Form	990	
Form	J J U	

Department of the Treasury

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



ΔF	or th	e 2013 calendar year, or tax year beginning , 2013, a		0111330.	
<u></u>	01 11	C Name of organization , 2013, 2	and ending	D Employor idor	, 20 ntification number
Bc	heck if ap	nlicoble:			
1v	Addre	TEXAS TRIBUNE, INC	- denterte	26-4527	097
X	chang	e Doing Business As			
	-		Room/suite	E Telephone nur	
-	-	return 823 CONGRESS AVE, SUITE 1400		(512) 716	-8600
	Amen			_	
X	return Applic	AUSTIN, IA 70701		G Gross receipts	100
L	pendi	ng Chamber and address of principal stricts. EVAN SPITTA	_	H(a) Is this a group subordinates?	
. 	-	823 CONGRESS AVE, SUITE 1400 AUSTIN, TX 78703		H(b) Are all subordina	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		a list. (see instructions)
		te: WWW.TEXASTRIBUNE.ORG		H(c) Group exempt	10.00
and the second second		of organization: X Corporation Trust Association Other	L Year of format	tion: 2009 M S	tate of legal domicile: TX
P	art l	Summary			A., A.A
		Briefly describe the organization's mission or most significant activities: SEE SCH	HEDULE O SU	PLEMENTAL	_INFORMATION
nce					
rna					
Governance	2	Check this box If the organization discontinued its operations or disposed	of more than 25%	1	
	3	Number of voting members of the governing body (Part VI, line 1a)	C. June .	· · · · · · · -	<u>3</u> <u>13</u> .
es	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2013 (Part V, line 2a)	Q.V	· · · · · · · ⊢	<u>4</u> <u>12</u> .
viti	5			••••••	<u>5 48.</u>
Activities &		Total number of volunteers (estimate if necessary)		· · · · · · · +	<u>6</u> 10.
		Total unrelated business revenue from Part VIII, column (C), line 12		· · · · · · · -	7a 21,609.
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		7b 15,612.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	••••	3,502,370	
Revenue	9	Program service revenue (Part VIII, line 2g)		447,096	
Re	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)		607	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		64,755	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	· · · · · ·	4,014,828	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	· · · · ·	40,500	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	••••		0 0
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	· · · · ·	2,945,386	<u>3,377,388.</u>
Expenses	16a	Professional fundraising fees (Part IX, column (Å), line 11e) . Total fundraising expenses (Part IX, column (D), line 25) ►642,036.	. the		
Ë	b	Total fundraising expenses (Part IX, column (D), line 25) ► 642,036.			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,247,007	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,232,893	
or		Revenue less expenses. Subtract line 18 from line 12		-218,065	
Net Assets o Fund Balance	20	Table of the second sec	Begin	ning of Current Ye	
\sse Bala	20	Total assets (PartX, line 16)	· · · · ·	2,258,751	
und /	21 22	Total liabilities (Rart X line 26)	· · · · ·	127,419	· · · · · · · · · · · · · · · · ·
	rt II	Net assets or fund balances. Subtract line 21 from line 20		2,131,332	3,963,159.
			e and statements	and to the best of r	my knowledge and helief it is
true	e, corre	nalties of perjury, Leeclare that I have examined this return, including accompanying schedule ct, and complete Declaration of preparer (other than officer) is based on all information of which	preparer has any ki	nowledge.	ny knowledge and bener, it is
		. 70		3/17	115
Sig	In	Signature of officer	<i>i</i>	Date	// <u> </u>
He	re	Evan Smith, Editor - in-Chief	FLCED		
		Type or print name and title $\frac{L}{L}$	1700		
		Print/Type preparer's name Preparer's signature	Date	Check i	f PTIN
Paid		MELVA SCOTT Monders Scott	03/12/15	self-employed	•
	parer	Firm's name ▶ERNST & YOUNG U.S. LLP			-6565596
Use	Only	Firm's address >425 HOUSTON STREET, SUITE 600 FORT WORTH, TX 76102			.7-335-1900
Мау	/ the II	RS discuss this return with the preparer shown above? (see instructions)			Yes X No
For	Paper	work Reduction Act Notice, see the separate instructions.	· · · · · ·		Form 990 (2013)

TEXAS	TRIBUNE,	INC
	,	

	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	ATTACHMENT 1
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	Did the organization cease conducting, or make significant changes in how it conducts, any program every Yes X
	f "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe he total expenses, and revenue, if any, for each program service reported.
	Code:) (Expenses \$
	NLINE PUBLICATION OF ORIGINAL NEWS AND INFORMATION TO HELP THE
	CITIZENS OF TEXAS BETTER UNDERSTAND THE SIGNIFICANT ISSUES FACING
	THEIR STATE AND BECOME MORE INFORMED AND ENGAGED VOTERS AND
	ANTICITANIS IN THE DEMOCRATIC INCCESS.
h	Code:)/Expenses \$ including grants of \$)(Pevenue \$)
	Code:) (Expenses \$
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TEXAS TRIBUNE, INC

Form 9	90 (2013)		F	⊃age 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			57
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	12a	Х	
h	complete Schedule D, Parts XI and XII	120		
D	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	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? If "Yes," complete Schedule G, Part 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		X
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? <i>If "Yes," complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

