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Form	Э	Э	U	

Dopartment of the Treasure

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

2014 Open to Public

OMB No. 1545-0047

		enue Serv		Information a	bout Form 990 a	nd its instructions	is at ww	/w.irs.gov/f	orm990.		lr	nspect	ion
A F	or th	ne 201	4 cale	ndar year, or tax year begi	nning	, 2014	, and e	nding			, 20		
_			C Nam	e of organization					D Employer iden	tificatio	n numb	er	
Bc	Check if a	pplicable:	TE	XAS TRIBUNE, INC.					26-4527	097			
	Addre		Doing	g business as									
		e change	Num	ber and street (or P.O. box if mail is	not delivered to stree	et address)	Room/si	uite	E Telephone nun	nber			
	+	return	823	3 CONGRESS AVE, SUI	FE 1400				(512) 716	5-860	00		
	Final	return/		or town, state or province, country, a		stal code			(
	termi Amer	nded	AUS	STIN, TX 78701					G Gross receipt	s \$	5,	779,	,907.
		cation		e and address of principal officer:	EVAN SMIT	ГН			H(a) Is this a grou			Yes	XNO
	_ pendi	ing	823	3 CONGRESS, SUITE 1	-				subordinates? H(b) Are all subordi		ed?	Yes	No
1	Tax-ex	empt st	1	X 501(c)(3) 501(c) () (insert no		or	527	If "No," attacl				
				TEXASTRIBUNE.ORG		. <u>)</u>		521	H(c) Group exemp				
		-			Association 0	Other		ear of format	ion: 2009 M			micile:	TX
	art I	-	immar								iegai uui	mene.	
	1			y be the organization's mission o	r most significant	activition: SEE S	CHEDII		PPI.FMFNTAI	. TNE		 יו עד רד	
0	'	Dileity	y descri	be the organization's mission o	i most signincant a							1101	
nce													
Governance													
ove	2			x ► if the organization d									10
ۍ م	3	Numb	er of vo	oting members of the governing	body (Part VI, line	1a)		• • • • •		3			12.
Activities &	4			dependent voting members of t						4			11.
viti	5			of individuals employed in cale						5			50.
cti	6	Total	number	of volunteers (estimate if neces	sary)					6			10.
4				ed business revenue from Part V						7a			279.
	b	Net u	nrelated	business taxable income from	Form 990-T, line 3	34				7b			158.
									Prior Year			ent Ye	
e	8	Contr	ibutions	and grants (Part VIII, line 1h)					5,601,89				666.
Revenue	9	Progra	am serv	ice revenue (Part VIII, line 2g)					1,099,57		2,		435.
Sev	10			ncome (Part VIII, column (A), line					78				586.
-	11	Other	revenu	e (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, a	nd 11e)			32,56				220.
	12	Total	revenue	e - add lines 8 through 11 (must	equal Part VIII, co	olumn (A), line 12) .			6,734,81	6.	5,	779,	907.
	13			imilar amounts paid (Part IX, colu						0			0
	14	Benef	its paid	to or for members (Part IX, colu	mn (A), line 4)					0			0
ŝ	15			er compensation, employee bene					3,377,38	8.	4,	226,	532.
Expenses	16a	Profes	ssional	fundraising fees (Part IX, column	(A), line 11e)					0			0
×pe	b			sing expenses (Part IX, column (I	D), line 25) 🕨	971,885	·						
ш	17	Other	expens	ses (Part IX, column (A), lines 11					1,430,10		1,	687,	783.
	18	Total	expense	es. Add lines 13-17 (must equal	Part IX, column (A	A), line 25)			4,807,48	9.	5,	914,	315.
	19	Rever	nue less	s expenses. Subtract line 18 from	n line 12				1,927,32		-	134,	408.
or									ning of Current Y	ear	End	of Yea	r
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)					4,116,28	1.	4,	192,	674.
Asse	21			s (Part X, line 26)					153,12	2.		363,	923.
Punet	22	Net as	ssets or	fund balances. Subtract line 21					3,963,15	9.	З,	828,	751.
	rt II	Sig	gnatur	e Block									
Und	der pei	nalties o	of perjury	I declare that I have examined the Declaration of preparer (other than	is return, including	accompanying sched	ules and s	statements, a	and to the best of	my kno	wledge	and be	lief, it is
tiue	5, COILE		complet		ronicer) is based on			Tel filas ally ki	iowiedge.				
Sig	n												
He			Signatu	re of officer					Date				
nel	e												
				print name and title									
		Print/	Type pre	eparer's name	Preparer's signatur		Date			if PTI	N		
Paic		MAUI	REEN	FOLEY	1	amen P. Joly	թ 11	L/13/1	5 self-employe	ed	P001 ⁻	7750	2
-	parer Only	Firm's	s name	▶ERNST & YOUNG U.S	. LLP	1 1			Firm's EIN > 3	4-65	65596	,	
058	Only	Firm's	address	▶1401 MCKINNEY STREET, SUI	TE 1200 HOUSTON	I, TX 77010			Phone no. 7	13-7	50-15	00	
May	the l			is return with the preparer show							V		V No

	Tes	27	
For Paperwork Reduction Act Notice, see the separate instructions.	Form 99	0 (2	2014)

Form 990 (2014)

Page 2

	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
Briefly de	escribe the organization's mission:	<u> </u>
prior For	organization undertake any significant program services during the year which were not listed on m 990 or 990-EZ? describe these new services on Schedule O.	
services	organization cease conducting, or make significant changes in how it conducts, any prog	
expense	the organization's program service accomplishments for each of its three largest program sets. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants are expenses, and revenue, if any, for each program service reported.	
) (Expenses \$ including grants of \$) (Revenue \$ PUBLICATION OF ORIGINAL NEWS AND INFORMATION TO HELP THE NS OF TEXAS BETTER UNDERSTAND THE SIGNIFICANT ISSUES FACING	1,164,453.)
	STATE AND BECOME MORE INFORMED AND ENGAGED VOTERS AND	
-	IPANTS IN THE DEMOCRATIC PROCESS.	
) (Expenses \$ 179,369. including grants of \$ 0) (Revenue \$ RECORD EVENTS. OPEN FREE TO THE PUBLIC WHERE COMMUNITY	28,500.)
	S CAN DIRECTLY INTERACT WITH THE STATESMAN AND NEWSMAKERS LL SHAPE TEXAS' FUTURE.	
c (Code:) (Expenses \$ 696,989. including grants of \$ 0) (Revenue \$)	655,918.)
	XAS TRIBUNE FESTIVAL IS AN INNOVATIVE AND ENGAGING DAY EVENT FOR PEOPLE WHO ARE PASSIONATE ABOUT THE ISSUES	
	FFECT ALL TEXANS. EACH YEAR, THE FESTIVAL BRINGS TOGETHER	
	F THE BIGGEST NAMES IN POLITICS TO EXPLORE THE STATE'S AND	
NATION	'S MOST PRESSING ISSUES: PUBLIC AND HIGHER ED, IMMIGRATION,	
	CARE, TRANSPORTATION, ENERGY, THE ENVIRONMENT, CRIMINAL	
	E AND GOVERNMENT TRANSPARENCY, ALL ON THE CAMPUS OF THE	
UNIVER	SITY OF TEXAS AT AUSTIN.	
	ogram services (Describe in Schedule O.)	
(Expense		
	bgram service expenses ► 4,706,267.	Form 990 (20
SA 0 1.000		

