned	l or ope	erated b	y a go	vernme	ntal u	nit des	cribe	ed in
		section 170(b)(1)(A		•										
6			-	or governmental unit des										
7		=	=	es a substantial part of it	s supp	ort fro	om a go	vernme	ental un	it or fro	om the	e gene	ral p	Jblic
_		described in sectio												
8		-		on 170(b)(1)(A)(vi). (Com								_		
9	Χ	-	=	es: (1) more than 331/3 %									_	
		•		exempt functions - sub										
		· · ·		ome and unrelated busi						1 511	tax) i	rom bi	usine	sses
10				ted evaluations to test for						`				
10 11	$\blacksquare$	•	•	ted exclusively to test for rated exclusively for the	•	•				•	or t	o corn	, out	tho
• •		•	•	pported organizations de										
				es the type of supporting					-				300	, 11011
		a Type I		c Type III-Function	•			d			•		egraf	ted
е				the organization is not	-	-						-	-	
	ш		=	gers and other than one			-		-	-			-	
		509(a)(1) or section		•		•	,	•	Ü					
f		If the organization	received a writte	n determination from th	e IRS	that it	is a T	ype I, T	ype II,	or Type	e III s	upport	ing	
		organization, check	this box										_ [	
g		Since August 17, 2	006, has the organ	nization accepted any gift	t or co	ntributi	ion fron	n any of	the					
		following persons?									•			
		(i) A person who	directly or indire	ectly controls, either alor	ne or t	ogethe	er with	person	s desc	ribed in	(ii)		Yes	No
		and (iii) below,	the governing boo	dy of the supported organ	ization	?						11g(i)		
				scribed in (i) above?								11g(ii)		
				on described in (i) or (ii) a								11g(iii)		
h		Provide the following	_	ut the supported organiza	ation(s)	).								
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv)	Is the zation in		ou notify anization		s the zation in	(vii) A	mount o		etary
		or gamzation		above or IRC section	col. (i)	listed in overning	in co	l. <b>(i)</b> of	col. (i) o	rganized		suppo		
				(see instructions))	docu	ment?		upport?		U.S.?				
					Yes	No	Yes	No	Yes	No				
(A)														
(B)														
(C)														
(D)														
(E)														
Tota	II.													

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Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (a) 2008 (b) 2009 (c) 2010 (d) 2011 (f) Total (e) 2012 Calendar year (or fiscal year beginning in) grants, contributions, membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business 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 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) % 16a 331/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check b 331/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012

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Schedule A (Form 990 or 990-EZ) 2012 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) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	0	3,725,440.	2,127,574.	2,163,577.	3,502,370.	11,518,961.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose		166,215.	730,934.	1,428,141.	447,096.	2,772,386.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
5	The value of services or facilities						
	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.	14,291,347.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		3,000,000.	1,166,192.	560,000.	617,500.	5,343,692.
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			1,221.	100,264.	502,176.	603,661.
С	Add lines 7a and 7b		3,000,000.	1,167,413.	660,264.	1,119,676.	5,947,353.
8	Public support (Subtract line 7c from						
	line 6.)						8,343,994.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
9	Amounts from line 6		3,891,655.	2,858,508.	3,591,718.	3,949,466.	14,291,347.
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources		1,217.	3,455.	1,013.	607.	6,292.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			10 <b>,</b> 759.	17,436.	33 <b>,</b> 877.	62,072.
С	Add lines 10a and 10b		1,217.	14,214.	18,449.	34,484.	68,364.
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)		252.	5,228.	47,685.	1,471.	54,636.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		3,893,124.	2,877,950.	3,657,852.	3,985,421.	14,414,347.
14	First five years. If the Form 990 is for	the organization	's first, second,	third, fourth, or	fifth tax year a	s a section 501(c	:)(3)
	organization, check this box and stop here						<b>X</b>
Sec	tion C. Computation of Public Sup	port Percenta	ige				
15	Public support percentage for 2012 (line 8,	column (f) divide	d by line 13, colum	ın (f))		15	%
16	Public support percentage from 2011 Sche	dule A, Part III, lin	e 15			16	%
Sec	tion D. Computation of Investmer	nt Income Per	centage				
17	Investment income percentage for 2012 (lin	ne 10c, column (1	) divided by line 13	3, column (f))		17	%
18	Investment income percentage from 2011					18	%
19 a	331/3% support tests - 2012. If the org					e than 331/3%, a	nd line
	17 is not more than 331/3%, check this						. $\square$
b	331/3% support tests - 2011. If the orga	-	•	-			
	line 18 is not more than 331/3 %, check						
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 >

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

Schedule A (Form 990 or 990-EZ) 2012

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## Schedule B

### **Schedule of Contributors**

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

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

OMB No. 1545-0047

Name of the organization		Employer identification number
TEXAS TRIBUNE, INC.		
		26-4527097
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $^3$ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private for	undation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ition
	501(c)(3) taxable private foundation	
<b>Note.</b> Only a section 501(c) instructions.	(7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See
General Rule		
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 y one contributor. Complete Parts I and II.	or more (in money or
Special Rules		
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support 19(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form and II.	ne year, a contribution of
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from otal contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitarposes, or the prevention of cruelty to children or animals. Complete Parts I, II	able, scientific, literary,
during the year, c not total to more year for an <i>exclus</i>	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from ontributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but th than \$1,000. If this box is checked, enter here the total contributions that were ively religious, charitable, etc., purpose. Do not complete any of the parts unles an ization because it received nonexclusively religious, charitable, etc., contributions	ese contributions did re received during the ss the <b>General Rule</b> butions of \$5,000 or
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules does not file Soust answer "No" on Part IV, line 2 of its Form 990; or check the box on line FO-PF, to certify that it does not meet the filing requirements of Schedule B (Fo	of its Form 990-EZ or on

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) (2012)

Employer identification number 26-4527097

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	THE CYNTHIA & GEORGE MITCHELL FDN  P.O. BOX 8937  THE WOODLANDS, TX 77387-8937	\$130,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	CHARLES BUTT  335 KING WILLIAM  SAN ANTONIO, TX 78204	\$100,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BOB J. PERRY  PO BOX 34153  HOUSTON, TX 77234	\$110,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  KDK-HARMAN FOUNDATION  PO BOX 160969	Total contributions	Person Payroll Noncash  (Complete Part II if there is
No4	Name, address, and ZIP + 4  KDK-HARMAN FOUNDATION  PO BOX 160969  AUSTIN, TX 78716-0696  (b)	\$50,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 4 4 - (a) No.	Name, address, and ZIP + 4  KDK-HARMAN FOUNDATION  PO BOX 160969  AUSTIN, TX 78716-0696  (b)  Name, address, and ZIP + 4  STILL WATER FOUNDATION  3939 BEE CAVE RD #C100	\$50,000.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Employer identification number 26-4527097

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _	DAVID AND ISABEL WELLAND  112 W. 32ND STREET  AUSTIN, TX 78701	\$40,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ANTHONY BUZBEE  600 TRAVIS, SUITE 7300  HOUSTON, TX 77002	\$50,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 _	GREATER TX FOUNDATION 6100 FOUNDATION PLACE DR BRYAN, TX 77807	\$69,309.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(-)	(1-)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  HAROLD SIMMONS FOUNDATION  5430 LBJ FREEWAY #700	Total contributions	Person Payroll Noncash  (Complete Part II if there is
No	Name, address, and ZIP + 4  HAROLD SIMMONS FOUNDATION  5430 LBJ FREEWAY #700  DALLAS, TX 75240-2697  (b)	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No	Name, address, and ZIP + 4  HAROLD SIMMONS FOUNDATION  5430 LBJ FREEWAY #700  DALLAS, TX 75240-2697  (b)  Name, address, and ZIP + 4  JASTROW FOUNDATION  6300 BEE CAVE RD	\$20,000.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Employer identification number 26-4527097