AMENDED

Ves No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 17 // Yes, "complete Schedule (. Parts 1 and II	Part	V Checklist of Required Schedules (continued)			
government on Part IX, column (A), line 1? II 'Yos,' complete Schedule I, Parts I and II. 21 × 22 Did the organization report more than 55 000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? II 'Yos,' complete Schedule I, Parts I and III. 22 × 23 Did the organization newer '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? II 'Yos,' complete Schedule I. 'No.' go to Ine 256. 24 × 24 Did the organization have a tax-exempt bond is use with an outstanding principal amount of more than 5 100.000 as of the last day of the year, that was issued after December 31, 2002? II 'Yes,' answer lines 24b 24a 24 Did the organization water as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24c 25 Section 501(c)(A) organizations. Did the organization ange in an excess benefit transaction with a disqualified person during the year? II 'Yes,' complete Schedule L, Part I, 'I' 'Yes,'' complete Schedule L, Part I 25a 26 Did the organization avate sha the angeage in an excess benefit transaction with a disqualified person fit so, complete Schedule L, Part II 25a 27 Did the organization avate sha to the reparation avate with a out shall on or a 35% controlled entity or family member of any of these persons? II' 'Yes,' complete Schedule L, Part IV. 25a	-			Yes	No
government on Part IX, column (A), line 1? II 'Yos,' complete Schedule I, Parts I and II. 21 × 22 Did the organization report more than 55 000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? II 'Yos,' complete Schedule I, Parts I and III. 22 × 23 Did the organization newer '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? II 'Yos,' complete Schedule I. 'No.' go to Ine 256. 24 × 24 Did the organization have a tax-exempt bond is use with an outstanding principal amount of more than 5 100.000 as of the last day of the year, that was issued after December 31, 2002? II 'Yes,' answer lines 24b 24a 24 Did the organization water as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24c 25 Section 501(c)(A) organizations. Did the organization ange in an excess benefit transaction with a disqualified person during the year? II 'Yes,' complete Schedule L, Part I, 'I' 'Yes,'' complete Schedule L, Part I 25a 26 Did the organization avate sha the angeage in an excess benefit transaction with a disqualified person fit so, complete Schedule L, Part II 25a 27 Did the organization avate sha to the reparation avate with a out shall on or a 35% controlled entity or family member of any of these persons? II' 'Yes,' complete Schedule L, Part IV. 25a	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
22 Did the organization report more than 55,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 if 'vs; 'complete Schedule I, Parts I and III. 22 × 23 Did the organization asswer "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 'vs; 'complete Schedule K. If 'Nu,' go to line 25a. 23 × 24 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 'Vs; answer lines 24d × 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a × 25a Section 501(c)(A) or solutions beyond a temporary period exception? 24d × 25a Section 501(c)(A) or solutions beyond a temporary period exception? 25a × 25a Section 501(c)(A) or solutions beyond a temporary period exception? 25a × 25a Section 501(c)(A) or solutions that solutions beyond a temporary period exception? 25a × 25a Section 501(c)(A) or solutions on any of the organization in prore year, and that the transaction with a disqualified person in a prior year, and that the transaction have the ergonization inverse on any of the organization prorovid a grant or other assist			21		Х
on Part IX, column (A), line 27 H*vs; "complete Schedule I, Parts I and III. 22 × 23 Did the organization answer Yes' to Part VI. Section A, line 3, 4, or 5 about compensation of the organization scurent and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J. 23 X 24 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 24 and complete Schedule J. M'No* go to line 25a. 24a X 24 Did the organization nation an ecrow account other than a refunding escrow at any time during the year? 24d 25 Section 501(c)(3) and 501(c)(4) organizations. Did the organization access benefit transaction with a disqualified person during the year? II''ssc: "complete Schedule L, Part I. 25a 26 Did the organization aver that it engaged in an excess benefit transaction with a disqualified persons? If so, complete Schedule L, Part I. 25a 27 I'' disqualified persons? If so, complete Schedule L, Part II. 25b 28 Vast the organization aver the tax ingaged in an excess benefit transaction, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes, '' complete Schedule L, Part II. 26b 27 X	22				
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? <i>II</i> "Yes," complete Schedule J. 23 X 24 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? <i>II</i> "Yes," answer lines 24 24 X 24 Did the organization watest any proceeds of tax-exempt bonds beyond a temporary period exception?. 240 240 25 Bection 501(c)(3) and 501(c)(4) organizations. Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 240 241 26 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person luring the year? 25 25 x 27 Mit the transaction has not been reported on any of the organization's prior Forms 900 or 900-E27 25 25 x 26 Did the organization reported any amount on Part X. line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L Part I 26 x 27 Did the organization report any amount on Part X. line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees,	~~		22		x
organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X 24a Did the organization have a fax-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 X 24a Did the organization have a fax-exempt bond sue 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 X 24b Edit to organization and station invest any proceeds of fax-exempt bonds beyond a temporary period exception? 24a 25 Section 501(c)(3) and 501(c)(4) organizations. Did the organization axees benefit transaction in a prior with a disqualified person of a prior bey some that it engaged in an excess benefit transaction is prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 16 If "Yes," complete Schedule L, Part I. 25b X 27 Did the organization avent that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization avent that it engaged in an excess benefit transaction with a disqualified person any price and prior theored, a grant or other assistance to an officer, director, trustee, extrempt benefit ansaction with a disqualified person in a prior year and mat the erganization avent any amount on Part X. line 5.6, or 22 for receivables Schedule L, Part I. 26a X	22		~~~		
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 some fines 24b through 24d and complete Schedule K II *No," go to line 25a. 24a X 24b Did the organization invises any proceed of 1 ax-exempt bonds beyond a temporary period exception?. 24b 24a X 24d X 24b Did the organization invises any proceed of 1 ax-exempt bonds? 24c 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization syntem during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization process benefit transaction with a disqualified person during the year? 25d 25b X 10 the organization invison been reported on any of the organizations prior Forms 990 or 990-527 25b 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If so, complete Schedule L, Part I, 25a 25b 27 Did the organization in provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If so, complete Schedule L, Part I, 26a 27 27 Did the organization aport to a business transaction with one of the following parties (see Schedule L, Part IV, Schedule L, Part IV, Schedule L,	23	-			
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 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			22	v	
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answor lines 24b 24a bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 900-E27 7 d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officer, director, trustes, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. 26 X 27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 X 29 Did the organization a party to a business transaction were of the schedule L, Part IV. 28 X 20			23	Λ	
through 24d and complete Schedule // If 1% g to line 25a. 24a 24 b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 24c 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spore non yeavable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. 25b X 27 X Was the organization a party to a business transaction with on or the set organization provide a grant or other assistance to an officer, director, trustee, or key employees, indication party to a business transaction with one of the following parties (see Schedule L, Part IV. 28a X 28 Was the organization receive more thereof, a grant or other organized committee member, or to a 35% controlled schedule L, Part IV. 28a X 28 Was the organization organized to a unrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule K, Part IV. <td>24 a</td> <td></td> <td></td> <td></td> <td></td>	24 a				
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with a disqualified person during the year? II "Yes," complete Schedule L, Part I. 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? 1 76 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "xos," complete Schedule L, Part II. 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "xos," complete Schedule L, Part III. 26 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28a X 4 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L Part IV. 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 28c X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. <td>d</td> <td></td> <td>24d</td> <td></td> <td></td>	d		24d		
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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. Z5b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. Z6 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Pse," complete Schedule L, Part II. Z6 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. Z8a X 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. Z8a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes," complete Schedule M, Part IV. 26 X 30 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes," complete Schedule M, Part IV. 26 X 31 Did the organization neceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,"			25a		X
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 payable to any current or former officers, directors, trustees, key employees, no disqualified persons? If so, complete Schedule L, Part II. 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV. 26 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28a X 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization feelwe contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part I. 29 X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net asset? If "Yes," complete Schedule R, Part I. 31 X 31 Did the organization nealty dispose of	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
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disqualified persons? If so, complete Schedule L, Part II. 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28a X 28 A carrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I. 20 X 30 Did the organization sliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule R, Part I, III, or Plant Y, line 1 30 X 31 X 31 X 32 Did the organization receive contributions of art, historical treasures, or other similar assets? If "Yes," complete Schedule R, Part I, III, or Plant Y, line 1 30 X 32	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
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entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. instructions for applicable filing thresholds, conditions, and exceptions): 28a X 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28a X 20 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule IM 28c X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule IM 30 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule IM, Part I. 30 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule IM, Part II. 31 X 33 Did the organization one 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X	27				
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b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 29 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, II, or IV, and Part V, line 1 34 X 35 a Did the organization solid the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35a X 36 Section 501(c)(3) organizations. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. <td< td=""><td>а</td><td></td><td>28a</td><td></td><td>Х</td></td<>	а		28a		Х
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37				
Part VI	51				
			37		x
	20		51		
19? Note. All Form 990 filers are required to complete Schedule O	50	•	38	x	