TEXAS TRIBUNE, INC.

Form 9	90 (2014)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	<i>complete Schedule A</i> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	1 2	X X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	Λ	
5	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or 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			
	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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			Х
9	<i>complete Schedule D, Part III</i> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	8		
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			37
4	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		X
a	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			37
45	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
-	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		Х
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
JSA		⊢orm	330	(2014)

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
C	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.40		
254	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	200		
D	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? 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,	20		
27				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		X
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	21		
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):	28a		Х
a L	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		X
-	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		X
	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c 29	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	A	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		X
	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	30		
31		31		X
22	Part I	31		
32		32		X
22	<i>complete Schedule N, Part II</i> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		Х
05.	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
	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	20		37
0 -	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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? <i>If "Yes," complete Schedule R,</i>	~-		77
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	X	
	19? Note . All Form 990 filers are required to complete Schedule O	50		1

Form 990 (2014)

TEXAS TRIBUNE, INC.

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
	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 50			
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	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
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			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
۶a	(FBAR). 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		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
vu	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				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c	4.4-		v
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes." has it filed a Form 720 to report these payments? <i>If "No." provide an explanation in Schedule O</i>	14a 14b		X
n n	π res. This is the a fulling of the point these payments (11) NU, provide all explain about the schedule U	1140		1

Form 9	990 (2014) TEXAS TRIBUNE, INC. 26-452	097	F	Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI		• • •	Х
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			37
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		~
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		21
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		х
0	stockholders, or persons other than the governing body?	10		
8				
•	the year by the following: The governing body?	8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code) .)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	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? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450	Х	
-	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	21	
400	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		
5	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			
	available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain in Schedule O)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·,)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.		,	
20	State the name, address, and telephone number of the person who possesses the organization's books and record DEBBIE SEEGER 823 CONGRESS, SUITE 1400 AUSTIN, TX 78701 512-716-8608	s: 🕨		

Page	1

Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and	
	Independent Contractors									
						× <i>m</i>				

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

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

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

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

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	more erson	e than c is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)GLENN_BROWN	1.00									
DIRECTOR	0	Х						0	0	0
_(2)JEFF_ELLER DIRECTOR	1.00	X						0	0	0
(3)HIGINIO MAYCOTTE	1.00									
DIRECTOR	0	Х						0	0	0
_(4)TRACY LAQUEY PARKER	1.00									0
DIRECTOR	0	Х						0	0	0
_(5)STEVE_SACHS BOARD_CHAIRMAN	1.00	X		Х				0	0	0
(6)JIM_SCHACHTER	1.00									
DIRECTOR	0	Х						0	0	0
_(7)MICHAEL_SHERROD DIRECTOR	1.00	X						0	0	0
(8) JOHN THORNTON	1.00	21			<u> </u>		<u> </u>		0	0
DIRECTOR	0	Х						0	0	0
(9) EVAN_SMITH	40.00									
DIRECTOR/CEO/EDITOR-IN-CHIEF	0	Х		Х				362,250.	0	3,487.
(10) TREI BRUNDRETT	1.00									
DIRECTOR	0	Х						0	0	0
(11)ROSENTAL ALVES	1.00									
DIRECTOR	0	Х						0	0	0
(12) JANN BASKETT	1.00									0
DIRECTOR	0	Х						0	0	0
(13) VERONICA VARGAS STIDVENT DIRECTOR	1.00	X						0	0	0
(14)ANNA MARTINEZ CFO (THRU 10/2014)	1.00			X				0	0	0

JSA

EXECUTIVE EDITOR0X177,254.0(16) APRIL HINKLE40.00X300,256.0CHIEF REVENUE OFFICER0X300,256.0(17) MARGARET GILBURG40.00X109,588.0DIRECTOR OF DEVELOPMENT0X109,588.0(18) EMILY RAMSHAW HARTSTEIN40.00X143,284.0	Page 8
related organizations below dotted line)related organizations below dotted line)related organizations below dotted line)related organization prove below dotted line)related organization webrelated organization (W-2/1099-MISC)related organization (W-2/1099-MISC)(15)ROSS RAMSEY EXECUTIVE EDITOR40.00 0X1777,254.0(16)APRIL HINKLE EXECUTIVE EDITOR40.00 0X1777,254.0(16)APRIL HINKLE EXECUTIVE OFFICER40.00 0X300,256.0(17)MARGARET GILBURG DIRECTOR OF DEVELOPMENT40.00 0X109,588.0(18)EMILY RAMSHAW HARTSTEIN EDITOR40.00 0X143,284.0	(F) Estimated amount of other compensation
EXECUTIVE EDITOR0X177,254.0(16) APRIL HINKLE40.00X300,256.0CHIEF REVENUE OFFICER0X300,256.0(17) MARGARET GILBURG40.00X109,588.0DIRECTOR OF DEVELOPMENT0X109,588.0(18) EMILY RAMSHAW HARTSTEIN40.00X143,284.0	from the organization and related organizations
(16) APRIL HINKLE40.00X300,256.0CHIEF REVENUE OFFICER0X300,256.0(17) MARGARET GILBURG40.00X109,588.0DIRECTOR OF DEVELOPMENT0X109,588.0(18) EMILY RAMSHAW HARTSTEIN40.00X143,284.0	0
(17) MARGARET GILBURG40.00DIRECTOR OF DEVELOPMENT0X109,588.(18) EMILY RAMSHAW HARTSTEIN40.00EDITOR0X143,284.	0
EDITOR 0 X 143,284. 0	3,487.
(19) RODNEY GIBBS 40.00	4,755.
CHIEF INNOVATION OFFICER 0 X 133,394. 0	3,487.
(20) TIMOTHY GRIGGS 40.00 PUBLISHER AND CHIEF OPERATING 0 X 270,095. 0	4,755.
1b Sub-total → 362,250. 0	3,487.
c Total from continuation sheets to Part VII, Section A	16,484.
d Total (add lines 1b and 1c) 0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 9	19,971.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated	Yes No
employee on line 1a? If "Yes," complete Schedule J for such individual	3 X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.	4 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5 X
Section B. Independent Contractors	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 o compensation from the organization. Report compensation for the calendar year ending with or within the organization year.	
(A)(B)Name and business addressDescription of servicesC	(C) compensation
NONE	omponoution

