Form **2220**Department of the Treasury Internal Revenue Service

Name

Underpayment of Estimated Tax by Corporations

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

2017

TEXAS TRIBUNE, INC.

Employer identification number 26-4527097

Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

	the estimated tax penalty line of the corporat	1011 0	moonie tax retarn, but u t	Thot attach i omi 2220.		
Par	t Required Annual Payment					
1	Total tax (see instructions)				1	7,285.
2a	Personal holding company tax (Schedule PH (For		,, ,			
b	Look-back interest included on line 1 under sec			·		
	contracts or section 167(g) for depreciation under	the ir	ncome forecast method	2b		
_	Credit for foderal toy paid on finals (one instru	tia	na)	2c		
C	Credit for federal tax paid on fuels (see instru		·		2d	
d 3	Total. Add lines 2a through 2c Subtract line 2d from line 1. If the result is				· · · · · · · · 	
3				•		7,285.
4	doesn't owe the penalty Enter the tax shown on the corporation's 20				· · · · · · · · - 	7,203.
4	the tax year was for less than 12 months,					5,740.
	ino tax your was for loss than 12 months,	Olup	tino inio ana ontoi tiio c			
5	Required annual payment. Enter the smalle	er of	line 3 or line 4. If the core	noration is required to sk	rin line 4 enter	
						5,740.
Par	the amount from line 3 till Reasons for Filing - Check the	e bo	oxes below that app	ly. If any boxes are	checked, the corp	oration must file
	Form 2220 even if it doesn't ov					
6	The corporation is using the adjusted	seas	onal installment method.			
7	The corporation is using the annualize	ed ind	come installment method.			
8	The corporation is a "large corporation	n" fig	uring its first required ins	tallment based on the price	or year's tax.	
Par	Figuring the Underpayment					
			(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF					
	filers: Use 5th month), 6th, 9th, and 12th months					
	of the corporation's tax year	9	04/18/2017	06/15/2017	09/15/2017	12/15/2017
10	Required installments. If the box on line 6					
	and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on					
	line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes					
	are checked, enter 25% (0.25) of line 5 above in	4.	1,435.	1 425	1 425	1 425
	each column	10	1,435.	1,435.	1,435.	1,435.
11	Estimated tax paid or credited for each period.					
	For column (a) only, enter the amount from	11	850.	850.	850.	3,450.
	line 11 on line 15. See instructions. Complete lines 12 through 18 of one column	- 1	030.	050.	030.	3,430.
	before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12				
13	Add lines 11 and 12	13		850.	850.	3,450.
14	Add amounts on lines 16 and 17 of the preceding column	-		585.	1,170.	1,755.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	850.	265.	,	1,695.
16	If the amount on line 15 is zero, subtract line 13					,
	from line 14. Otherwise, enter -0-	16			320.	
17	'					
	Underpayment. If line 15 is less than or equal to					
	line 10, subtract line 15 from line 10. Then go to					
		17	585.	1,170.	1,435.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2017)

Form 2220 (2017) Page **2**

P	art IV Figuring the Penalty								
			(a)		(b)	(c)			(d)
19	Enter the date of payment or the 15th day of the 4th month after								
	the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month								
	instead of 4th month. Form 990-PF and Form 990-T filers: Use								
	5th month instead of 4th month.) See instructions	19							
20	Number of days from due date of installment on line 9 to the								
	date shown on line 19	20							
21	Number of days on line 20 after 4/15/2017 and before 7/1/2017	21							
22	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$		\$		\$	
	305								
23	Number of days on line 20 after 6/30/2017 and before 10/1/2017	23	ATTACHMEN	TT	1				
	North an of days on line 00								
24	Underpayment on line 17 x Number of days on line 23 x 4% (0.04)	24	·	\$		\$		\$	
	303		SEE PENAL	ΤY	COMPUTAT	ION WHI	ГEР	APER	DETAII
25	Number of days on line 20 after 9/30/2017 and before 1/1/2018	25							
	Number of days on line 25								
26	Underpayment on line 17 x Number of days on line 25 x 4% (0.04)	26	\$	\$		\$		\$	
	303								
27	Number of days on line 20 after 12/31/2017 and before 4/1/2018	27							
	Number of days on line 27								
28	Underpayment on line 17 x Number of days on line 27 x 4% (0.04)	28	\$	\$		\$		\$	
	N								
29	Number of days on line 20 after 3/31/2018 and before 7/1/2018	29							
20	Undernovment on line 17 x. Number of days on line 29 x *0/	30	· ·	\$		\$		\$	
30	Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x *%	30	Ψ	Ψ		Φ		Ψ	
21	Number of days on line 20 after 6/30/2018 and before 10/1/2018	31							
31	Number of days off life 20 after 0/30/2016 and before 10/1/2016	31							
32	Undernayment on line 17 x Number of days on line 31 x *%	32	\$	\$		\$		\$	
32	Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x *%	32	Ψ	Ψ_		Ψ		Ψ	
33	Number of days on line 20 after 9/30/2018 and before 1/1/2019	33							
•	Number of days on line 25 and 5/05/25 to and 50/06 1/1/20 to	-							
34	Underpayment on line 17 x Number of days on line 33 x *%	34	s	\$		\$		\$	
•	365	-	<u> </u>	 					
35	Number of days on line 20 after 12/31/2018 and before 3/16/2019	35							
	,								
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$		\$		\$	
	365								
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$		\$		\$	
38	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal	here and on Form	1120	, line 33; or th	ne comparable			
	line for other income tax returns						38	g g	26