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 13 _	T. BOONE PICKENS  8117 PRESTON RD. #260  DALLAS, TX 75225	\$25,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 14 _	ROBERT ROWLING  600 E. LAS COLINAS BLVD #1900  IRVING, TX 75039-5601	\$25,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 15 _	PAUL FOSTER  123 W. MILLS SUITE 600  EL PASO, TX 79902	\$25,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  THE ANNIE E. CASEY FOUNDATION  701 ST. PAUL STREET	Total contributions	Person Payroll Noncash  (Complete Part II if there is
No	Name, address, and ZIP + 4  THE ANNIE E. CASEY FOUNDATION  701 ST. PAUL STREET  BALTIMORE, MD 21202  (b)	\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
No.	Name, address, and ZIP + 4  THE ANNIE E. CASEY FOUNDATION  701 ST. PAUL STREET  BALTIMORE, MD 21202  (b)  Name, address, and ZIP + 4  THE JOHN & FLORENCE NEWMAN FDN  112 E PECAN STREET #1330	\$20,000.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Employer identification number 26-4527097

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 19 _	THE WINKLER FAMILY FOUNDATION  960 LIVE OAK CIRCLE  AUSTIN, TX 78746	\$25,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 20 _	MICHAEL AND JEANNE KLEIN  1408 ROCKCLIFF ROAD  AUSTIN, TX 79746	\$20,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 21 _	DEEDIE ROSE  3963 MAPLE AVENUE #200  DALLAS, TX 75219	\$15,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  BRIAN DEROECK  1801 LAVACA STREET #109	Total contributions	Person Payroll Noncash  (Complete Part II if there is
No22	Name, address, and ZIP + 4  BRIAN DEROECK  1801 LAVACA STREET #109  AUSTIN, TX 78701  (b)	\$15,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No	Name, address, and ZIP + 4  BRIAN DEROECK  1801 LAVACA STREET #109  AUSTIN, TX 78701  (b)  Name, address, and ZIP + 4  ALEJANDRO JUNCO DE LA VEGA  2808 CALAW COVE	\$15,000.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	BLAINE AND ALEXA WESNER  900 LIVE OAK CIRCLE  AUSTIN, TX 78746	\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	R. STEVEN & DONNA STOCKTON HICKS  1703 WEST FIFTH ST #800  AUSTIN, TX 78703	\$15,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	KACY AND SCOTT O'HARE  2905 POPANO COVE  AUSTIN, TX 78746	\$15,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
110.	Name, address, and Zir + 4	Total contributions	Type of contribution
28	ANN S. BUTLER  2 NILES ROAD  AUSTIN, TX 78703	\$15,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
	ANN S. BUTLER  2 NILES ROAD		Person Payroll Noncash  (Complete Part II if there is
28 	ANN S. BUTLER  2 NILES ROAD  AUSTIN, TX 78703  (b)	\$15,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
28 	ANN S. BUTLER  2 NILES ROAD  AUSTIN, TX 78703  (b)  Name, address, and ZIP + 4  STEVE ADLER AND DIANE LAND  3313 LAKE CLIFF COURT	\$15,000.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

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

Employer identification number 26-4527097

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	BRADLEY RADOFF  1177 WEST LOOP S #1625  HOUSTON, TX 77027	\$15,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 32 _	BLAIR LABATT  PO BOX 2140  SAN ANTONIO, TX 78297	\$15,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 33	MARY & HOWARD YANCY  100 SKYLINE DRIVE  AUSTIN, TX 78746	\$15,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
	n.v		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  BILL DANIEL  4002 BENNEDICT LANE	Total contributions	Person Payroll Noncash  (Complete Part II if there is
No34	Name, address, and ZIP + 4  BILL DANIEL  4002 BENNEDICT LANE  AUSTIN, TX 78746  (b)	\$15,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
No.  34  (a)  No.	Name, address, and ZIP + 4  BILL DANIEL  4002 BENNEDICT LANE  AUSTIN, TX 78746  (b)  Name, address, and ZIP + 4  JOHN H. MCCALL  PO BOX 510	\$15,000.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	NAOMI ABERLY PO BOX 670504  DALLAS, TX 75367	\$7,500.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	DICK DEGUERIN  1018 PRESTON AVENUE  HOUSTON, TX 77002	\$7,500.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 39 _	SERAFY FOUNDATION  205 WEST LEVEE STREET  BROWNSVILLE, TX 78520	\$7,500.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b) Name, address, and ZIP + 4  THOMAS AND CARMEL BORDERS  300 W 6TH ST #2030  AUSTIN, TX 78701		(d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
No.	Name, address, and ZIP + 4  THOMAS AND CARMEL BORDERS  300 W 6TH ST #2030	Total contributions	Person Payroll Noncash  (Complete Part II if there is
No40	Name, address, and ZIP + 4  THOMAS AND CARMEL BORDERS  300 W 6TH ST #2030  AUSTIN, TX 78701  (b)	\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
No40	Name, address, and ZIP + 4  THOMAS AND CARMEL BORDERS  300 W 6TH ST #2030  AUSTIN, TX 78701  (b)  Name, address, and ZIP + 4  RICHARD AND SUSAN MARCUS  913 TERRACE MOUNTAIN DRIVE	\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

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Employer identification number 26-4527097

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 43 _	SANDY GOTTESMAN  PO BOX 709  COPPELL, TX 75019	\$7,500.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 44	TIM DOKE  500 THROCKMORTON ST. #1804  FORT WORTH, TX 76102	\$7,500.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 45 _	WATERS & KRAUS, LLP  3219 MCKINNEY AVENUE  DALLAS, TX 75204	<b>\$</b> 7,500.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b) Name, address, and ZIP + 4  WALTER J. WILKIE  98 SAN JACINTO BLVD #2902  AUSTIN, TX 78701-4477		(d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
No.	Name, address, and ZIP + 4  WALTER J. WILKIE  98 SAN JACINTO BLVD #2902	Total contributions	Person Payroll Noncash (Complete Part II if there is
No46	Name, address, and ZIP + 4  WALTER J. WILKIE  98 SAN JACINTO BLVD #2902  AUSTIN, TX 78701-4477  (b)	\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
No.  46  (a)  No.	Name, address, and ZIP + 4  WALTER J. WILKIE  98 SAN JACINTO BLVD #2902  AUSTIN, TX 78701-4477  (b) Name, address, and ZIP + 4  JEFF ELLER  98 SAN JACINTO BLVD #1200	\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

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

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	BETSY AND HUGHES ABELL  1102 ENFIELD ROAD  AUSTIN, TX 78703	\$7,500.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50_	MELBA AND TED WHATLEY  PO BOX 5623  AUSTIN, TX 78763	\$7,500.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 51 _	PAT OLES  2109 ROCKMOOR AVENUE  AUSTIN, TX 78703	\$7,500.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  FRED ZEIDMAN  1980 POST OAK BLVD #2020	Total contributions	Person Payroll Noncash  (Complete Part II if there is
No52 (a)	Name, address, and ZIP + 4  FRED ZEIDMAN  1980 POST OAK BLVD #2020  HOUSTON, TX 77056  (b)	\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
No. 52 _ (a) No.	Name, address, and ZIP + 4  FRED ZEIDMAN  1980 POST OAK BLVD #2020  HOUSTON, TX 77056  (b) Name, address, and ZIP + 4  ALICE KLEBERG REYNOLDS FOUNDATION  PO BOX 2127	\$6,000.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Employer identification number 26-4527097