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

Par	t VII	Statement of Rever Check if Schedule O co		nse or note to an	v line in this Part V	111		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Brants ounts	1a b	Federated campaigns Membership dues		492,305.				
Gifts, (ilar Am	c d	Fundraising events	1c					
outions, her Sim	e f	Government grants (contrib All other contributions, gifts,	<i>,</i>					
Contributions, Gifts, Grants and Other Similar Amounts	g	and similar amounts not included Noncash contributions included	in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		Business Code	3,736,666.			
/enu		a Domao Daut Da			1 570 150	1,570,156.		
Rev	2a	SPONSORSHIPS SUBSCRIPTIONS		519130 519130	1,570,156. 159,896.	1,570,138.		
/ice	b c	FESTIVAL TICKET SALES		519130	159,600.	159,600.		
Ser	d	CONTENT LICENSE		519130	141,783.	112,504.	29,279.	
E	e				,			
Program Service Revenue	f	All other program service rev	/enue					
Pro	g	Total. Add lines 2a-2f	<u></u>	▶	2,031,435.			
	3	Investment income (inc	cluding divider	nds, interest,				
		and other similar amounts).			2,586.			2,586.
	4	Income from investment of	tax-exempt bond	proceeds . 🕨	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						
	c c	Gain or (loss)						
-	d	o ()			0			
mu	ва	Gross income from fundra	0					
vel		events (not including \$ of contributions reported on						
Re		See Part IV, line 18	,					
ler	b	Less: direct expenses						
Other Revenue	c	Net income or (loss) from fu			0			
•	9a	Gross income from gaming See Part IV, line 19						
	b	Less: direct expenses						
	с	Net income or (loss) from g	aming activities		0			
	10a	returns and allowances	a					
	b c	Less: cost of goods sold Net income or (loss) from sa	les of inventory		0			
		Miscellaneous Reven		Business Code	0			
	11a	HONORARIUMS		900099	9,220.	9,220.		
	b							
	с							ļ
	d	All other revenue						
	е	Total. Add lines 11a-11d			9,220.			
	12	Total revenue. See instruction	ons		5,779,907.	2,011,376.	29,279.	2,586.

Check if Schedule O contains a respo Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. 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	539,804.	539,804.		
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	3,274,189.	2,432,166.	126,871.	715,152
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	174,378.	154,589.	4,669.	15,120
0 Payroll taxes	238,161.	176,913.	9,229.	52,019
1 Fees for services (non-employees):				
a Management	0			
b Legal	4,780.	1,980.	2,800.	
c Accounting	15,500.	15,500.		
d Lobbying	0			
e 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				
(A) amount, list line 11g expenses on Schedule O.)	309,503.	292,493.	16,860.	150
Advertising and promotion	68,131.	8,096.		60,035
3 Office expenses	17,651.	13,653.	1,459.	2,539
4 Information technology	158,543.	140,474.	4,242.	13,827
5 Royalties	0			· · ·
l 6 Occupancy	320,541.	244,880.	25,886.	49,775
I7 Travel	211,593.	193,397.	4,949.	13,247
8 Payments of travel or entertainment expenses	,	,	,	,
for any federal, state, or local public officials	0			
9 Conferences, conventions, and meetings	37,820.	15,878.	4,143.	17,799
20 Interest	0	-,,-	,	,
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	25,654.	19,529.	2,241.	3,884
13 Insurance	15,327.	11,667.	2,321.	1,339
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.)				
EVENDO EXDENCE	275,547.	248,112.	24,513.	2,922
bCONTRIBUTED_GOODS	75,974.	75,974.	27,010.	2,522
	2,000.	, , , , , , , , , , , , , , , , , , , ,	2,000.	
	149,219.	121,162.	3,980.	24,077
dALL_OTHER_EXPENSES	149,219.	121,1UZ.	5,300.	24,0//
e All other expenses	5 01/ 215	1 706 267	226 162	971,885
25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the	5,914,315.	4,706,267.	236,163.	9/1,003
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)				

JSA 4E1052 1.000

TEXAS TRIBUNE, INC.

Page	1	1
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	1990 (Page II
Pa	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A)		(B)
			(A) Beginning of year		End of year
	1	Cash - non-interest-bearing	1,878,797.	-	1,322,067.
	2	Savings and temporary cash investments	1,020,240.		1,022,812.
	3	Pledges and grants receivable, net	802,940.		1,225,824.
	4	Accounts receivable, net	355,581.	4	531,348.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	C	5	(
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	C	6	(
<u>e</u> ts	7	Notes and loans receivable, net	C	7	(
Assets	8	Inventories for sale or use		8	(
۷	9	Prepaid expenses and deferred charges	27,007.	-	37,535.
	-	Land, buildings, and equipment: cost or	21,001.	5	577555.
	IVa	other basis. Complete Part VI of Schedule D 10a 284, 440.			
	h	Less: accumulated depreciation	31,716.	100	53,088.
	11			-	
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11	0		0
	13	Investments - program-related. See Part IV, line 11	0	12	0
	14	Intangible assets		10	0
	15	Other assets. See Part IV, line 11	0	14	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,116,281.		4,192,674.
	17	Accounts payable and accrued expenses	153,122.		184,418.
	18	Grants payable	100/122:		1017110:
	19	Deferred revenue	-	-	179,505.
	20	Tax-exempt bond liabilities		20	1/3/3033
ß	21	Escrow or custodial account liability. Complete Part IV of Schedule D		-	0
Liabilities	22	Loans and other payables to current and former officers, directors,			
bili		trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L	C	22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	C
	24	Unsecured notes and loans payable to unrelated third parties	(24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	C	25	0
	26	Total liabilities. Add lines 17 through 25	153,122.	26	363,923.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	2,487,874.	27	1,912,489.
Bal	28	Temporarily restricted net assets	1,475,285.	28	1,916,262.
Fund Balances	29	Permanently restricted net assets	C	29	0
or Fur		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Å	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	3,963,159.	33	3,828,751.
_	34	Total liabilities and net assets/fund balances	4,116,281.	34	4,192,674.
					Form 990 (2014)