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov.** You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2017)

ATTACHMENT 1

PENALTY COMPUTATION DETAIL - FORM 2220

DATE PD	UNDERPAYMENT	BEG.DATE	END DATE	DAYS %	5	PENALTY
QUARTER 1, RA	TE PERIOD 1 (04/18/2017-	05/15/201)8			
06/13/2017 TOTAI	585. L TO FORM 2220,	04/18/2017 LINE 22, COI		7 56	4	<u>4.</u> 4.
QUARTER 2, RA	TE PERIOD 1 (06/15/2017-	05/15/201/8			
11/14/2017	850. 320. L TO FORM 2220,	06/15/2017	11/14/2017			8. <u>5.</u> 13.
	TE PERIOD 1 (
	1,435. L TO FORM 2220,			7 60	4	9.
TOTAL UNDERF	AYMENT PENALTY					26.

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

	•		(allu proxy tax	unc	dei Section o	USSI	=)))		
		For caler	ndar year 2017 or other tax year begin	ning	, 2017, a	nd endir	ng, , :	20	22(0) 1
Department of t			► Go to www.irs.gov/Form990	for ir	nstructions and the	e latest	information.	-	On an to Bublic Inspection for
nternal Revenue	e Service	▶ Do	not enter SSN numbers on this form a	s it ma	y be made public if y	our orga	nization is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
	ck box if ess changed		Name of organization (Check bo	x if nan	ne changed and see in	structions	S.)		oyer identification number oyees' trust, see instructions.)
B Exempt und	der section		TEXAS TRIBUNE, INC.						
X 501(C	(3)	Print	Number, street, and room or suite no. I	fa P.O.	box, see instructions.			26-4	527097
408(e)	220(e)	or Type							ated business activity codes
408A	530(a)	.,,,,	919 CONGRESS AVENUE,	SIX	KTH FLOOR			(See in	structions.)
529(a)			City or town, state or province, country	, and Z	IP or foreign postal cod	de			
Book value			AUSTIN, TX 78701					51913	30
at end of ye	ear	F Gro	up exemption number (See instructi	ons.)	>				
3,52	22,668.	G Che	ck organization type 🕨 X 501	(c) cor	rporation	501(c)	trust	401(a)	trust Other trust
H Describe	the organiz	ation's p	rimary unrelated business activity.	► IN	TERNET ADVER	TISIN	IG .		
			corporation a subsidiary in an affili						Yes X No
If "Yes,"	enter the na	ame and	identifying number of the parent cor	poration	on. >				
J The book	s are in care	e of 🕨 🛚	DEBORAH SEEGER		Te	elephon	e number ▶ 51	2-716-	-8608
Part I U	nrelated	Trade o	or Business Income		(A) Income		(B) Exper	ises	(C) Net
1a Gross	receipts or	sales							
	urns and allowa		c Balance ▶	1c					
2 Cost of	of goods sol	d (Sched	ule A, line 7)	2					
			2 from line 1c	3					
			ttach Schedule D)	4a					
			Part II, line 17) (attach Form 4797)	4b					
			rusts	4c					
			os and S corporations (attach statement)	5					
				6					
			come (Schedule E)	7					
			nts from controlled organizations (Schedule F)	8					
			1(c)(7), (9), or (17) organization (Schedule G)	9					
			ncome (Schedule I)	10					
	-	-	lule J)	11	66,2	245.			66,245.
			tions; attach schedule)	12	,				,
			ough 12	13	66,2	245.			66,245.
			Taken Elsewhere (See instr	-			eductions) (Except f	
			be directly connected with the				, ,	_хоорт і	or corresponditions,
			directors, and trustees (Schedule K)					14	
									8,644.
								I	,
								I	
			See instructions for limitation rules)						
			4562)		1	į ·		9.	
			on Schedule A and elsewhere on re					22b	9.
			compensation plans						
			S						589.
26 Exces 27 Exces	e readerehir	houses (c	Schedule I)			• • •		26	
			chedule J)						7,439.
									16,681.
			s 14 through 28						49,564.
			le income before net operating						45,304.
			on (limited to the amount on line 30						49,564.
			e income before specific deduction						1,000.
			ally \$1,000, but see line 33 instruct						1,000.
34 Unrela	ated busin	ess taxa	ble income. Subtract line 33 fro	om IIN	ie 32. it line 33	is grea	ter than line 3	02,	48 564