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	ERLE NYE  12211 CREEK FOREST DR  DALLAS, TX 75230	\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	MARY SCOTT NABERS  901 S. MOPAC EXPWY  AUSTIN, TX 78746	\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	PAMELA AND MICHAEL REESE  3511 WESTLAKE DR.  AUSTIN, TX 78746	\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  ROBERT & GAIL STILLWELL  6014 PINE FOREST ROAD	Total contributions	Person Payroll Noncash  (Complete Part II if there is
No58	Name, address, and ZIP + 4  ROBERT & GAIL STILLWELL  6014 PINE FOREST ROAD  HOUSTON, TX 77057  (b)	\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
No.  58  (a)  No.	Name, address, and ZIP + 4  ROBERT & GAIL STILLWELL  6014 PINE FOREST ROAD  HOUSTON, TX 77057  (b) Name, address, and ZIP + 4  THE LINBECK FAMILY CHARITABLE TRUST  3900 ESSEX LANE #1200	\$5,000.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 61 _	THE RK GROUP  2110 SAN JACINTO BLVD  AUSTIN, TX 78701	\$7,986.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 62 _	TEXAS CONFERENCE FOR WOMEN  98 SAN JACINTO, SUITE 1200  AUSTIN, TX 78701	\$25,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63_	ANGA - CENTRO MEDIA  222 W HUBBARD #400  CHICAGO, IL 60654	\$180,649.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  AT&T  208 S. AKARD, ROOM 2530	Total contributions	Person Payroll Noncash  (Complete Part II if there is
No.  - 64	Name, address, and ZIP + 4  AT&T  208 S. AKARD, ROOM 2530  DALLAS, TX 75202  (b)	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.  64	Name, address, and ZIP + 4  AT&T  208 S. AKARD, ROOM 2530  DALLAS, TX 75202  (b)  Name, address, and ZIP + 4  AVID  11910 GREENVILLE AVE #107	\$72,750.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Employer identification number 26-4527097

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	CADILLAC - RESOURCES  79 MADISON AVENUE  NEW YORK, NY 10016-7802	\$10,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	CENTRO MEDIA  222 W HUBBARD #400  CHICAGO, IL 60654	\$22,814.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	DOCTORS HOSPITAL AT RENAISSANCE  5501 S MCCOLL RD  EDINBURG, TX 78539	\$50,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(4)
Νo.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  DRILLING INFO INC  PO BOX 5545	Total contributions	Person Payroll Noncash  (Complete Part II if there is
No 70	Name, address, and ZIP + 4  DRILLING INFO INC  PO BOX 5545  AUSTIN, TX 78763  (b)	\$16,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
No.  70  (a)  No.	Name, address, and ZIP + 4  DRILLING INFO INC  PO BOX 5545  AUSTIN, TX 78763  (b)  Name, address, and ZIP + 4  EDUCATE TX  5500 CARUTH HAVEN LANE	\$16,000.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Employer identification number 26-4527097

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	FIDELITY - CENTRO  222 W HUBBARD #400  CHICAGO, IL 60654	\$9,763.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74	GOOGLE  345 SPEAR ST  SAN FRANCISCO, CA 94105	\$58,881.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75	GREATER HOUSTON CONV. & VISITORS  1331 LAMAR #700  HOUSTON, TX 77010	\$20,170.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<b>No.</b> _ 76			
	Name, address, and ZIP + 4  HAHN PUBLIC COMMUNICATIONS  4315 GUADALUPE, SUITE 303	Total contributions	Person Payroll Noncash  (Complete Part II if there is
76 	Name, address, and ZIP + 4  HAHN PUBLIC COMMUNICATIONS  4315 GUADALUPE, SUITE 303  AUSTIN, TX 78751  (b)	\$15,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
76 	Name, address, and ZIP + 4  HAHN PUBLIC COMMUNICATIONS  4315 GUADALUPE, SUITE 303  AUSTIN, TX 78751  (b)  Name, address, and ZIP + 4  HOUSTON ASSOCIATION OF REALTORS  21418 PROVINCIAL BLVD	\$15,000.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Employer identification number 26-4527097

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	LIVESTRONG  P.O. BOX 684587  AUSTIN, TX 78768	\$5,400.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	LONE STAR COLLEGE  1900 WEST LOOP SOUTH  HOUSTON, TX 77027	\$11,200.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 81 _	OFFICE OF PUBLIC INSURANCE COUNSEL  333 GUADALUPE #3-120  AUSTIN, TX 78701	\$14,800.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  RICE JONES GRAD SCHL OF BUSINESS  PO BOX 2932	Total contributions	Person Payroll Noncash (Complete Part II if there is
No82	Name, address, and ZIP + 4  RICE JONES GRAD SCHL OF BUSINESS  PO BOX 2932  HOUSTON, TX 77252  (b)	\$12,300.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
No.  _ 82 (a)     No.	Name, address, and ZIP + 4  RICE JONES GRAD SCHL OF BUSINESS  PO BOX 2932  HOUSTON, TX 77252  (b)  Name, address, and ZIP + 4  RICE UNIVERSITY  6100 MAIN ST	\$12,300.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	ST DAVID'S HEART AND VASCULAR  98 SAN JACINTO BLVD #1800  AUSTIN, TX 78701	\$10,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	TEXAS A&M UNIVERSITY  MS1372  COLLEGE STATION, TX 77843-1372	\$83,800.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	TEXAS CAPITAL BANK  98 SAN JACINTO BLVD #150  AUSTIN, TX 78701	\$20,250.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  TEXAS CREDIT UNION LEAGUE  4455 LBJ FREEWAY	Total contributions	Person Payroll Noncash (Complete Part II if there is
No88	Name, address, and ZIP + 4  TEXAS CREDIT UNION LEAGUE  4455 LBJ FREEWAY  FARMERS BRANCH, TX 75244  (b)	\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
No.  - 88 (a) No.	Name, address, and ZIP + 4  TEXAS CREDIT UNION LEAGUE  4455 LBJ FREEWAY  FARMERS BRANCH, TX 75244  (b)  Name, address, and ZIP + 4  TEXAS LAND TITLE ASSOCIATION  1717 W 6TH ST, SUITE 120	\$6,600.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Employer identification number 26-4527097

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91_	TEXAS STATE UNIVERSITY SYSTEM  601 UNIVERSITY DR  SAN MARCOS, TX 78666	<b>\$</b> 19,093.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92	THE UNIV OF TEXAS PERMIAN BASIN  4901 E UNIVERSITY BLVD  ODESSA, TX 79762	\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93_	UNION PACIFIC  4105 N I H 35  AUSTIN, TX 78722	\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  UNITED WAY FOR GREATER AUSTIN  2000 E MLK JR BLVD	Total contributions	Person Payroll Noncash  (Complete Part II if there is
No. 94 (a)	Name, address, and ZIP + 4  UNITED WAY FOR GREATER AUSTIN  2000 E MLK JR BLVD  AUSTIN, TX 78702  (b)	\$5,520.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
94 	Name, address, and ZIP + 4  UNITED WAY FOR GREATER AUSTIN  2000 E MLK JR BLVD  AUSTIN, TX 78702  (b)  Name, address, and ZIP + 4  UNIVERSITY OF TEXAS AT AUSTIN  110 INNER CAMPUS DR	\$5,520.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Employer identification number 26-4527097

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	UNIVERSITY OF TEXAS AT EL PASO  500 W UNIVERSITY AVE  EL PASO, TX 79968	\$10,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98	UT-MCCOMBS SCHOOL OF BUSINESS  GSB 5.170  AUSTIN, TX 78713	\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99	P.O. BOX 2842  CLINTON, IA 52733-2842	\$33,500.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  ACADEMIC PARTNERSHIPS  600 NORTH PEARL ST #900	Total contributions	Person Payroll Noncash  (Complete Part II if there is
No	Name, address, and ZIP + 4  ACADEMIC PARTNERSHIPS  600 NORTH PEARL ST #900  DALLAS, TX 75201  (b)	\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No	Name, address, and ZIP + 4  ACADEMIC PARTNERSHIPS  600 NORTH PEARL ST #900  DALLAS, TX 75201  (b)  Name, address, and ZIP + 4  ACCENTURE  1301 FANNIN; STE 1900	\$5,000.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Employer identification number 26-4527097