Form 990 (2014)

Form 9	90 (2014)			Pa	ge 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,7	79,9	907.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,9	14,3	315.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	34,4	108.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,9	63,1	.59.
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3,8	28,	751.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain 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 cor	npiled 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				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	countant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	explain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth 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	lergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

	tment of the Treasury al Revenue Service	► Informatio		 Attach to Form 990 or (Form 990 or 990-EZ) ; 			is at www.irs.gov/form9	Open to Public 90. Inspection
	of the organization							tification number
	AS TRIBUNE, I	INC.						-4527097
Par			rity Status (All o	organizations must o	complet	e this pa	art.) See instructions	
				t is: (For lines 1 throu			,	
1	A church, con	vention of ch	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2				. (Attach Schedule E.)				
3 [A hospital or a	cooperative	hospital service of	organization described	in sectio	on 170(b)	(1)(A)(iii).	
4 [A medical rese	earch organiz	zation operated in	conjunction with a ho	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
_	hospital's nam	e, city, and s	tate:					
5	An organizatio	on operated	for the benefit of	a college or universi	ty owne	d or ope	erated by a governme	ental unit described in
			Complete Part II.)					
6		-	-	rnmental unit describe				
7			-	-	upport fr	om a go	vernmental unit or fro	om the general public
r)(1)(A)(vi). (Comp					
8				b)(1)(A)(vi). (Complete				
9			•					ership fees, and gross
	-			-				re than 331/3% of its
		•						tax) from businesses
10		-		975. See section 509 usively to test for publ		-		
11	-	-			-			rry out the purposes of
•• [-		-	-			ction 509(a)(3). Check
			-			-	and complete lines 11	
а							orted organization(s),	
u					-			tees of the supporting
		-	omplete Part IV, S					tooo or the oupporting
b			-		nnectior	n with its	supported organization	on(s), by having
							ns that control or man	
		-		, Sections A and C.		·		0 11
с			-		ated in c	onnectio	n with, and functional	lly integrated with,
	its supported	d organizatior	n(s) (see instruction	ns). You must comple	ete Part l	V, Sectio	ons A, D, and E.	
d	Type III non-	-functionally	integrated. A sup	porting organization of	operated	in conn	ection with its suppor	ted organization(s)
	that is not fu	nctionally inte	egrated. The orga	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
	requirement	(see instruct	ions). You must c	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е	Check this b	ox if the orga	anization received	a written determination	on from t	he IRS t	hat it is a Type I, Type I	I, Type III
	,	0 /	21	tionally integrated sup	porting	organizat	tion.	[]
	Enter the number							••••
				orted organization(s).	(had) to the s		(v) Amount of monetary	(vi) Amount of
	(i) Name of supported o	ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization our governing	support (see	(vi) Amount of other support (see
				above or IRC section (see instructions))	docu	iment?	instructions)	instructions)
					Yes	No		
(A)								
(D)								
(B)								
(C)								
(0)								
(D)								
(E)								
Tota	I							

OMB No. 1545-0047

2014

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.)

Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total (f) To	Sec	tion A. Public Support						
membership fees received. (bo not include any 'unusual grans')	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
or expendent on its behavious 1 3 The value of services or facilities furnished by a governmental unit to the organization without charge	1	membership fees received. (Do not						
formished by a governmental unit to the organization without charge	2	organization's benefit and either paid						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization, included on the standard sector of the support subtract line 5 from line 4. 6 Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4	3	furnished by a governmental unit to the						
each person (other than a governmental included	4	Total. Add lines 1 through 3						
Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4								
7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from similar sources,	Sec	tion B. Total Support	1		1	1	1	
8 Grass income from initiars, dividends, rents, royalties and income from similar sources. 9 Net income from unrelated business is regularly carried on	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
ayments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on								
9 Net income from unrelated business activities, whether or not the business is regularly carried on	8	payments received on securities loans, rents, royalties and income from similar						
activities, whether or not the business is regularly carried on								
loss from the sale of capital assets (Explain in Part VI.) Image: Capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 12 13 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 14 9 Section C. Computation of Public Support Percentage 14 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 16a 33 1/3 % support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 1 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, r16a, 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 VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check	9	activities, whether or not the business						
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	19	supported organization						
	10	•						

Schedule A (Form 990 or 990-EZ) 2014

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	<u> </u>		<i>/</i>	•	,	
	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1							
	received. (Do not include any "unusual grants.")	2,127,574.	2,163,577.	3,502,370.	5,601,892.	3,896,266.	17,291,679.
2	Gross receipts from admissions, merchandise	2/12//0/11	2/103/3///	373027370.	370017032.	3,030,200.	11/201/010.
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	700 004	1 400 141	447 000	1 000 570	1 074 401	5 500 164
3	Gross receipts from activities that are not an	730,934.	1,428,141.	447,096.	1,099,572.	1,874,421.	5,580,164.
3							
4	unrelated trade or business under section 513						0
4							
	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	2,858,508.	3,591,718.	3,949,466.	6,701,464.	5,770,687.	22,871,843.
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons	1,166,192.	560,000.	617,500.	1,971,500.	1,096,724.	5,411,916.
b	received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	1,221.	100,264.	502,176.	417,135.	269,771.	1,290,567.
с	Add lines 7a and 7b	1,167,413.	660,264.	1,119,676.	2,388,635.	1,366,495.	6,702,483.
8	Public support (Subtract line 7c from						
	line 6.)						16,169,360.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6.	2,858,508.	3,591,718.	3,949,466.	6,701,464.	5,770,687.	22,871,843.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources	3,455.	1,013.	607.	783.	2,586.	8,444.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	10,759.	17,436.	33,877.	13,270.	29,279.	104,621.
с	Add lines 10a and 10b	14,214.	18,449.	34,484.	14,053.	31,865.	113,065.
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on					0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) ATCH 1	5,228.	47,685.	1,471.	10,960.	9,220.	74,564.
13	Total support. (Add lines 9, 10c, 11,						· · · · · ·
	and 12.)	2,877,950.	3,657,852.	3,985,421.	6,726,477.	5,811,772.	23,059,472.
14	First five years. If the Form 990 is for						
	organization, check this box and stop here .	0			,	•	
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2014 (line 8,			ın (f))		15	70.12%
16	Public support percentage from 2013 Sche					16	%
	tion D. Computation of Investmen				- I	1	
17	Investment income percentage for 2014 (lir			3. column (f))		17	.49%
18	Investment income percentage for 2013					18	%
	331/3% support tests - 2014. If the org						
	17 is not more than 331/3%, check thi						
h	331/3% support tests - 2013. If the orga	-	-	•		•••	
U	line 18 is not more than 331/3%, check						
	into to is not more than 331/3 /0, theth	una bux anu St	op nere, inc oly	unization qualille		Jupported Ulyalliz	
20	Private foundation. If the organization	did not check a	box on line 1.	4 19a or 19b			ctions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in Part VI when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