OMB No. 1545-0687

Par	t III Tax Computation					
35	Organizations Taxable as Corporations. See	instructions for tax cor	mputation. Controlled group			
	members (sections 1561 and 1563) check here ▶					
а	Enter your share of the \$50,000, \$25,000, and \$9		brackets (in that order):			
	(1) \$ (2) \$	(3) \$, ,			
b	Enter organization's share of: (1) Additional 5% tax (not		\$			
	(2) Additional 3% tax (not more than \$100,000)		\$			
С	Income tax on the amount on line 34			▶ 35c	7	7,285.
36	Trusts Taxable at Trust Rates. See inst	tructions for tax comp	putation. Income tax o	n		
	the amount on line 34 from: Tax rate schedule or	Schedule D (Form	1041)	▶ 36		
37	Proxy tax. See instructions			1 1		
38	Alternative minimum tax			. 38		
39	Tax on Non-Compliant Facility Income. See instructions	3		. 39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, which	ever applies		. 40	7	7,285.
Par	rt IV Tax and Payments					
41 a	Foreign tax credit (corporations attach Form 1118; trust	ts attach Form 1116)	41a			
b	Other credits (see instructions)		41b			
	General business credit. Attach Form 3800 (see instructi					
d	Credit for prior year minimum tax (attach Form 8801 or	8827)	41d			
е	Total credits. Add lines 41a through 41d			. 41e		
42	Subtract line 41e from line 40				7	7,285.
43	Other taxes. Check if from: Form 4255 Form 8611	Form 8697 Form 8	866 Other (attach schedule)	. 43		
44	Total tax. Add lines 42 and 43		1	. 44		7,285.
	Payments: A 2016 overpayment credited to 2017			_		
b	2017 estimated tax payments			<u>'-</u>		
С	•					
d	Foreign organizations: Tax paid or withheld at source (see					
е	3 (111					
f	Credit for small employer health insurance premiums (A		45f			
g	Other credits and payments: Form 24	39	45.			
40		Total ▶		- 40	6	6,000.
46	Total payments. Add lines 45a through 45g					26.
47	Estimated tax penalty (see instructions). Check if Form 2		· —			1,311.
48 49	Tax due. If line 46 is less than the total of lines 44 and Overpayment. If line 46 is larger than the total of lines					
	Enter the amount of line 49 you want: Credited to 2018 estin		Refunded			
50 Par						
51	At any time during the 2017 calendar year, did		· · · · · · · · · · · · · · · · · · ·		authority Yo	es No
٠.	over a financial account (bank, securities, or other	-	_			
	FinCEN Form 114, Report of Foreign Bank and	, ,		•		
	here				oountry	Х
52	During the tax year, did the organization receive a distri	ibution from or was it the gr	antor of or transferor to a fo	reian trust?		X
0_	If YES, see instructions for other forms the organization r	•	untor or, or transferor to, a ro	reigir trust:		
53	Enter the amount of tax-exempt interest received or acc	•				
	Under penalties of perjury, I declare that I have examined the	his return, including accompanying	schedules and statements, and to the	e best of my	knowledge and	belief, it is
Sig	true, correct, and complete. Declaration of preparer (other than tax	xpayer) is based on all information of w		Mov the "	DC diagram 45	io rotur
Her		CFO			RS discuss thi preparer showi	
	Signature of officer	Date Title		(see instruction		No
	Print/Type preparer's name	Preparer's signature	Date	eck if	PTIN	
Paid	KETTEI SIMON	Kelley h	11/15/10	f-employed	P00791	436
	Oarer Firm's name ► ERNST & YOUNG U.S.	LLP			4-656559	6
use	Only Firm's address ▶ 370 17TH ST, STE 33	300, DENVER, CO 80	000		20-931-40	