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_103	BP AMERICA  1005 CONGRESS AVE #695  AUSTIN, TX 78701	\$25,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_104	CANTU CONSTRUCTION  5221 N. MCCOLL RD.  MCALLEN, TX 78504	\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105	EL PASO CORP  100 N STANTON ST  EL PASO, TX 79901	\$ <u>10,000</u> .	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
	(1.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  GRUPO REFORMA  2808 CALAW COVE	Total contributions	Person Payroll Noncash (Complete Part II if there is
No. 106	Name, address, and ZIP + 4  GRUPO REFORMA  2808 CALAW COVE  AUSTIN, TX 78746  (b)	\$23,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.  106  (a)  No.	Name, address, and ZIP + 4  GRUPO REFORMA  2808 CALAW COVE  AUSTIN, TX 78746  (b)  Name, address, and ZIP + 4  HILL+KNOWLTON STRATEGIES  98 SAN JACINTO #1200	\$23,500.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Employer identification number 26-4527097

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	LOCKHEED MARTIN AERONAUTICS  55 CHARLES LINDBERGH BLVD  UNIONDALE, NY 10022	\$8,800.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110	LONE STAR NATIONAL BANK  520 E. NOLANA AVE  MCALLEN, TX 78504	\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_111	NRG ENERGY  1201 FANNIN  HOUSTON, TX 77002	\$14,250.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  PERMIAN BASIN PETROLEUM ASSOCIATION  PO BOX 132	Total contributions	Person Payroll Noncash  (Complete Part II if there is
No	Name, address, and ZIP + 4  PERMIAN BASIN PETROLEUM ASSOCIATION  PO BOX 132  MIDLAND, TX 79702  (b)	\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.  112 _ (a) No.	Name, address, and ZIP + 4  PERMIAN BASIN PETROLEUM ASSOCIATION  PO BOX 132  MIDLAND, TX 79702  (b)  Name, address, and ZIP + 4  SAN ANTONIO WATER SYSTEM  2800 US HWY 281 N	\$5,000.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Employer identification number 26-4527097

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_115	TX CONSTRUCTION ASSOCIATION  1011 SAN JACINTO BLVD #330  AUSTIN, TX 78701-2494	\$12,750.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116	THE NATURE CONSERVANCY  200 E GRAYSON  SAN ANTONIO, TX 78215	\$8,800.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_117_	UNITED HEALTHCARE  13675 TECHNOLOGY DR  EDEN PRAIRIE, MN 55344	\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
I			
No.	Name, address, and ZIP + 4  SUZANNE DEAL & DAVID G. BOOTH  4107 LAKEPLACE LANE	Total contributions	Person Payroll Noncash (Complete Part II if there is
No.  118	Name, address, and ZIP + 4  SUZANNE DEAL & DAVID G. BOOTH  4107 LAKEPLACE LANE  AUSTIN, TX 78746  (b)	\$23,200.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.  118	Name, address, and ZIP + 4  SUZANNE DEAL & DAVID G. BOOTH  4107 LAKEPLACE LANE  AUSTIN, TX 78746  (b)	\$23,200.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Employer identification number 26-4527097

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
61	FOOD FOR FESTIVAL VIP PARTY		
		\$7,986.	_03/01/2013
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
62	EVENT SPONSORSHIP		
		\$25,000.	_05/01/2013
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number 26-4527097

Part III t	<i>Exclusively</i> religious, charitable, etc., that total more than \$1,000 for the y	, individual contributions to section 5 ear. Complete columns (a) through (e	601(c)(7), (8), or (10) organizations e) and the following line entry.		
C	For organizations completing Part III, econtributions of <b>\$1,000 or less</b> for the	e year. (Enter this information once. Se	charitable, etc., ee instructions.) ▶\$		
Į	Use duplicate copies of Part III if addition	onal space is needed.			
(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, a	nd ZIP + 4 Relatio	nship 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, a	nd ZIP + 4 Relatio	ionship 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, a	nd ZIP + 4 Relatio	nship 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, and ZIP + 4 Relationship of transferor to transferee

# SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No. 1545-0047
2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number

TEX	AS TRIBUNE, INC.	26-4527097
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A organization answered "Yes" to Form 990, Part IV, line 6.	ccounts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
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 advisors in writing that the assets held in de	onor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any or	
	conferring impermissible private benefit?	
Pai		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	an historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne 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	2a
b		2b
С		2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	dling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easer	ments during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	s during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	ion 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes the
	organization's accounting for conservation easements.	
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Other S Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Similar Assets.
_		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educa public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the footnote to its financial statements.	venue statement and balance sheet ition, or research in furtherance of ites these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	
J	works of art, historical treasures, or other similar assets held for public exhibition, educa public service, provide the following amounts relating to these items:	ition, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line 1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	▶\$
b	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990) 2012 Page **2** 

Par	t III Organizations Maintaining Coll	ections of A	Art, Hi	storical	Treasu	res,	or Ot	her Simila	ır Asse	ets (con	tinue	∍d)_
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and oth	er reco	rds, checl	k any c	of the	follow	ring that are	e a sigr	nificant u	se of	its
а	Public exhibition		d [	Loan	or excha	ange	prograi	ms				
b	Scholarly research		e									
C	Preservation for future generations											
4	Provide a description of the organization's	collections a	ind expl	ain how t	hev fu	ther	the or	nanization's	exemp	t purpose	in F	Part
-	XIII.							Jana	ожор·	. ра. рос.		٠.٠
5	During the year, did the organization solicit	or receive dor	nations (	of art hist	orical tr	easu	res or	other similar	r			
	assets to be sold to raise funds rather than t								_	Yes		No
Par		ments. Con	nplete	f the org							Part	
	Is the organization an agent, trustee, custod included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII								[	Yes		No
								Am	ount			
С	Beginning balance					1c						
d	Additions during the year											
е	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an amount on F									Yes		No
b	If "Yes," explain the arrangement in Part XIII.	. Check here	if the ex	planation	has be	en pr	ovided	in Part XIII				
Par												
		rrent year	<b>(b)</b> Pri		(c) Tw			(d) Three yea		(e) Four	ears b	ack
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cur	rent vear end	balanc	e (line 1a	column	(a))	held as					
a	Board designated or quasi-endowment			o (og,	colaiiii	. (α))	11014 40	-				
b												
	Temporarily restricted endowment ▶	%										
	The percentages in lines 2a, 2b, and 2c sho		%									
За	Are there endowment funds not in the poss	-		ation that	are hel	d and	l admir	nistered for t	ne			
	organization by:		organiz	ation that	are ner	a and	adiiii	ilotoroa for ti		\(\sigma\)	'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		•							OB		
Par												
rai	Description of property					. T	/-\ A					
		(a) Cost or oth (investme		<b>(b)</b> Cost (	or other ba ther)	asis		eciation	(C	l) Book valu	ie	
1a	Land					_						
b	Buildings				7	1 1		7 411				
C	Leasehold improvements				7,4			7,411.			0 0	
d	Equipment			1	211,42	∠ 1 •	1	72,380.		3	9,0	<u>+ T + </u>
<u>e</u>	Other				/F: :					-	0 0	4.5
Tota	I. Add lines 1a through 1e. (Column (d) must	t equal Form 9	190, Part	X, columi	n (B), lin	ie 10(	<i>'c).)</i>	<u> ▶</u>		3	9,0	<del>41.</del>

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TEXAS TRIBUNE, INC.

Schedule D (Form 990) 2012 Page 3

Part VII	Investments - Other Securities. See Fe	orm 990, Part X, Iir	ne 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financia	al derivatives			
(2) Closely	-held equity interests			
<u>(A)</u>				
(B)				
<u>(C)</u>				
<u>(D)</u>				
(F)				
(G)				
(H)				
(I)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See F	orm 990, Part X, lii	ne 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
<u> </u>	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, li	ne 15.		
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X	Other Liabilities. See Form 990, Part X			
1.	(a) Description of liability	(b) Book val	ue	
(1) Feder	ral income taxes			
(2)				
(3)				
(4)				
_(5)				
_(6)				
(8)				
(9)				
(10)				
(11)	mn (h) must squal Form 000. Part V. and (D) Ext. 05.			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		organization's financial statements (but )	oporto the assessments of
∠. FIN 48 (A	ASC 740) Footnote. In Part XIII, provide the text of	of the toothote to the	organization's financial statements that r	eports the organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

TEXAS TRIBUNE, INC.