	le A (Form 990 or 990-EZ) 2014		F	Page
Part	Supporting Organizations (continued)		Vaa	N
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	N
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	on B. Type I Supporting Organizations	110		
			Yes	Ν
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ecti	on C. Type II Supporting Organizations			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ecti	on D. All Type III Supporting Organizations		X	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	N
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior			
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally-Integrated Supporting Organizations		,	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons):	
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ctions).	Yes	N
2	Activities Test. Answer (a) and (b) below.		163	14
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2.0		
		2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	26		
	activities but for the organization's involvement.	2b		
	Description of Ocean and a difference of the second of the			
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<u>3a</u>		
3 a b	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u>3a</u> 3b		

Schedule A (Form 990 or 990-EZ) 2014			4527097 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying			
other Type III non-functionally integrated supporting organizations must con	-		Istructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

Part Sect	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			ourrent real
2	Amounts paid to perform activity that directly furthers exer		ed	
2	organizations, in excess of income from activity		eu	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	ses of supported organi	20110115	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
0	(provide details in Part VI). See instructions.	the organization is resp	0113176	
9	Distributable amount for 2014 from Section C, line 6			
9 10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
с С				
d				
e	From 2013			
f	Total of lines 3a through e			
-				
<u>g</u>	Applied to underdistributions of prior years Applied to 2014 distributable amount			
h	••			
<u> </u>	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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

				ATT	ACHMENT 1	
SCHEDULE A, PART III	- OTHER INCOME					
DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
MISCELLANEOUS INCOME	5,228.	47,685.	1,471.	10,960.	9,220.	74,564.
TOTALS	5,228	47,685.	1,471.	10,960.	9,220.	74,564.

Sche	edu	le	В
(Form	990.	99	0-EZ.

or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.	
about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form99) 0.

14

Name	στ	the	organization	

Employer identification number

TEXAS TRIBUNE, INC.

26-4527097

Organization type (check one):

Information

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

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

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

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		
1_	THE JOHN & FLORENCE NEWMAN FDN	\$ <u>30,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	SHIELD-AYRES FDN	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3_	BRADLEY_RADOFF	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4 _	JP'S PEACE, LOVE & HAPPINESS FOUNDATION	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5 _	W. AUSTIN LIGON	\$ <u>50,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6_	NELSON_ROACH	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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Employer identification number 26-4527097

Part I	Contributors (see instructions). Use duplicate copies of Par	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _	THE WILLIAM AND FLORA HEWLETT FDN	\$ <u>350,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _	THE BROWN FOUNDATION	\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 _	THE CYNTHIA AND GEORGE MITCHELL FND	\$ <u>95,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	JOHN_THORNTON	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11 _	JOE ARAGONA	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	KLEINHEINZ ENDOWMENT FOR THE ARTS & EDU	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

JSA 4E1253 1.000 7823IK 1175 Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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	
_ 13 _	DAVID S. CLAUNCH	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
14	BETTYE_NOWLIN	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
15 _	CHARLES_C. BUTT	\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
16	SXSW INC	\$71,773.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ <u>17</u> _	HUNT_FAMILY_FDN	\$ <u>110,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ <u>18</u> _	JOSEPH JAMAIL	\$ <u>\$,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

JSA 4E1253 1.000 7823IK 1175 Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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		
_ <u>19</u> _	ROBERT & GAIL STILLWELL	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	KENNY_MJASTROW_II	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21	GARRETT AND CECILIA GUTHRIE BOONE	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
22	THE ANNIE E. CASEY FDN	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
23	BLAINE AND ALEXA WESNER	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
24	MARY_SCOTT_NABERS	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

JSA 4E1253 1.000 7823IK 1175 Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Employer identification number 26-4527097

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 25 _	RICHARD AND SUSAN MARCUS	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	THE WINKLER FAMILY FDN	\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 27 _	JEFF ELLER	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	ALICE_KLEBERG_REYNOLDS_FDN	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 29 _	PEARSON EDUCATION, INC.	\$ \$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ <u>30</u> _	RED_MCCOMBS	\$125,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 26-4527097

Part I	rt 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	
	THE BURDINE JOHNSON FDN	\$ <u>50,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
32	JULIA JONES MATTHEWS FAMILY TRUST	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
33	AUSTIN_COMMUNITY_FDN	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
34	AUSTIN_VENTURES	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
35	BEN BARNES	\$100,000.	Person X Payroll Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
36	BRUCE ZIMMERMAN	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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Employer identification number 26-4527097

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	ded. (d) Type of contribution
37	CARLOS ZAFFIRINI, JR.	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ <u>38</u> _	DAVID AND ISABEL WELLAND	\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 39 _	DAVID_GLASSCO	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	DOUG PITCOCK	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	GREGORY_SERRURIER	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	HAROLD SIMMONS FDN		Person

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Employer identification number 26-4527097

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
43 _	HATTON W SUMNERS FDN, INC.	\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	HOWARD & PENNY BURT FAMILY FUND	\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
45	INVESTIGATIVE REPORTERS & EDITORS, INC	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
46_	JAMES & PATTY HUFFINES	- \$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
47_	JAMES_GEORGE	\$ <u>18,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
48	JAVAID ANWAR	_	Person X Payroll

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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		
_ 49 _	JO LYNN AND GREG FREE	\$7, <u>500</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	JOE LONG	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
51	JOHN L. NAU, III	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
52	JOHN_STUCKEMEYER	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
53	JUDY AND CHARLES TATE	\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
54 _	JULIUS GLICKMAN	\$ <u>23,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