Form **990-T** (2017)

Form	990-T (2017)										Page 3
Sch	edule A - Cost of Go	ods Sold.	Enter method	of invent	tory valua	ation	>				
1	Inventory at beginning of ye							ar	6		
2	Purchases							ld. Subtract line			
3	Cost of labor				1			nter here and in			
4 a	Additional section 263A co				Par	t I, line	2		7		
	(attach schedule)	4a						section 263A (w		O Yes	No
b	Other costs (attach schedul				1			or acquired for	•		
	Total. Add lines 1 through	-, -									Х
	edule C - Rent Income ee instructions)	(From Rea	l Property a	nd Perso	nal Pro	perty	Leased V	Vith Real Proper	rty)	'	<u>'</u>
1. De	escription of property										
(1)											
(2)											
(3)											
(4)											
		2. Rent re	ceived or accrue	ed							
	From personal property (if the p for personal property is more tha more than 50%)		percenta	rom real and age of rent fo if the rent is	or personal	property	exceeds	3(a) Deductions di in columns 2(rectly connected v a) and 2(b) (attach		ome
(1)											
(2)											
(3)											
(4)											
Total			Total								
	otal income. Add totals of co and on page 1, Part I, line 6,	` '	` '					(b) Total deduction Enter here and on Part I, line 6, colure	page 1,		
Sch	edule E - Unrelated De	ebt-Finance	d Income (se	e instruct	ions)						
	1. Description of deb	t-financed proper	tv	1	income fro			Deductions directly cor debt-financ	ed property		
					oroperty			ht line depreciation ach schedule)	(b) Other d (attach so		
(1)											
(2)											
(3)											
(4)											
	Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	adjusted basis ocable to ced property schedule)	4	Column divided column 5			income reportable n 2 x column 6)	8. Allocable (column 6 x to 3(a) and	al of colun	
(1)						%					
(2)						%					
(3)						%					
(4)						%					
								re and on page 1, ne 7, column (A).	Enter here an Part I, line 7,		
Total		ene included:	n column 0			▶					
ı ota	dividends-received deducti	ons included l	ii coiuiiin 8					<u> ▶ </u>			

Form **990-T** (2017)

V 17-7.2F

PAGE 86

Page 4

Schedule F - Interest, Annu	ities, Royalties	, and R	ents F	rom Control	led Or	ganiza	t ions (see	instructio	ns)	
	•			Controlled Org			`		,	
Name of controlled organization	2. Employer identification numb			related income e instructions)		of specifie	d included	f column 4 the in the control on's gross in	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	ations									
7. Taxable Income	8. Net unrelated in (loss) (see instruc		9	Total of specifie payments made	ed .	inclu	art of column ded in the co ization's gross	ntrolling		. Deductions directly nected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals					►) Orga	Ente Part	columns 5 a here and on I, line 8, column (see inst	page 1, nn (A).	Ent	ld columns 6 and 11. er here and on page 1, rt I, line 8, column (B).
1. Description of income	2. Amount of			3. Deduction directly con (attach sch	tions nected		4. Se	t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
Totals ▶	Enter here and Part I, line 9, co	olumn (A).								Enter here and on page 1, Part I, line 9, column (B).
Schedule I - Exploited Exe	mpt Activity In	come, (Other T	han Adverti	sing In	come	(see instru	ctions)		
Description of exploited activity	2. Gross unrelated business income from trade or business	dir connec produ unre	penses ectly cted with ection of elated ss income	4. Net incomfrom unrelate or business 2 minus coll If a gain, cocols. 5 thro	ed tradé (column umn 3). ompute	from a	ss income citivity that unrelated ss income 6. Expression attribut column		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(1) (2)										
(3)										
(4) Totals ▶	Enter here and on page 1, Part I, line 10, col. (A).	page 1	ere and on 1, Part I, , col. (B).	1						Enter here and on page 1, Part II, line 26.
Schedule J - Advertising In	come (see instri	uctions)		'						
Part I Income From Peri	odicals Report	ed on a	Cons	olidated Bas	is					
										T
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advert gain or (los 2 minus co a gain, cor cols. 5 thro	s) (col. I. 3). If npute	l	rculation come	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5)) ▶										