Form 990 (2013)

Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • •		•
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 48		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and			
L	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			
24	Statements, filed for the calendar year ending with or within the year covered by this return 2a 48			
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
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		Х
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	0-		v
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90		
10	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			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	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			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2013)

AMENDED

	90 (2013) TEXAS TRIBUNE, INC 26-45	27097		Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C			tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u>••••</u>		Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	13		
	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.	1.2		
b		12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			х
-	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direc	3		Х
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6		X
6 7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoin			
1 a	one or more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members			<u> </u>
Ň	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:			
а	The governing body?	8a	Х	
	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 a	t 🗌		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revent	ie Code	e.)	
			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		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	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	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,		37	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
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?		Х	
	The organization's CEO, Executive Director, or top management official	<u>15a</u> 15b	X	+
b	Other officers or key employees of the organization	150	Λ	
40-	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 arrangemen	16a		Х
h	with a taxable entity during the year?			
b	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	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section			only)
	available for public inspection. Indicate how you made these available. Check all that apply.		2,(0)3	(Ciny)
	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 i	nterest	policy	, and
-	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records o	the		
	organization: ► KARA HAMANN 823 CONGRESS AVENUE, SUITE 1400 AUSTIN, TX 78701 512-716-8608			
JSA		Form	1 990	(2013)

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raye I

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	
	Independent Contractors	
	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	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)STEPHEN ADLER	5.00									
BOARD CHAIRMAN	0	Х		Х				0	0	0
(2)ROSENTAL ALVES	1.00									
DIRECTOR	0	Х						0	0	0
(3)JANN BASKETT	1.00									
DIRECTOR	0	X						0	0	0
(4)GLENN_BROWN	1.00									
DIRECTOR	0	Х						0	0	0
(5) JEFF ELLER	1.00									
DIRECTOR	0	Х						0	0	0
_(6)HIGINIO MAYCOTTE DIRECTOR	1.00	X						O	0	0
(7)TRACY LAQUEY PARKER	1.00									
DIRECTOR	0	X						0	0	0
(8)STEVE SACHS	1.00									
DIRECTOR	0	Х						0	0	0
(9)JIM_SCHACHTER	1.00									
DIRECTOR	0	Х						0	0	0
(10)MICHAEL_SHERROD DIRECTOR	1.00	Х						0	0	0
(11)VERONICA VARGAS STIDVENT DIRECTOR	1.00	X						C	0	0
(12)JOHN THORNTON DIRECTOR	1.00	X						0	0	0
(13)EVAN SMITH DIRECTOR/CEO/EDITOR-IN-CHIEF	40.00	X		Х				346,500.	0	8,551.
(14)ROSS RAMSEY EXECUTIVE EDITOR	40.00				x			170,254.	0	1,620.