JSA 4E1253 1.000 7823IK 1175

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		
_ <u>55</u> _	KAISER FOUNDATION	 \$ <u>60,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_ <u>56</u> _	KLRN	 \$12,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
57 _	LAURA & JOHN ARNOLD FDN	 \$ <u>50,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
58 _	LEE_AARONSON	 \$7 <u>,500</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_ <u>59</u> _	MICKEY & JEANNE KLEIN	 \$ <u>20,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
60 _	NEW_YORK_TIMES	 \$117,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

JSA 4E1253 1.000 7823IK 1175 Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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		
61	REBECCA ROONEY	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
62	RGK_FDN	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
63	RICHARD AND KATHY SCHLOSBERG FND	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
64	RICHARD_LINKLATER	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
65	ROBERT & SUSAN EPSTEIN FUND	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
66 _	ROGER & ELIZABETH LINEBARGER	\$7 <u>,500</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

JSA 4E1253 1.000 7823IK 1175 Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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		
_ 67 _	STILL WATER FDN	\$77 <u>,500</u> .	Person X Payroll Image: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
68	SUSAN_VAUGHAN_FDN	\$10,000.	Person X Payroll Image: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
69	TOBIN_ENDOWMENT	\$ <u>25,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
70	TODD WILLIAMS	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
71	TT AND WF CHAO FAMILY FDN	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
72 _	TYSON AND NICOLE TUTTLE	\$ <u>50,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

JSA 4E1253 1.000 7823IK 1175 Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Employer identification number 26-4527097

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>73</u>	WAYNE REAUD	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
74 _	TEXAS MONTHLY	\$71,724.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

		\$71,724.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

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

(b)

Description of noncash property given

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization TEXAS TRIBUNE, INC.

FOOD INVENTORY

(a) No.

from

Part I

_ 74_ _

26-4527097

(d)

Date received

Employer identification number

(c)

FMV (or estimate)

(see instructions)

	(Form 990, 990-EZ, or 990-PF) (2014)			Page 4	
Name of o	rganization TEXAS TRIBUNE, INC.			Employer identification number	
Part III	Exclusively religious, charitable, etc., that total more than \$1,000 for the ye following line entry. For organizations contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	ear from any one o completing Part III, e year. (Enter this int	contributor. Comp enter the total of e formation once. S	blete columns (a) through (e) and the exclusively religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transfe	er of gift		
	Transferee's name, address, and	d 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	d 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	d 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	
	Transferee's name, address, and	(e) Transfe	-	nship of transferor to transferee	

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

SCHEE	DULE	D
(Form	990)	

Department of the Treasury

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

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

Open to Public

20

OMB No. 1545-0047

4

		Ile D (Form 990) and its instructions is at www	
Nam	e of the organization		Employer identification number
	XAS TRIBUNE, INC.		26-4527097
Pa	art I Organizations Maintaining Donor Ac		or Accounts.
	Complete if the organization answere		1
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don	or advisors in writing that the assets he	eld in donor advised
	funds are the organization's property, subject to	he organization's exclusive legal control?	Yes 🛄 No
6	Did the organization inform all grantees, donors	, and donor advisors in writing that gran	t funds can be used
	only for charitable purposes and not for the ber	nefit of the donor or donor advisor, or fo	r any other purpose
	conferring impermissible private benefit?		YesNo
Pa	art II Conservation Easements.		
	Complete if the organization answere		
1	Purpose(s) of conservation easements held by t		
	Preservation of land for public use (e.g., r	ecreation or education) Preservatio	on of a historically important land area
	Protection of natural habitat	Preservatio	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easeme	nts	2b
С	Number of conservation easements on a certifie		
d	Number of conservation easements included in		
	historic structure listed in the National Register .		
3	Number of conservation easements modified, tr	ansferred, released, extinguished, or terr	ninated by the organization during the
	tax year 🕨		
4	Number of states where property subject to con		
5	Does the organization have a written policy		-
	violations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring	inspecting, and enforcing conservation e	easements during the year
	▶		
7	Amount of expenses incurred in monitoring, insp	ecting, and enforcing conservation easen	nents during the year
	▶\$		
8	Does each conservation easement reported on		
	and section 170(h)(4)(B)(ii)?		Yes 📖 No
9	In Part XIII, describe how the organization report		•
	balance sheet, and include, if applicable, the tex	8	incial statements that describes the
	organization's accounting for conservation easer		
Pa	art III Organizations Maintaining Collection Complete if the organization answere		ner Similar Assets.
	· · · ·		
1a	If the organization elected, as permitted under works of art, historical treasures, or other sim public service, provide, in Part XIII, the text of the	SFAS 116 (ASC 958), not to report in it	ts revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that of	describes these items.
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other sim	nilar assets held for public exhibition, e	
	public service, provide the following amounts rel		_
	(i) Revenue included in Form 990, Part VIII, line		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of		
	following amounts required to be reported under		
a	Revenue included in Form 990, Part VIII, line 1.		••••••••••••••
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2014

TEXAS TRIBUNE, INC.