Schedule D (Form 990) 2012 Page **4** 

Dowl	VI Describing of Describing and Described Financial Obstances With Described Financial Obstances		1 age 1
Part	•		4 065 000
1	Total revenue, gains, and other support per audited financial statements	1	4,265,802.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 250,974.		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	250,974.
3	Subtract line 2e from line 1	3	4,014,828.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
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	4,014,828.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn	
1	Total expenses and losses per audited financial statements	1	4,498,417.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 250,974.		
b	Prior year adjustments 2b		
С	Other losses 20	1	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	265,524.
3	Subtract line 2e from line 1	3	4,232,893.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b  4a		
b	Other (Describe in Part XIII.)	-	
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,232,893.
	XIII Supplemental Information	3	1,232,033.
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	/ line	s 1h and 2h·
	line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro		
EXPE	NSE INCLUDED ON THE AFS BUT NOT ON FORM 990, PART IX, LINE 25		
SCHE	DULE D, PART XIII, LINE 2C		
BAD	DEBT EXPENSE FROM PLEDGES RECEIVABLE 14,550		

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

Page 5

Schedule D (Form 990) 2012

## SCHEDULE I (Form 990)

## **Grants and Other Assistance to Organizations.** Governments, and Individuals in the United States

OMB No. 1545-0047

2012 **Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Employer identification number Name of the organization TEXAS TRIBUNE, INC. 26-4527097 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant or government if applicable grant non-cash assistance or assistance cash assistance (1) UNIVERSITY OF TEXAS AT AUSTIN 601 COLORADO STREET AUSTIN, TX 78712 74-6000203 501(C)(3) 40,500. STATEWIDE SURVEYS (10) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

TEXAS TRIBUNE, INC. 26-4527097

Schedule I (Form 990) (2012)

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

(a) Type of grant or assistance	( <b>b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
_2					
_3					
4					
_5					
6					
7					

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

FORM 990, SCHEDULE I

A GRANT WAS AWARDED TO THE UNIVERSITY OF TEXAS AT AUSTIN FOR A TOTAL AMOUNT OF \$40,500 TO SUPPORT THE CREATION, ADMINISTRATION, ANALYSIS AND DISTRIBUTION OF THREE STATEWIDE SURVEYS OF PUBLIC OPINION IN TEXAS RELATED TO POLITICS AND POLICY. THE TEXAS TRIBUNE RECEIVES THE RESULTS OF EACH SURVEY NO LESS THAN 36 HOURS PRIOR TO PUBLIC RELEASE TO REVIEW, ANALYZE AND DETERMINE WHAT DATA IS RELEASED. PAYMENT IS ISSUED AFTER COMPLETION OF EACH SURVEY. GRANT AGREEMENT # UTA11-001196

Schedule I (Form 990) (2012)

JSA

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## **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.

OMB No. 1545-0047 **Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TEXAS TRIBUNE, INC.

Employer identification number 26-4527097

Part	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  Housing allowance or residence for personal use			
	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)			
b	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	explain			
	directors, trustees, and 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:	4.		Х
a	Receive a severance payment or change-of-control payment?	4a		Х
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?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		Λ
	if tes to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Fart III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
3	compensation contingent on the revenues of:			
а	The organization?	5a	Х	
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2012

0494AU 1175 V 12-7F PAGE 48 TEXAS TRIBUNE, INC. 26-4527097

Schedule J (Form 990) 2012 Page 2

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

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

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

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
EVAN SMITH	(i)	309,301.	(	(	0	2,432.	311,733.	0
1 DIRECTOR/CEO/EDITOR-IN-CHIEF	(ii)	C	(	,	<u></u>	0	C	0
ROSS RAMSEY	(i)	165,000.	254.	(	0	10.	165,264.	0
2 EXECUTIVE EDITOR	(ii)	C	(		0	0	C	0
APRIL HINKLE	(i)	150,000.	149,602.	(	0	72.	299,674.	0
3 DIR. OF BUSINESS DEVELOPMENT	(ii)	C	(		0	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)			ļ				
_11	(ii)							
	(i)			ļ				
12	(ii)							
	(i)			ļ				
_13	(ii)							
	(i)			ļ 				
14	(ii)							
	(i)		L	ļ				
15	(ii)							
	(i)			ļ				
16	(ii)							

Schedule J (Form 990) 2012

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TEXAS TRIBUNE, INC. 26-4527097

Schedule J (Form 990) 2012

## 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.

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART III

1A. 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.

5A. APRIL HINKLE, DIRECTOR OF BUSINESS DEVELOPMENT, IS PAID COMMISSION UPON COLLECTION OF SPONSORSHIP AND ADVERTISING RECEIPTS.

Schedule J (Form 990) 2012

## SCHEDULE L (Form 990 or 990-EZ)

## **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. OMB No. 1545-0047

2012

Open To Public Inspection

26-4527097

Department of the Treasury Internal Revenue Service Name of the organization

TEXAS TRIBUNE,

INC.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection | Employer identification number

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction and organization Yes No (1) (2)(3)(4)(5)(6)2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written (b) Relationship (c) Purpose of principal amount with organization Ioan from the by board or agreement? organization? committee? То From Yes No Yes No Yes No (1) (2) (3) (4)(5)(6) (7)(8)(9)

## Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990 or 990-EZ) 2012

(10) Total Schedule L (Form 990 or 990-EZ) 2012 Page 2

#### **Business Transactions Involving Interested Persons.** Part IV

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

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

#### Part V **Supplemental Information**

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

JSA 2E1507 1.000 0494AU 1175

## SCHEDULE M (Form 990)

## Noncash Contributions

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

OMB No. 1545-0047 Open To Public Inspection

**Employer identification number** 

26-4527097

Department of the Treasury Internal Revenue Service Name of the organization

TEXAS TRIBUNE, INC.

► Attach to Form 990.

Types of Property Part I (c) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures Art - Fractional interests 3 5,350. COST/SELLING PRICE Books and publications 4 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 Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 8. 17,304. COST/SELLING PRICE 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 1. 2,400. COST/SELLING PRICE Other ▶( EVENT TICKETS 25 3. 8,531. COST/SELLING PRICE Other ►( TRAVEL 26 Other ►( \_\_\_\_\_\_ 27 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . . Yes Nο 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? Χ 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard Χ contributions? 31 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? Χ 32a **b** If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property 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) (2012)

Schedule M (Form 990) (2012) Page 2

Part II

**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.

Schedule M (Form 990) (2012) JSA

## SCHEDULE O

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

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

TEXAS TRIBUNE, INC.

Employer identification number 26-4527097

OTHER PROGRAM EXPENSES

FORM 990, PART III, LINE 4D

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

PROCESS FOR REVIEWING FORM 990

FORM 990, PART VI, LINE 11B

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

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C

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

IF A CONFLICT OF INTEREST EXISTS, THE MEMBER WITH THE CONFLICT OF

INTEREST MUST EXCUSE HIMSELF/HERSELF FROM DISCUSSIONS AND ABSTAIN FROM

VOTING OR TAKING ANY ACTION RELATED TO THE ARRANGEMENT OR TRANSACTION

INVOLVING THE CONFLICT. THE BOARD SHALL DETERMINE WHETHER THE

ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS

TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY WHO WOULD NOT GIVE

RISE TO A CONFLICT.

IF A MORE ADVANTAGEOUS TRANSACTION IS NOT POSSIBLE, THE BOARD SHALL

DETERMINE WITH A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE

TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST. IF IT IS DETERMINED

THAT A MEMBER FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF

INTEREST, THE BOARD SHALL TAKE DISCIPLINARY OR CORRECTIVE ACTION.