JSA

Form	990	(2013)	

	(A) Name and title	Average Position Reportable hours per (do not check more than one box, unless person is both an officer and a director/trustee) compensation from		compensation from the	(E) Reportable compensation from related organizations	ar com	(F) stimated nount o other npensati	of ion					
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	anizatio d relate anizatio	on d
	APRIL HINKLE DIR. OF BUSINESS DEVELOPMENT	40.00					Х		300,256.	0		1,6	620
`_	MARGARET GILBURG DIRECTOR OF DEVELOPMENT	40.00					Х		105,271.	0		4,2	27
	EMILY RAMSHAW HARTSTEIN EDITOR	40.00					Х		132,254.	0		5,4	48
	RODNEY GIBBS CHIEF INNOVATION OFFICER	40.00					Х		145,254.	0		4,2	27
9)	TRAVIS SWICEGOOD REPORTER	40.00					х		105,258.	0			
С	Sub-total Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	ection A							516,754. 788,293. 1,305,047.	0 0 0		10,1 15,6 25,8	64
3	Total number of individuals (including but not l reportable compensation from the organization Did the organization list any former office employee on line 1a? <i>If "Yes," complete Schedu</i>	n ► er, directo	or, or	, tru	uste	e,	key e	mp	loyee, or highes	t compensated	3	Yes	ľ
	For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	If	"Yes	," (complete Schedu	sation from the <i>le J for such</i>	4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue col	mpen	satio	on f	from	n any	uni	related organization		5		
1	ction B. Independent Contractors Complete this table for your five highest component compensation from the organization. Report converse.												
	(A) Name and business add	ress							(B) Description of se	ervices C	(C) Compen		
NO	17												

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

AMENDED

Form	990	(2013)	
		(=0.0)	

Par	t VII	Statement of Revenue Check if Schedule O contains a respo	nse or note to an	v line in this Part VI			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns					
iran oun	b	Membership dues	331,619.				
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events	,				
	d	Related organizations 11					
ini,		Government grants (contributions)					
tion sr S	e f						
ibur	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	5,270,273.				
d tr		and similar amounts not included above . 11 Noncash contributions included in lines 1a-1f: \$					
an Co	g h	Total. Add lines 1a-1f		5,601,892.			
ne			Business Code	3,001,052.			
/en	2.	SUBSCRIPTIONS	900099	125,876.	125,876.		
Re	2a	SPONSORED EVENTS	900099	655,000.	655,000.		
ice	b	CONTENT PRODUCTION	900099	180,361.	180,361.		
erv	c		900099				
s E	d	FESTIVAL TICKET SALES	900099	138,335.	138,335.		
grai	e	All - (b					
Program Service Revenue	f g	All other program service revenue		1,099,572.			
				1,099,572.			
	3	Investment income (including dividends, inter	N	783.			783.
		other similar amounts)		0			/05.
	4	Income from investment of tax-exempt bond p		0			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	(ii) Personal	0			
	6a	Gross rents					
	b	Less: rental expenses					
	ر م	Rental income or (loss)	>	0			
	d	Net rental income or (loss)	(ii) Other	0			
	7a	Gross amount from sales of	(,				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	c d	Gain or (loss)		0			
đ		Gross income from fundraising		0			
ň	oa	events (not including \$					
ve		of contributions reported on line 1c).					
Re		See Part IV, line 18					
er	b	Less: direct expenses b					
Other Revenue	c	Net income or (loss) from fundraising events		0			
0	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b c	Less: direct expenses b Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less					
	IVa	returns and allowances a					
	b	Less: cost of goods sold b					
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	ADVERTISING REVENUE	900099	21,609.		21,609.	
	b	MISCELLANEOUS INCOME	900099	10,960.	10,960.		
	с						
	d	All other revenue					
	е	Total. Add lines 11a-11d		32,569.			
	12	Total revenue. See instructions		6,734,816.	1,110,532.	21,609.	783.

Check if Schedule O contains a respo Do not include amounts reported on lines 6b, 7b,			(C) Management and	(D)
8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Managèment and general expenses	Fundraising expenses
1 Grants and other assistance to governments and		·		•
organizations in the United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in				
the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments,				
organizations, and individuals outside the				
United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors,				
trustees, and key employees	524,274.	524,274.		
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	2,524,279.	1,867,664.	155,884.	500 , 731
8 Pension plan accruals and contributions (include section				
401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	131,484.	111,653.	8,304.	11,527
10 Payroll taxes	197,351.	159,653.	11,889.	25,809
11 Fees for services (non-employees):				
a Management	0			
b Legal	290.	150.	140.	
c Accounting	13,270.	10,464.	692.	2,114
d Lobbying	, 0	,		,
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
9 Other. (If line 11g amount exceeds 10% of line 25, column	0			
(A) amount, list line 11g expenses on Schedule O.).	64,220.	20,150.		44,070
13 Office expenses	79,504.	35,596.	42,562.	1,346
14 Information technology	100,299.	97,597.	1,745.	957
	100,2331	3170311	1,1101	
,	242,829.	194,269.	36,091.	12,469
16 Occupancy	175,260.	153,701.	1,298.	20,261
17 Travel	1/0/2001	100,701.	1,250.	20,201
18 Payments of travel or entertainment expenses	0			
for any federal, state, or local public officials	237,566.	236,127.		1,439
19 Conferences, conventions, and meetings	237,300.	230,127.		±,435
	0			
21 Payments to affiliates	40,218.	21 757	2 006	د ۲ <u>۲</u>
22 Depreciation, depletion, and amortization	40,218.	<u>31,757.</u> 10,716.	2,086.	6,375 2,165
23 Insurance	13,390.	10,/10.	/09.	2,165
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)	460.055	200 455	CO 005	10 55
aMISCELLANEOUS	463,055.	386,455.	63,827.	12,773
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,807,489.	3,840,226.	325,227.	642,036
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundrational campaign and				
fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)	0			