	dule D (Form 990) 2014		octions of	F Art Hist	orical 1	Francur	200	or Oth	or Similar	Acco	te (conti		ige 2
Par	t III Organizations Maintaini		ections of	Art, HISI	orical	reasur	es,	or Otr	ier Similar	Asse	ts (conti	nue	<u>(</u>
3	Using the organization's acquisition collection items (check all that app		ssion, and	other recor	_	-			-	a sigr	nificant us	se of	its
a	Public exhibition			d		or excha							
b	Scholarly research			e	Other								
C	Preservation for future gene		adlastica	a and aval	in how	thay fur	thor	the er			+	in r	
4	Provide a description of the organ XIII.	lizations	Conections	s and expla		iney iui	ther		Janization's e	exemp	t purpose	: III F	an
5	During the year, did the organization	on solicit	or receive	donations o	fart hist	orical tr	easu	res or i	other similar				
Ū	assets to be sold to raise funds rath										Yes	\square	No
Par	t IV Escrow and Custodial Ar or reported an amount or				ne orgar	nization	ans	wered	"Yes" to For	rm 990	0, Part I∖	/, line	e 9,
1a	Is the organization an agent, truste				-					_			
	included on Form 990, Part X?						•••			· · L	Yes		No
b	If "Yes," explain the arrangement i	n Part XI	II and com	plete the to	llowing ta	ble:			A				
	Paginning balance						4.0		Amo	Sunt			
d d	Beginning balance Additions during the year						1c 1d						
u e	Distributions during the year						1e						
f	Ending balance						1f						
	Did the organization include an am	ount on	Form 990,	Part X, line	21, for e	escrow		stodial	account liabili	ity?	Yes		No
	If "Yes," explain the arrangement i										 	\square	
	t V Endowment Funds. Com												
		(a) Cu	urrent year	(b) Pric	or year	(c) Tw	o year	s back	(d) Three year	s back	(e) Four y	ears b	ack
1a	Beginning of year balance	L											
b	Contributions	L											
С	Net investment earnings, gains,												
ام	and losses												
	Grants or scholarships Other expenditures for facilities												
e	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage		rrent year e	end balance	e (line 1g	, column	ı (a))	held as	:				
а	Board designated or quasi-endown			%			,						
b	Permanent endowment	%											
С	Temporarily restricted endowment		%										
	The percentages in lines 2a, 2b, a												
3a	Are there endowment funds not in	the poss	ession of t	he organiza	ation that	are hel	d and	d admir	histered for the	e			
	organization by:											es	No
	(i) unrelated organizations									• • •	3a(i) 3a(ii)		
b	(ii) related organizations If "Yes" to 3a(ii), are the related or	raanizatio	ns listed as	required on	Schedul	≏ R2	• • •	• • • •			3b		
4	Describe in Part XIII the intended u					-	• • •	• • • •			00		
Par	t VI Land, Buildings, and Equ Complete if the organiza		-				ine '	11a. Se	ee Form 990). Part	t X. line 1	0.	
	Description of property		(a) Cost or	r other basis	(b) Cost	or other ba		(c) Acc	cumulated		d) Book valu		
1a	Land			stment)	(0	other)	-	depr	eciation				
b	Buildings						+						
č	Leasehold improvements					1,11	16.		1,116.				
d	Equipment					283,32		2	30,236.		5	3,08	38.
	Other												
Tota	I. Add lines 1a through 1e. (Column	(d) mus	t equal Forr	m 990, Part	X, colum	n (B), lin	e 10	(c).)			5	3,08	38.

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014			Page
Part VII Investments - Other Securities. Complete if the organization answe	red "Ves" to Form 000	Part IV line 11b See Form 000 P	art X line 12
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market	value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)(D)			
(D) (E)			
(F)			
(G)			
(<u>H</u>)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related. Complete if the organization answe	rad "Vaa" ta Farm 000	Dort IV/ line 110 See Form 000 D	art Vilina 12
(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year market	value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answe	red "Yes" to Form 990,	Part IV, line 11d. See Form 990, P	art X, line 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	••••••••••••••••••••••••	
Part X Other Liabilities.			
Complete if the organization answe	red "Yes" to Form 990,	Part IV, line 11e or 11f. See Form	990, Part X,
line 25.			
I. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014 PAGE 40

TEXAS	TRIBUNE,	INC.
	,	

Schedu	le D (Form 990) 2014		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	۱.	
1	Total revenue, gains, and other support per audited financial statements	1	6,118,181.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities 2b 338, 274.		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	338,274.
3	Subtract line 2e from line 1	3	5,779,907.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,779,907.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	rn.	
1	Total expenses and losses per audited financial statements	1	6,252,589.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 338,274.		
b	Prior year adjustments 2b		
С			
d	Other losses 2c 2d 2d 2d		
е	Add lines 2a through 2d	2e	338,274.
3	Subtract line 2e from line 1	3	5,914,315.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines to and the	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	5,914,315.
	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

(Fori	EDULE J m 990)	For certain Officers, Dire Cor ► Complete if the organization ► A	Association Information ectors, Trustees, Key Employees, and Highest mpensated Employees n answered "Yes" on Form 990, Part IV, line 23 Attach to Form 990.	3. C	MB No. 20 Open to	14 Pub	olic
	Revenue Service of the organization	Information about Schedule J (Fo	orm 990) and its instructions is at www.irs.gov/	Form990. Employer identification		ectio	n
	AS TRIBUNE	TNC		26-452709		•	
Part		s Regarding Compensation		20-452709	1		
Fart	Question					Yes	No
1a b 2 3	990, Part VII, First-cla Travel fo Tax inde Discretio If any of the or reimburse explain Did the orga directors, trus 1a?	Section A, line 1a. Complete Part III to ss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did th ment or provision of all of the ex anization require substantiation prior stees, and officers, including the CEC n, if any, of the following the filing organ	by by ded any of the following to or for a per- provide any relevant information regarding Housing allowance or residence for Payments for business use of perso Health or social club dues or initiation Personal services (e.g., maid, chauff the organization follow a written policy re- penses described above? If "No," com- to reimbursing or allowing expenses D/Executive Director, regarding the items nization used to establish the compensation at apply. Do not check any boxes for method	these items. personal use nal residence on fees eur, chef) egarding payment plete Part III to incurred by all s checked in line on of the	1b 2	x	x
4 a b c	related organ X Comper Indepen X Form 99 During the year organization of Receive a sev Participate in, Participate in,	ization to establish compensation of the heation committee dent compensation consultant 00 of other organizations ar, did any person listed in Form 990, I or a related organization: verance payment or change-of-control pay , or receive payment from, a suppleme , or receive payment from, an equity-ba	e CEO/Executive Director, but explain in P Written employment contract Compensation survey or study X Approval by the board or compensa Part VII, Section A, line 1a, with respect to ayment? ental nonqualified retirement plan? ased compensation arrangement?	art III. tion committee the filing	4a 4b 4c		X X X
5 a	For persons li compensation The organizat	isted in Form 990, Part VII, Section A, n contingent on the revenues of: ion?	rganizations must complete lines 5–9. line 1a, did the organization pay or accrue a		5a	X	v
b					5b		X
6	For persons li compensatior	n contingent on the net earnings of:	line 1a, did the organization pay or accrue a	-			
a	-				6a		X
b		-		• • • • • • • • •	6b		X
-		e 6a or 6b, describe in Part III.		de environ C. I			
7			n A, line 1a, did the organization provi		-		v
8	Were any am to the initial	ounts reported in Form 990, Part VII, p I contract exception described in I	escribe in Part III paid or accrued pursuant to a contract tha Regulations section 53.4958-4(a)(3)? If	at was subject "Yes," describe	7		X
9			low the rebuttable presumption proced				
		-			9		
For Pa		ction Act Notice, see the Instructions for Fo			ule J (Fo	orm 990	J) 2014