DETERMINING COMPENSATION FOR CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT

FORM 990, PART VI, LINE 15A

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

Name of the organization

TEXAS TRIBUNE, INC.

Employer identification number

26-4527097

DETERMINING COMPENSATION FOR OFFICERS AND KEY EMPLOYEES

FORM 990, PART VI, LINE 15B

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

PUBLIC INSPECTION

FORM 990, PART VI, LINE 19

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

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

BAD DEBT EXPENSE FROM PLEDGES RECEIVABLE (14,550)

ATTACHMENT 1

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

 DESCRIPTION
 GRANTS
 EXPENSES
 REVENUE

 SEE SCHEDULE O, PART III, LINE 4D
 168,628.
 142,356.

 TOTALS
 168,628.
 142,356.

V 12-7F

# Instructions for filing TEXAS TRIBUNE, INC. Form 990T - Exempt Organization Business Return for the period ended December 31, 2012

\*\*\*\*\*\*

## Signature...

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

## Filing...

The signed return should be filed on or before November 15, 2013 with...

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

### Overpayment of tax...

The return shows an overpayment of \$3,304. of which \$NONE should be refunded to you and \$3,304. has been applied to your 2013 Estimated Tax.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

\*\*\*\*\*\*

Form Departn	990-T	Exemp	ot Organization B	usiness In	com	e Tax Return (and proxy	tax under section	6033(e))	OMB No. 1545-0687
υepartri						inning			<b>2012</b>
nternal	nent of the Treasury Revenue Service		ending , 20 . See separate instructions.				Open to Public Inspection for 501(c)(3) Organizations On		
<u>،</u>	Check box if address changed		Name of organization (	Check b	ox if nai	me changed and see instruction	ns.)		oyer identification number oyees' trust, see instructions.)
								(2p.c	system and the angle angle and the angle and the angle and the angle angle and the angle and the angle angle angle and the angle a
	mpt under section	Duint	TEXAS TRIBUN		505005				
	501( <sup>C</sup> )( <sup>3</sup> )	Print or	Number, street, and roo	26-4527097					
-	408(e) 220(e)	Type	823 CONGRESS AVE, SUITE 210						lated business activity constructions.)
	408A530(a)				JT.I.E	210			
	529(a)		City or town, state, and 2					E101	2.0
	k value of all assets nd of year		AUSTIN, TX 7					5191	30
	2 250 751		up exemption number	` , , , , , , , , , , , , , , , , , , ,				T 404( )	
			ck organization type				c) trust	401(a)	trust Other tr
						TERNET ADVERTISI			Yes X
			•	-	-	roup or a parent-subsidiary	controlled group?		▶ Yes _^_
	e books are in care		identifying number of table KARA HAMANN	ine parent co	rporali	OII. F	ne number ▶ 5	12-716	
			or Business Incon	10		(A) Income	(B) Expen		(C) Net
	Gross receipts or s				1	(A) moone	(B) Expen	505	(O) Net
	Less returns and allowa			<b>c</b> Balance ▶	1c				
			ule A, line 7)	-	2				
	-		2 from line 1c		3				
	•		ttach Schedule D)		4a				
			Part II, line 17) (attach Fo		4b				
			rusts		4c				
			os and S corporations (atta						
					6				
			come (Schedule E)		7				
			ties, and rents from		-				
		-			8				
			section 501(c)(7), (						
					9				
			ncome (Schedule I)		10				
		-	lule J)		11	63,284.			63,28
			tions; attach statement		12				
2	Other mooning (30								63,28
					13	63,284.			
3	Total. Combine lin	nes 3 thr	ough 12			· ·	 deductions) (e	xcept fo	·
13	Total. Combine lin	nes 3 thr	ough 12	(see instr	uctio	63,284. ns for limitations on carelated business inco		xcept fo	·
।उ Part	Total. Combine lin  Deduction  deduction	nes 3 thrones Not is must	ough 12	(see instr	uctio	ns for limitations on o	ome)	·	or contributions,
3 Part 4	Total. Combine lin  Deduction  deduction  Compensation of	nes 3 throng nes Not us must officers,	ough 12  Taken Elsewhere be directly connedirectors, and trustees	(see instr cted with t (Schedule K)	uctio the ur	ns for limitations on on the lated business incomme	ome)	14	or contributions,
3 Part 4 5	Total. Combine ling Deduction deduction Compensation of Salaries and wage	nes 3 throng nes Not is must officers, es	Taken Elsewhere be directly connedirectors, and trustees	(see instr cted with to (Schedule K)	uctio the ur	ns for limitations on on conrelated business inco	ome)	14	or contributions,
3 Part 4 5 6	Total. Combine ling Deduction deduction Compensation of Salaries and wage Repairs and main	ns Not is must officers, es tenance	Taken Elsewhere be directly conne	(see instr cted with t (Schedule K)	ructio the ur	ns for limitations on on conrelated business inco	ome)	14 15 16	or contributions,
3 Part 4 5 6	Total. Combine ling Deduction deduction Compensation of Salaries and wage Repairs and main Bad debts	nes 3 throngs Not as must officers, es tenance	Taken Elsewhere be directly conne	(see instr cted with the (Schedule K)	uctio the ur	ns for limitations on on conrelated business inco	ome)	14 15 16 17	or contributions,
3 Part 4 5 6 7	Total. Combine ling  Deduction  deduction  Compensation of Salaries and wage Repairs and main Bad debts  Interest (attach st	ns Not s must officers, es tenance	Taken Elsewhere be directly conne	(see instr cted with the (Schedule K)	ructio the ur	ns for limitations on on conrelated business inco	ome)	14 15 16 17	or contributions,
3 Part 4 5 6 7 8 9	Deduction deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach st Taxes and license	nes 3 thrones Not is must officers, es tenance tatement) s	Taken Elsewhere be directly conne directors, and trustees	(see instr	ructio	ns for limitations on or correlated business inco	ome)	14 15 16 17 18 19	or contributions,
3 Part 4 5 6 7 8 9	Total. Combine ling deduction deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach startases and licenses Charitable contribution Depreciation (attach startases)	nes 3 throns Not as must officers, es tenance tatement) s outlons (sach Form	Taken Elsewhere be directly connedirectors, and trustees	(see instr cted with the (Schedule K)	ructio	ns for limitations on or correlated business inco	ome)	14 15 16 17 18 19	or contributions,
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3 Part 4 5 6 7 8 9 0 1 2	Total. Combine linder deduction deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach st Taxes and licenses Charitable contributed Depreciation (attaches depreciation)	nes 3 throns Not as must officers, es tenance tatement) s outions (seach Form a claimed	Taken Elsewhere be directly connedirectors, and trustees	(see instr	ructio	ns for limitations on or correlated business inco	ome)	14 15 16 17 18 19 20	or contributions,
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3 Part 4 5 6 7 8 9 0 0 1 1 2 3 4	Total. Combine line deduction deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach states and license Charitable contributions to contributio	nes 3 throms Not as must officers, es tenance tatement) so outions (seach Form a claimed deferred of the seach form a clai	Taken Elsewhere be directly conne directors, and trustees  eee instructions for limit 4562) on Schedule A and else compensation plans	(see instr	uctio	ns for limitations on or related business inco	ome)	14 15 16 17 18 19 20 23 23	or contributions,
3 Part 4 5 6 7 8 9 0 0 11 2 3 4 4 5	Total. Combine linder deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach staxes and license: Charitable contributions to contributions to complete the salaries and contributions to contributions to complete the salaries and contributions to contributions to complete the salaries and contributions to cont	nes 3 throms Not as must officers, es tenance tatement) s outions (see the company of the compan	Taken Elsewhere be directly conne directors, and trustees  eee instructions for limi 4562) on Schedule A and else compensation plans	(see instr	uctio	ns for limitations on or related business inco	ome)	14 15 16 17 18 19 20 20 23 24	or contributions,