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TEXAS TRIBUNE, INC

Done	1	1
Faye		

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	0	1	1,878,797.
2	Savings and temporary cash investments	1,303,088.	2	1,020,240.
3	Pledges and grants receivable, net	649,408.	3	802,940
4	Accounts receivable, net	251,564.	4	355,581
5	Loans and other receivables from current and 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	0	5	
6	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	0	6	
7 ets	organizations (see instructions). Complete Part II of Schedule L	0	7	
S I	Notes and loans receivable, net	0	8	
8 As	Inventories for sale or use Prepaid expenses and deferred charges	15,650.	9 9	27,007
-		13,030.	9	27,007
10 4	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D10a237, 414.			
	Design of the basis. Complete Part viol Schedule DTotal205, 414.D Less: accumulated depreciation10b205, 698.	39,041.	100	31,716
			11	51,710
11 12	Investments - publicly traded securities	0	12	
12	Investments - other securities. See Part IV, line 11	0	12	
	Investments - program-related. See Part IV, line 11	0	13	
14	Intangible assets	0	14	
15	Other assets. See Part IV, line 11	2,258,751.	-	4,116,281
16 17	Total assets. Add lines 1 through 15 (must equal line 34)	127,419.	16 17	153,122
	Accounts payable and accrued expenses	127,419.		133,122
18	Grants payable	0	18	
19	Deferred revenue	0	19	
20	Tax-exempt bond liabilities	0	20	
21 100	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	Loans and other payables to current and former officers, directors,			
22 Liabilities	trustees, key employees, highest compensated employees, and	0		
	disqualified persons. Complete Part II of Schedule L	0	22	
23	Secured mortgages and notes payable to unrelated third parties	0	23	
24	Unsecured notes and loans payable to unrelated third parties	0	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	0	0.5	
20	of Schedule D Total liabilities. Add lines 17 through 25	127,419.	25	153,122
26	Organizations that follow SFAS 117 (ASC 958), check here X and	127,419.	26	100,122
ses	complete lines 27 through 29, and lines 33 and 34.			
un 27	Unrestricted net assets	1,386,291.	27	2,487,874
Fund Balances 65 65 65 65 65	Temporarily restricted net assets	745,041.	28	1,475,285.
ב 29	Permanently restricted net assets	0	29	
or Fui	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
រ រ រ រ	Capital stock or trust principal, or current funds		30	
30 Assets 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	Retained earnings, endowment, accumulated income, or other funds		32	
Te 33	Total net assets or fund balances	2,131,332.	33	3,963,159.
34	Total liabilities and net assets/fund balances	2,258,751.	34	4,116,281.
		, ,		Form 990 (2013

Form 990 (2013)

TEXAS	TRIBUNE,	INC
	,	

Form 99	90 (2013)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,7	34,8	316.
2	Total expenses (must equal Part IX, column (A), line 25)	2		07,4	
3	Revenue less expenses. Subtract line 2 from line 1	3	1,9	27,3	327.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,1	31,3	32.
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		·95,5	500.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3,9	63,1	.59.
Part	XII Financial Statements and Reporting				
	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	explain in			
	Schedule O.				
2a	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 aud	ited on a			
	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 over	sight			
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	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	idits.	3b		

Form **990** (2013)

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.

Departm Internal	nent of the Treasury Revenue Service	► Information about Sc	Attach to Form 990 hedule A (Form 990 or 990-				is at w	vw.irs.go	ov/form9		Open to Inspect	
Name	of the organization	•						Emplo	yer iden	tificatio	on numb	er
TEXA	S TRIBUNE, I	INC							26-	-4527	7097	
Part	Reason for	Public Charity Statu	is (All organizations mu	ust con	nplete	this pa	art.) Se	e instr	uctions	j.		
The or	ganization is not	a private foundation be	ecause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)				
1	A church, co	nvention of churches, or	r association of churches	describ	ed in s	section	170(b)(1)(A)(i)				
2)(1)(A)(ii). (Attach Schedu									
3			service organization descr		sectio	on 170(b)(1)(A)	(iii).				
4	A medical re		perated in conjunction w						n 170(k	o)(1)(A	.)(iii). E	Enter the
5			enefit of a college or univ	ersity	owned	l or ope	erated b		vernme	ental ur	nit des	cribed in
		b)(1)(A)(iv). (Complete	=	,				-, - 3-				
6			t or governmental unit des	scribed	in sect	tion 170	(b)(1)(A)(v).				
7		-	ves a substantial part of it						uit or fro	om the	aener	al public
		section 170(b)(1)(A)(vi)		10 00.pp		u ge					gene	a. p a.a.io
8			ion 170(b)(1)(A)(vi). (Con	nolete F	Part II)							
9 2			ves: (1) more than 331/39	-			contrib	outions	memb	ership	fees a	ind aross
• [4			s exempt functions - sub									-
	-		come and unrelated busi	-		-						
		•	ne 30, 1975. See section				•			tury ii		
10		-	ated exclusively to test for			-		-)			
11			erated exclusively for the	-	-				-	or to	o carry	out the
·· _		- ·	upported organizations de			-					-	
			bes the type of supporting					-				
	a Type		c Type III-Functio							•		egrated
e	//		ne organization is not con	-	-			•••			•	-
		-	d other than one or more			-	-	-				-
	or section 50	-			, ,,		0					()()
f			en determination from th	ie IRS	that it	is a T	vpe I, T	ype II,	or Typ	e III s	upporti	ng
	-	check this box							51		••	
g	-		anization accepted any gif	t or co	ntribut	ion from	any of	the				•
•	following per	-								,		
	(i) A persor	n who directly or indire	ctly controls, either alone	or toge	ether v	with per	sons de	escribe	d in (ii)	and	ſ	Yes No
			of the supported organizati	-		•			. ,		11g(i)	
	(ii) A family	member of a person de	escribed in (i) above?		• • •						11g(ii)	
			son described in (i) or (ii) a	above?							11g(iii)	
h	Provide the f	ollowing information ab	out the supported organiz	ation(s)).					•••		
(i)	Name of supporte		(iii) Type of organization	(iv)	ls the	(v) Did y	ou notify		s the	(vii) A	mount of	f monetary
	organization		(described on lines 1-9 above or IRC section		zation in listed in		anization) of your		zation in rganized		suppo	rt
			(see instructions)		overning ment?		port?		U.S.?			
				Yes	No	Yes	No	Yes	No			
(A)												
(A)												
(B)												
(C)												
(D)												
(E)										<u> </u>		
Total												