Form **990-T** (2017)

Page 5

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

ine-by-line basis	5.7				
2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
66,245.		66,245.			
Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
	2. Gross advertising income 66,245.	2. Gross advertising income 3. Direct advertising costs 66, 245. Enter here and on page 1, Part I, line 11, col (A). Enter here and on page 1, Part I, line 11, col (B).	2. Gross advertising income 3. Direct advertising costs 66,245. 2. Gross advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 66,245. Enter here and on page 1, Part I, line 11, col (A). Enter here and on page 1, Part I, line 11, col (B).	2. Gross advertising income 3. Direct advertising costs 3. Direct advertising costs 66,245. 2. Gross advertising costs 3. Direct advertising costs 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 66,245. 66,245. Enter here and on page 1, Part I, line 11, col (A). Enter here and on page 1, Part I, line 11, col (B).	2. Gross advertising income 3. Direct advertising costs 66,245. 2. Gross advertising costs 3. Direct advertising costs 66,245. 5. Circulation income 6. Readership costs 66,245. Enter here and on page 1, Part I, line 11, col (A). Enter here and on page 1, Part I, line 11, col (B).

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II line 14	<u> </u>		

Form **990-T** (2017)

ATTACHMENT 1

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

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

RENT EXPENSE	6,821.
TRAVEL	203.
UTILITIES	36.
PURCHASED SERVICES	7.
BANK AND CREDIT CARD FEES	38.
SUPPLIES	320.
SOFTWARE	14.

Form **4562**

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172
20**17**

Attachment Sequence No. 179

Name(s) shown on return

Identifying number

TEXAS TRIBUNE, INC. 26-4527097 Business or activity to which this form relates GENERAL DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions 6 (a) Description of property Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part | Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Other depreciation (including ACRS) 16 Part | MACRS Depreciation (Don't include listed property.) (See instructions.) Section A 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (a) Classification of property (business/investment use (f) Method (g) Depreciation deduction placed in only - see instructions) service 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 vrs MM 27.5 yrs. S/L h Residential rental 27.5 yrs. ММ S/L property 39 yrs. MMS/L i Nonresidential real ММ property Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/I c 40-year MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

portion of the basis attributable to section 263A costs

For assets shown above and placed in service during the current year, enter the

26-4527097 Form 4562 (2017) Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes | X | No | 24b | If "Yes," is the evidence written? Yes X No (e) (i) Business Basis for depreciation Type of property (list Date placed Recovery Method/ Depreciation Flected section 179 Cost or other basis investment use (business/investment vehicles first) in service Convention deduction cost period percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: % 27 Property used 50% or less in a qualified business use: S/I -% % S/L -% S/L -Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (c) (f)

30	Total business/investment miles driven during the year (don't include commuting miles)		venicie i		icie z	verticle 3		Vernicle 4		verticle 5		v erricle o	
	Total commuting miles driven during the year . Total other personal (noncommuting)												
33	miles driven Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37 [Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by	Yes	No
У	your employees?		
38 E	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
ϵ	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 [Do you treat all use of vehicles by employees as personal use?		
40 [Do you provide more than five vehicles to your employees, obtain information from your employees about the		
U	use of the vehicles, and retain the information received?		
41 [Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization

	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortiz period percen	d or	(f) Amortization for this year
42	Amortization of costs that begins during your 2017 tax year (see instructions):						
43	43 Amortization of costs that began before your 2017 tax year					43	
44	44 Total. Add amounts in column (f). See the instructions for where to report					44	

Form 4562 (2017)

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Texas Tribune, Inc. EIN: 26-4527097 Section 1.263(a)-3(n) Election Tax Year Ending 12-31-17

Section 1.263(a)-3(n) Election Statement

Taxpayer Name: **Texas Tribune, Inc.** ("Taxpayer")

Taxpayer Address: 919 Congress Avenue, Sixth Floor, Austin, TX 78701

EIN: 26-4527097

The above-referenced Taxpayer is making the election to capitalize repair and maintenance costs under Section 1.263(a)-3(n) for its tax year ending 12-31-17.

Section 1.263(a)-1(f) de minimis safe harbor election statement

Taxpayer Name: Texas Tribune, Inc. ("Taxpayer")

Taxpayer Address: 919 Congress Avenue, Sixth Floor, Austin, TX 78701

EIN: 26-4527097

The above-referenced Taxpayer is making the de minimis safe harbor election under Section 1.263(a)-1(f) for its tax year ending 12-31-17.

EIN: 26-4527097