3 Part 4 5 6 6 7 8 9 0 0 1 1 2 1 3 4 4 5 5 6 6	Total. Combine ling deduction deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach startaxes and license: Charitable contributions to compensation description Contributions to complete benefit Excess exempt excess exempt excess and licenses depreciation (attacks).	nes 3 throms Not as must officers, es tenance tatement) s outlons (seach Form a claimed deferred of programs openses (\$\frac{1}{3}\)	Taken Elsewhere be directly conne directors, and trustees  see instructions for limi 4562) on Schedule A and else compensation plans s Schedule I)	(see instr	uctio the ur	ns for limitations on or related business inco	ome)	14 15 16 17 18 19 20 20 23 24 25 26	17,33
3 Part 4 5 6 6 7 8 9 0 1 2 3 4 5 6 6 7 8 8	Total. Combine linder deduction deduction deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach startaxes and licenses Charitable contributions to contributions to completion Contributions to complete benefit Excess exempt ex Excess readership Other deductions	nes 3 throms Not as must officers, es tenance tatement) s outions (seach Form a claimed programs openses (\$0 costs (\$0 (attach \$0))	Taken Elsewhere be directly conned directors, and trustees directly conned directors, and trustees directors for limit 4562).  on Schedule A and else directors for limit 4562).  compensation plans directors for limit 4562).  compensation plans directors for limit 4562).	(see instr	the ur	ns for limitations on or related business income lated business in	ome)	14 15 16 17 18 19 20 23 24 25 26 27	17, 33
3 Part 4 5 6 7 8 8 9 9 0 0 1 1 2 2 2 3 3 4 4 2 5 6 6 7 7 8 8	Total. Combine linder deduction deduction deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach startaxes and licenses Charitable contributions to contributions to completion Contributions to complete benefit Excess exempt ex Excess readership Other deductions	nes 3 throms Not as must officers, es tenance tatement) s outions (seach Form a claimed programs openses (\$0 costs (\$0 (attach \$0))	Taken Elsewhere be directly conned directors, and trustees directly conned directors, and trustees directors for limit 4562).  on Schedule A and else directors for limit 4562).  compensation plans directors for limit 4562).  compensation plans directors for limit 4562).	(see instr	the ur	ns for limitations on or related business inco	ome)	14 15 16 17 18 19 20 23 24 25 26 27	17, 33 17, 33 1, 53 3, 56 22, 42
3 Part 4 5 6 6 7 8 9 9 20 21 1 22 2 3 3 2 4 2 5 2 6 6 2 7 2 8 8 2 9	Deduction deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach st Taxes and license Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to c Employee benefit Excess exempt ex Excess readership Other deductions Total deductions	nes 3 throms Not is must officers, es tenance tatement) s outions (seach Form in claimed oprograms spenses (\$0 costs (\$0 (attach \$1.00)). Add line	Taken Elsewhere be directly conne directors, and trustees directors	(see instr	eturn	ns for limitations on or related business income lated business in	ome)	22b 22b 22b 23 24 25 26 27	17,33 17,33 1,53
3 Part 4 5 6 6 7 8 9 0 0 1 1 2 2 3 3 4 4 5 6 6 7 8 8 9 9 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Total. Combine linder deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach states and license: Charitable contributions to compensation (attaches depreciation (attaches depreciation Contributions to complete benefit Excess exempt execus readership Other deductions. Unrelated business Net operating loss	nes 3 throms Not as must officers, es tenance tatement) is outlons (seach Form a claimed deferred of programs spenses (\$0 costs (\$0 (attach seach Form Add lines taxables deductions of the seach Form a claimed deferred of programs spenses (\$0 costs (\$0 (attach seach Form Add lines s	Taken Elsewhere be directly conne directors, and trustees directors, and trustees directors for limited and else directors f	(see instr	eturn	ns for limitations on or related business incompleted business incomplet	ENT 1	22b 22b 22b 23 24 25 26 27 28	1,53 1,53 3,56 22,42 40,88
Part  4  15  6  7  18  9  20  21  22  23  24  25  26  27  28  29  30  31	Total. Combine linder deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach states and license: Charitable contributions to compensation (attaches depreciation (attaches depreciation Contributions to complete benefit Excess exempt ex Excess readership Other deductions. Unrelated busines Net operating loss	nes 3 throms Not as must officers, es tenance tatement) is outlons (seach Form a claimed deferred of programs spenses (\$0 costs (\$0 (attach seach Form Add lines taxables deductions of the seach Form a claimed deferred of programs spenses (\$0 costs (\$0 (attach seach Form Add lines s	Taken Elsewhere be directly conne directors, and trustees directors, and trustees directors for limited and else directors f	(see instr	eturn	ns for limitations on or related business inconnected business inconnect	ENT 1	22b 22b 22b 23 24 25 26 27 28	17,33 17,33 1,53 3,56 22,42 40,85
Part  4 4 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Total. Combine linded deduction deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach stanses and licenses Charitable contributions to compensation (attall Less depreciation Depletion Contributions to complete benefit Excess exempt ex Excess readership Other deductions Total deductions. Unrelated business Unrelated business	nes 3 throms Not is must officers, es tenance tatement) is outlions (seach Form or claimed deferred of programs spenses (\$0 costs (\$0 (attach seach Se	Taken Elsewhere be directly conne directors, and trustees directly conne directors, and trustees directors, and trustees directors for limit 4562).  on Schedule A and else directors directors for limit 4562).  on Schedule A and else directors dir	(see instr	eturn  s dedu  n. Subt	ns for limitations on or related business incompleted business incomplet	ENT 1	22b 22b 23 24 25 26 27 28 29 30 31	17,33 17,33 1,53 3,56 22,42 40,83
13 Part 14 15 16 17 18 19 20 21 122 23 224 225 226 27 228 229 330 331 332 333	Total. Combine linder deduction deduction deduction Compensation of Salaries and wage Repairs and main Bad debts Interest (attach states and licensee Charitable contributions to compeletion Contributions to completion Contributions to complete benefit Excess exempt ex Excess readership Other deductions Total deductions. Unrelated business Specific deductions Specific deductions	nes 3 throms Not is must officers, es tenance tatement) is outlons (seach Form in claimed deferred of programs spenses (\$0 costs (\$0 (attach seach Form is taxable seach Form in claimed deferred of programs spenses (\$0 costs (\$0 (attach seach Form is taxable seach Form in (\$0 (attach seach Form is taxable seach Form in (\$0 (attach seach Form is taxable seach Form in (\$0 (attach seach	Taken Elsewhere be directly conne directors, and trustees see instructions for limit 4562).  on Schedule A and else compensation plans sees instructions for limit 4562).  on Schedule J) statement) sees income before net of on (limited to the amone income before specially \$1,000, but see lire.	(see instructed with the content of	eturn  s dedu  n. Subt	ns for limitations on or related business incompleted business incomplet	ENT 1	22b 22b 23 24 25 26 27 28 29 30 31	17,33 17,33 1,53 3,56 22,42 40,83