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

Schedule A (Form 990 or 990-EZ) 2013

OMB No. 1545-0047

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Page 2 70(h)(1)(A)(iy) and 170(h)(1)(A)(yi)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).							
6	Public support. Subtract line 5 from line 4.							
Sec	tion B. Total Support				1			
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc. (s	see instructions) .				12		
13	First five years. If the Form 990 is f organization, check this box and stop here	<u></u>						
Sec	tion C. Computation of Public Sup		•			1 1		
14	Public support percentage for 2013 (li					14	<u>%</u>	
15	Public support percentage from 2012						%	
16a	331/3% support test - 2013. If the c	-						
	this box and stop here. The organizati							
b	331/3% support test - 2012. If the o							
	check this box and stop here. The organization qualifies as a publicly supported organization ► a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is							
17a								
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in							
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances test - 2		-					
	15 is 10% or more, and if the organization						-	
	Explain in Part IV how the organizati				-	-		
40	supported organization							
18	Private foundation. If the organization							
	instructions			<u></u>		Cabadula A (Farm (<u></u>	

Schedule A (Form 990 or 990-EZ) 2013

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	3,725,440.	2,127,574.	2,163,577.	3,502,370.	5,601,892.	17,120,853.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	166,215.	730,934.	1,428,141.	447,096.	1,099,572.	3,871,958.
3	Gross receipts from activities that are not an		,	, , , ,	,	, ,	,
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	3,891,655.	2,858,508.	3,591,718.	3,949,466.	6,701,464.	20,992,811.
	Amounts included on lines 1, 2, and 3	3,891,033.	2,030,300.	5,591,710.	3,949,400.	0,701,404.	20,992,011.
, a	received from disgualified persons	3,000,000.	1,166,192.	560,000.	617 500	1,971,500.	7 215 102
b	Amounts included on lines 2 and 3	3,000,000.	1,100,192.	560,000.	617,500.	1,971,500.	7,315,192.
	received from other than disqualified						
	persons that exceed the greater of \$5,000		1 001		500 150	445 495	1 000 500
	or 1% of the amount on line 13 for the year		1,221.	100,264.	502,176.	417,135.	1,020,796.
	Add lines 7a and 7b Public support (Subtract line 7c from	3,000,000.	1,167,413.	660,264.	1,119,676.	2,388,635.	8,335,988.
8							
800	line 6.)						12,656,823.
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6		.,				.,
9 10 a	Gross income from interest, dividends,	3,891,655.	2,858,508.	3,591,718.	3,949,466.	6,701,464.	20,992,811.
	payments received on securities loans,						
	rents, royalties and income from similar	1 017	2 455	1 010	607	200	7 075
h	sources Unrelated business taxable income (less	1,217.	3,455.	1,013.	607.	783.	7,075.
U	section 511 taxes) from businesses						
	,						
	acquired after June 30, 1975		10,759.	17,436.	33,877.	13,270.	75,342.
	Add lines 10a and 10b	1,217.	14,214.	18,449.	34,484.	14,053.	82,417.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	252.	5,228.	47,685.	1,471.	10,960.	65,596.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	3,893,124.	2,877,950.	3,657,852.	3,985,421.	6,726,477.	21,140,824.
14	First five years. If the Form 990 is for	-					
	organization, check this box and stop here						▶ X
	tion C. Computation of Public Sup		<u>v</u>	···· (f))			
15	Public support percentage for 2013 (line 8				ſ	15	<u>%</u>
$\frac{16}{800}$	Public support percentage from 2012 Sche					16	%
	tion D. Computation of Investmer			0		47	0/
17	Investment income percentage for 2013 (li					17	<u>%</u>
18	Investment income percentage from 2012					18	<u>%</u>
19a	331/3% support tests - 2013. If the or						
	17 is not more than 331/3%, check th	-	-	-			
b	331/3% support tests - 2012. If the orga						
	line 18 is not more than 331/3%, check			• •	. ,		
20 JSA	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b			
	1 1.000				S	chedule A (Form 9	90 OF 990-EZ) 2013

AMENDED

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

Sche	edu	le	В
(Form	990,	99	D-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.
on about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form99

Name of the organization	۱
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TEXAS TRIBUNE, INC

Information

26-4527097

Employer identification number

Organization type (check one):