INC.	
TRIBUNE,	
TEXAS	

Page 2

Schedule J (Form 990) 2014

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	vf \\\-2 and/or 1000-\\	or 1000-MISC compensation				
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(U) Nontaxable benefits	(E) Lotal of columns (B)(i)-(D)	(r) Compensation in column (B) reported as deferred in prior Form 990
EVAN SMITH	(i)	330,750.	31,500.	0	0	3,487.	365,737.	0
<pre>1 DIRECTOR/CEO/EDITOR-IN-CHIEF</pre>	(II)		0	0	0	0	0	0
ROSS RAMSEY	Ξ	177,254.	0	0	0	0	177,254.	0
2 EXECUTIVE EDITOR	(ii)		0	0	0	0	0	0
APRIL HINKLE	Ξ	150,256.	0	150,000.	0	0	300,256.	0
3 CHIEF REVENUE OFFICER	(ii)		0	0	0	0	0	0
TIMOTHY GRIGGS	Ξ	270,095.	0	0	0	4,755.	274,850.	0
f 4 PUBLISHER AND CHIEF OPERATING	(ii)		0	0	0	0	0	0
	Ξ							
Q	(ii)							
	Ξ							
9	(ii)							
	Ξ							
7	(ii)							
	Ξ							
8	(ii)							
	Ξ							
6	(ii)							
	Ξ							
10	(ii)							
	Ξ							
11	(ii)							
	(i)							
12	(ii)							
	Ξ							
13	(ii)							
	Ξ							
14	(ii)							
	Ξ							
15	(ii)							
	Ξ							
16	(ii)							
							Sche	Schedule J (Form 990) 2014

TNC	
TR TRUNE,	
TEXAS	2

Schedule J (Form 990) 2014
Part III Supplemental Information

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

SCHEDULE J, PART III, LINE 1A

MEMBERSHIP CLUB MEMBERSHIP DUES FOR EVAN SMITH, CHIEF EXECUTIVE OFFICER.

OF THE AUSTIN CLUB AND THE HEADLINERS IS MAINTAINED TO USE THE FACILITIES

CLUB FOR TEXAS TRIBUNE EVENTS.

SCHEDULE J, PART III, LINE 1B

EXPENSES PAYMENTS ARE MADE MONTHLY UPON RECEIPT OF EACH CLUB'S INVOICE.

RELATED TO TEXAS TRIBUNE EVENTS ARE APPROVED BY THE APPROPRIATE

DEPARTMENT HEAD.

SCHEDULE J, PART III, LINE 5A

APRIL HINKLE, CHIEF REVENUE OFFICER, IS PAID COMMISSION UPON COLLECTION

OF SPONSORSHIP AND ADVERTISING RECEIPTS.

Schedule J (Form 990) 2014

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public

Inspection

Complete if the organizations answered	"Yes"	on Form	990,	Part IV,	lines	29 o	r 30.
Attach to Form 990.							

Department of the Treasury Internal Revenue Service

Information about S	Schedule M (For	m 990) an	nd its instructions i	is at www.irs	aov/form990
information about 3		11 990) an		15 al www.m.s.	gov/ioiiii330.

Name of the organization

Employer identification number
26-4527097

Par	t I Types of Property			1			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
Ŭ	goods.						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
	Qualified conservation						
13	contribution - Historic						
	structures						
	Qualified conservation						
14							
45	contribution - Other Real estate - Residential						
15							
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles	X	23.	71 074	COST/SELLING PRICE		
19	Food inventory		23.	71,274.	COSI/SELLING PRICE		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received						
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	29		
					Yes No		
30a	During the year, did the organizat				-		
	28, that it must hold for at least th	-					
	to be used for exempt purposes for		olding period?		30a X		
	If "Yes," describe the arrangement in						
31							
	contributions?						
32a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						
	contributions?						
b	If "Yes," describe in Part II.						
33							
	describe in Part II.						
For P	For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)						

JSA

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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.

PART I COLUMN (B)

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I,

COLUMN (B).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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



26-4527097

FORM 990, PART I, LINE 1 THE TEXAS TRIBUNE IS A NONPROFIT, NONPARTISAN MEDIA ORGANIZATION THAT PROMOTES CIVIC ENGAGEMENT AND DISCOURSE ON PUBLIC POLICY, POLITICS, GOVERNMENT, AND OTHER MATTERS OF STATEWIDE CONCERN.

FORM 990, PART III, LINE 4D

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

FORM 990, PART VI, LINE 11B

THE COMPLETED FORM 990 WAS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY AND WAS REVIEWED AT A REGULARLY SCHEDULED BOARD MEETING ON OCTOBER 28.

FORM 990, PART VI, LINE 12C

THE CONFLICT OF INTEREST POLICY COVERS ALL MEMBERS OF THE BOARD AND IS MONITORED BY AN ANNUAL WRITTEN INFORMATION QUESTIONNAIRE FROM THE CHAIRMAN WHICH ARE REVIEWED AND MAINTAINED BY THE COMPLIANCE OFFICER. THE BOARD REVIEWS EACH TRANSACTION TO COME BEFORE THE BOARD FOR POTENTIAL OR ACTUAL CONFLICTS OF INTEREST. MEMBERS HAVE A DUTY TO DISCLOSE POTENTIAL OR ACTUAL CONFLICTS AND THE REMAINING BOARD MEMBERS DECIDE IF A POTENTIAL OR ACTUAL CONFLICT EXISTS. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE IDENTIFIED CONFLICTS OF INTEREST AND APPROPRIATE RECUSALS ARE DOCUMENTED IN THE MINUTES OF EACH MEETING.

FORM 990, PART VI, LINES 15A & 15B

THE PROCESS FOR DETERMINING COMPENSATION FOR THE EDITOR-IN-CHIEF AND CEO INCLUDES A REVIEW AND APPROVAL BY THE INDEPENDENT MEMBERS OF THE ENTIRE BOARD. COMPARABILITY DATA USED IN THE REVIEW PROCESS IS OBTAINED THROUGH FORM 990 OF COMPARABLE ORGANIZATIONS. THE DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN BOARD MEETING MINUTES. AFTER REVIEW OF SIMILAR COMPARABILITY DATA, THE CEO DETERMINES THE COMPENSATION FOR THE FOLLOWING POSITIONS:

CHIEF OPERATING OFFICER (REVIEWED 2014) EDITOR (REVIEWED 2014) EXECUTIVE EDITOR (REVIEWED 2014) CHIEF REVENUE OFFICER (REVIEWED 2014) CHIEF DEVELOPMENT OFFICER (REVIEWED 2014) CHIEF FINANCIAL OFFICER (REVIEWED 2014) CHIEF INNOVATION OFFICER (REVIEWED 2014) DIRECTOR OF MARKETING (REVIEWED 2014)

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.

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ATTACHMENT 1

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

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