Par	t III	Tax Computation								
35	Organi	zations taxable as corporations (	(see <u>in</u> struction	s for ta	x computat	tion). Controlled gr	roup			
	member	s (sections 1561 and 1563) check here	► See ins	tructions	and:					
	(1) \$	our share of the \$50,000, \$25,000, and (2) \$		(3)		,				
b	Enter or	rganization's share of: (1) Additional 5% tax (tional 3% tax (not more than \$100,000)	(not more than	\$11,750)		<b>\$</b>				
с 36		tax on the amount on line 34					. ▶ 35c on		5,	978.
	the amo	ount on line 34 from: Tax rate schedul	le or S	chedule D	(Form 1041)	)	▶ 36			
37	Proxy ta	ax (see instructions)					▶ 37			
38	Alternat	ive minimum tax					38			
39		dd lines 37 and 38 to line 35c or 36, which	ever applies	<u></u>	<u> </u>		39		5,	978.
		Tax and Payments			1					
		tax credit (corporations attach Form 1118;								
		redits (see instructions)								
		business credit. Attach Form 3800 (see ins								
		or prior year minimum tax (attach Form 880								
		edits. Add lines 40a through 40d t line 40e from line 39							5	978.
41 42		time 40e from line 39								
		x. Add lines 41 and 42		•	_		• —		5.	978.
43		ts: A 2011 overpayment credited to 2012					782.		- '	
		timated tax payments				u	300.			
		osited with Form 8868				_	200.			
		organizations: Tax paid or withheld at source								
	-	withholding (see instructions)	•	•						
f		or small employer health insurance premiun								
		. ,	n 2439	,		-				
•			er		 Total ▶ 44	g				
45		ayments. Add lines 44a through 44g					45	ı	9,	282.
46		ed tax penalty (see instructions). Check if Fe								
47	Tax due	. If line 45 is less than the total of lines 43	and 46, enter ar	nount owe	d b		▶ 47			
48	Overpa	yment. If line 45 is larger than the total of li	ines 43 and 46,	enter amo	unt overpaid		. ▶ 48		3,	304.
49		e amount of line 48 you want: Credited to 2013 e				3,304. <b>Refunde</b>				
Par	ł V	Statements Regarding Certain	Activities	and Oth	ner Inforn	<b>nation</b> (see instru	uctions)			
1		ime during the 2012 calendar year, did the	-			-	-	1	Yes	No
		(bank, securities, or other) in a foreign coun	-	_		to file Form TD F 90-	-22.1, Report	of Foreign		
		d Financial Accounts. If "Yes," enter the nam	_	•						X
2		he tax year, did the organization receive a			t the grantor	of, or transferor to, a	a foreign trus	t?		X
		see instructions for other forms the organiza	•		▶ ↑					
3 Sob		e amount of tax-exempt interest received of A - Cost of Goods Sold. Enter me								
		I I	ethod of inven			l of year	6			
1 2		ry at beginning of year . 1 2				l of year Is sold. Subtract				
3		labor 3		-	Ū	5. Enter here and				
		al section 263A costs		1		J. Litter field and				
7 U		statement) 4a				of section 263		espect to	Yes	No
b		osts (attach statement) 4b		-		uced or acquired	•		103	110
5		dd lines 1 through 4b 5				on?		,,		Х
	Under	penalties of perjury, I declare that I have examined		accompany	ing schedules a	nd statements, and to the	best of my kr	owledge and b	elief, it	is true,
Sign	correc	t, and complete. Declaration of preparer (other than taxpa	yer) is based on all in	tormation of v	which preparer ha	as any knowledge.	May 41-	IDC dia	th:-	rotur
Here								IRS discuss preparer sh		
		ature of officer	Date		Title		(see instruc		s X	
	•	Print/Type preparer's name	Preparer's si	gnature	,	Date	Check i	f PTIN		
Paid		Raymond Lee	// <del>_</del> _/	<u>~</u>	Lae	11/11/2013	self-employed	1 50000	0427	2
Prep	arer Only	Firm's name ▶ ERNST & YOUNG U.	S. LLP				Firm's EIN ▶			
	Oilly	Firm's address ▶ 401 CONGRESS AVE		E 1800			Phone no.	512-478	8-98	81
		AUSTIN, TX 7870	)1					Form 9	90-T	(2012)

JSA 2E1620 1.000

Page 3 Form 990-T (2012)

Schedule C - Rent Income (see instructions)	(From Real P	roperty a	and Personal Prope	erty	Leased Wi	th Real Prope	erty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accru	ied						
(a) From personal property (if the for personal property is more than 50%)	percent	From real and personal pro tage of rent for personal pro or if the rent is based on pro	perty	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)				
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of co	` ,	,				(b) Total deducti Enter here and o Part I, line 6, colu	n page 1,		
Schedule E - Unrelated De	ebt-Financed Ir	ncome (s	ee instructions)						
4.5			2. Gross income from		<b>3</b> . De	ductions directly co debt-finan	onnected w		
1. Description of deb	t-financed property		allocable to debt-finance property	ed		line depreciation statement)	(b) Other deductions (attach statement)		
(1)									
(2)									
(3)									
(4)									
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach statement)	acquisition debt on or of or allocable to debt-financed debt-financed property			6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		llocable deductions in 6 x total of columns 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)			%						
(4)				%					
Totals Total dividends-received deduct Schedule F - Interest, Anr					Part I, line		Part I,	ere and on page 1, line 7, column (B).	
Schedule 1 - Interest, Am	luities, moyanti		xempt Controlled Or			Olis (see ilistic	ictions)		
Name of controlled organization	2. Employer identification nui		3. Net unrelated income (loss) (see instructions)	<b>4</b> . T	otal of specified	cified included in the controlling connected w		6. Deductions directly connected with income in column 5	
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Orgar	nizations								
7. Taxable Income	8 Net unrelated income		9. Total of specific payments made		includ	rt of column 9 that is ed in the controlling cation's gross income	cor	11. Deductions directly connected with income in column 10	
(1)						<u> </u>			
(2)									
(3)									
(4)									
Totals					Enter	columns 5 and 10. here and on page 1, , line 8, column (A).	En	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).	
. Julio	<u></u>				-				

Form **990-T** (2012)

Page 4

Schedule G - Investment In	icome of a Sec	tion 501(c)(		ınızatı	on (see inst	ructions)		
1. Description of income	2. Amount of	2. Amount of income  3. Deductions directly connected (attach statement)			<b>4.</b> Set (attach s	5. Total deductions and set-asides (col. 3 plus col. 4)		
<u>(1)</u>								
(2)								
(3)								
<u>(4)</u>								
	Enter here and Part I, line 9, co						Enter here and on page? Part I, line 9, column (B).	
Totals								
Schedule I - Exploited Exe	empt Activity In	come. Other	r Than Advertising I	ncome	(see instru	ctions)		
<b></b>			4. Net income		(000 1110 11			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected wit production or unrelated business incon	unrelated trade or business (column of 2 minus column 3). If a gain,	from is n	Gross income from activity that is not unrelated business income     Column     Column		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
<u>(1)</u>								
(2)								
(3)								
(4)								
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and page 1, Part I line 10, col. (B	I,				Enter here and on page 1, Part II, line 26.	
Totals ► Schedule J - Advertising Ir	ICOME (see instr	uctions)						
Part I Income From Per			realidated Basis					
1. Name of periodical	2. Gross advertising	3. Direct	4. Advertising gain or (loss) (col.	5.	Circulation	6. Readership	7. Excess readership costs (column 6 minus column 5, but	
	income	advertising cos	a gain, compute cols. 5 through 7.		income	costs	not more than column 4).	
<u>(1)</u>								
(2)								
(3)								
(4)								
Totals (carry to Part II, line (5))								
Part II Income From Per through 7 on a line	riodicals Report e-by-line basis.)	ted on a Sep	parate Basis (For ea	ich pe	riodical liste	ed in Part II, f	ill in columns 2	
1. Name of periodical	2. Gross advertising income	3. Direct advertising cos	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5.	5. Circulation income 6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)								
(2)								
(3)								
(4)								
Totals from Part I				1				
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and page 1, Part line 11, col. (E	:I				Enter here and on page 1, Part II, line 27.	
	n of Officers D	irostoro on	d Trustoos (aas instr	uetiens	`			
Schedule K - Compensation of Officers, Di		mectors, and	2. Title	uctions	3. Percent of time devoted to		ensation attributable to	
(1)					business	%	related business	
(2)						%		
(3)						%		
(4)								
Total. Enter here and on page 1, F	Part II line 14					<u>%</u>		
I otali. Linter nere and on page 1, F	art 11, 1111C 14							

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## ATTACHMENT 1

## FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

RENT EXPENSE	1,490.
SITE EXPENSES	1,144.
UTILITIES	460.
OFFICE EXPENSES	176.
SUPPLIES	153.
INSURANCE	140.
PART II - LINE 28 - OTHER DEDUCTIONS	3,563.