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

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

Special Rules

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

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

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

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

Name of organization TEXAS TRIBUNE, INC

Employer identification number 26-4527097

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

AMENDED

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
7 _	BROWN FOUNDATION	- \$ <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
8 _	PAUL FOSTER	- \$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
9 _	THE ANNIE E. CASEY FOUNDATION	- \$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
10	THE WINKLER FAMILY FOUNDATION	- \$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
	MICHAEL AND JEANNE KLEIN	- \$ <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
12	DEEDIE AND EDWARD ROSE	- \$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for

AMENDED

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	BRIAN DEROECK	\$ <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	
14		X	Person	
		\$ <u>5,000</u> .	Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
15	IRA YATES	\$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	
16	BLAINE AND ALEXA WESNER	\$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	
_ <u>17</u> _	R. STEVEN & DONNA STOCKTON HICKS	\$ <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	
18	KACY AND SCOTT O'HARE	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

AMENDED

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	
_ 19 _	ANN S. BUTLER	\$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 _	STEVE ADLER AND DIANE LAND	\$ 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	
	HARRIS_LKEMPNER, JR	\$ <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	
22 _	BRADLEY_RADOFF	\$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	
_ 23 _	MARY GARWOOD & HOWARD C. YANCY	\$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	
24	BILL & LAUREL DANIEL	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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AMENDED

Employer identification number 26-4527097

Part I	Contributors (see instructions). Use duplicate copies	s 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	\$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
26	ALICE KLEBERG REYNOLDS 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
27	DAVID S. CLAUNCH	\$ 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
28	ERLE & ALICE NYE	\$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
29	MARY SCOTT NABERS	\$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
30	MICHAEL & PAMELA REESE	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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AMENDED

Name of organization TEXAS TRIBUNE, INC

Employer identification number 26-4527097

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31 _	ROBERT & GAIL STILLWELL	\$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
32_	JOHN THORNTON	\$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
33 _	AARP TEXAS	\$ <u>12,200</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
_34 _	SALEM_ABRAHAM	\$5 <u>,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
_35 _	JOE ARAGONA	\$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
36	LISA BLUE BARON	\$5 <u>,000</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AMENDED

Employer identification number 26-4527097

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	PHILIP & DONNA BERBER	\$ <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
38 _	GARRETT AND CECILIA GUTHRIE BOONE	\$ <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
39	SUZANNE & DAVID BOOTH	\$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
40 _	DYA CELESTE CAMPOS	\$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
41	SUSAN & BOBBY EPSTEIN	\$6,000.	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 _	DONALD & SUSAN EVANS	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AMENDED

Employer identification number 26-4527097

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
43	JAMES & CHARLOTTE FINLEY	\$ <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
_4_4 _	NEFTALI GARCIA	\$ <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
_45 _	JEFFERY GARVEY	\$ <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
46	ALLEN_GILMER	\$ <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
_47 _	DAVE_GLASSCO	\$ <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
<u>48</u> _	WINDI_GRIMES	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for

AMENDED

Employer identification number 26-4527097

Part I	t 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 _	RUSTY HARDIN	\$.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	
50 _	SCOTT & TERRI HARMON	\$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	
51 _	NED S. HOLMES	\$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	
52	JOSEPH JAMAIL	\$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	
_ <u>53</u> _	KENNY & SUSIE JASTROW	\$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	
54 _	LUCI BAINES JOHNSON	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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AMENDED

Employer identification number 26-4527097

Part I	tl 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> _	RUSTY KELLEY	\$ <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	
_ <u>56</u> _	LARRY & SUSAN KELLNER	\$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	
57 _	W. AUSTIN LIGON	\$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	
58 _	LEO_LINBECK	\$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	
_ <u>59</u> _	MR. & MRS. D.R. MARGO	\$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	
60 _	JULIA JONES MATTHEWS	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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AMENDED

Name of organization TEXAS TRIBUNE, INC

Employer identification number 26-4527097

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
61	MICHELE & BRAD MOORE	\$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
62	STEVE MOSTYN & AMBER ANDERSON	\$25,000.	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
63	MIKE A. MYERS	\$ <u>10,000.</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
_64 _	MR. & MRS. JOHN E. NEWMAN, JR.	\$25,000.	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
65_	DENNIS NIXON	\$7,500.	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
66	AMBASSADOR LYNDON & KAY OLSON	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AMENDED

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

Name of organization TEXAS TRIBUNE, INC

Employer identification number 26-4527097

Part I	t 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	TRACY LAQUEY & PATRICK PARKER	\$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		
68	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		
69	NELSON_ROACH	\$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		
70_	BEAU & KATHRYN ROSS	\$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		
71 _	KIRK & AMY RUDY	\$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 _	CHARLES & JUDY TATE	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
			,		

Page 2

AMENDED

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	
_ 73 _	MIKAL WATTS	\$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	
74	NEIL WEBBER	\$5 <u>,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	
75 _	SAM WYLY	\$50,000.	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	
76 _	MICHAEL ZILKHA	\$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	
_ 77 _	ETHICS AND EXCELLENCE IN JOURNALISM FOUN	\$ <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	
78 _	FORD FOUNDATION	\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

JSA 3E1253 1.000 7823IK 1175

AMENDED

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	
79 _	HOUSTON ENDOWMENT INC.	\$ <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	
80	HUNT FAMILY FOUNDATION	\$ <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	
81	JOHN S. & JAMES L. KNIGHT FOUNDATION	\$1,492,000.	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	
82	KLEINHEINZ ENDOWMENT FOR THE ARTS & EDU	\$50,000.	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	
83	LUMINA FOUNDATION	\$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	
84	MFI_FOUNDATION	\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

AMENDED

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		
_ 85 _	RICHIE'S SPECIALTY PHARMACY, LLC	\$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		
86	SID W. RICHARDSON FOUNDATION	\$100,000.	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		
87	THE BURDINE JOHNSON FOUNDATION	\$50,000.	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		
88	THE HENRY J. KAISER FAMILY FOUNDATION	\$30,000.	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		
89	THE 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		
90 _	TING TSUNG AND WEI FONG CHAO FOUNDATION	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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AMENDED

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		
91_	RK_GROUP	\$ <u>23,299.</u>	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
92_	AMARILLO NATIONAL BANK	\$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		
_ 93 _	ASSOCIATION OF TX PROFESSIONAL EDUCATORS	\$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		
94	<u>AT&T</u>	\$6,500.	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		
95 _	AVID	\$ <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>96</u> _	BLUE CROSS BLUE SHIELD OF TEXAS	\$97,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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AMENDED

Employer identification number 26-4527097

Part I	Contributors (see instructions). Use duplicate copies of Pa	irt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	BNSF RAILWAY COMPANY	\$ <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
98 _	C. T. BAUER COLLEGE OF BUSINESS	\$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
99	CENTRO_MEDIA	\$ <u>30,641</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
_100 _	CHRISTUS HEALTH	\$ <u>30,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_101 _	CROSSROADS MEDIA	\$5,015.	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
_102 _	DALLAS_COUNTY_HOSPITAL_DISTRICT	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AMENDED

Page 2 Employer identification number 26-4527097

(d)

Type of contribution

103 DOCTORS HOSPITAL AT RENAISSANCE Х Person Payroll 50,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 104 EXECUTIVE MASTER IN PUBLIC LEADERSHIP Х Person Payroll 20,000. \$ Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 105 GOOGLE MICRO Х Person Payroll 62,484. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution GREATER HOUSTON CONVENTION & VISITORS 106 Х Person Payroll 15,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 107 HAYNES AND BOONE LLP Х Person Payroll 10,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 108 HILL+KNOWLTON STRATEGIES Х Person Payroll 5,000. \$ Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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AMENDED

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

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

(c)

Total contributions

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		
109	JP MORGAN CHASE	\$ <u>15,500</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		
_110 _	LATINWORKS	\$ <u>11,100</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		
_111 _	LET TEXANS DECIDE - DCI GROUP	••••• \$	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		
_112 _	LONE_STAR_COLLEGE	\$9,400.	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		
113	MY PLATES	\$ <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		
_114 _	OFFICE OF PUBLIC INSURANCE COUNSEL	\$ <u>\$12,000</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

AMENDED

(a)

No.

_115

(a) No.

_116

(a) No.

_117

(a) No.

_118

(a) No.

_119

(a) No.

_120

Person X

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

PEARSON EDUCATION, INC.	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
PROTECT MY TEXAS PROPERTY - LUC MEDIA	\$ <u>15,715.</u>	Person X Payroll O Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RAISE YOUR HAND TEXAS	\$18,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RICE_UNIVERSITY	\$5, <u>481</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
SOUTHWEST WATER COMPANY	\$ <u>10,750</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ST. DAVID'S HEALTHCARE	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization TEXAS TRIBUNE, INC

(b)

Name, address, and ZIP + 4

Employer identification number 26-4527097

(d)

Type of contribution

(c)

Total contributions

Employer identification number 26-4527097

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_121 _	STATE FARM	•••••• \$ •••••••••••••••••••••••••••••	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
_122 _	SXSW_INC	\$ <u>138,650.</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
_123 _	TEXAS_A&M_UNIVERSITY	\$ <u>90,000</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
_124 _	TEXAS_CAPITAL_BANK	\$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
125	TEXAS HOSPITAL ASSOCIATION	•••••• \$ •••••••••••••••••••••••••••••	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
126	TEXAS MEDICAL ASSOCIATION	\$7,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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AMENDED

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

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
_127 _	TEXAS MORTGAGE BANKERS ASSOCIATION	\$ <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
_128 _	TEXAS_MUNICIPAL_LEAGUE	\$ <u>13,000</u> .	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129	TEXAS STATE UNIVERSITY SYSTEM	\$43,909.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_130 _	TEXAS VETERANS COMMISSION	\$6,300.	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
_131 _	THE RICHARDS GROUP	\$ <u>8,127.</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
_132 _	THE UNIVERSITY OF TEXAS PERMIAN BASIN	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AMENDED

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

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
_133 _	THOMPSON & HORTON LLP	\$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
_134 _	UNIVERSITY OF HOUSTON	 \$9,821.	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
_135 _	UNIVERSITY OF TEXAS AT ARLINGTON	\$ <u>103,333</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
136_	UNIVERSITY_OF_TEXAS_AT_AUSTIN	\$ <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
_137 _	UNIVERSITY OF TEXAS AT DALLAS	\$ 32,600.	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
_138 _	UNIVERSITY OF TEXAS AT SAN ANTONIO	 \$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AMENDED

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

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
139	TEXAS TRIAL LAWYERS ASSOCIATION	\$5,100.	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
140	TEXAS_TURNPIKE_CORPORATION	\$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
141	WATER_TEXAS_PAC	\$8,500.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)		Pa
Name of or	ganization TEXAS TRIBUNE, INC	Employ	yer identification number
			26-4527097
Part II	Noncash Property (see instructions). Use duplicate copi	es of Part II if additional space is	s needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
0.1	FOOD_INVENTORY		

	\$ <u>23,299.</u>	_10/31/2013
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
	(b) Description of noncash property given (b)	

Page 3

	(Form 990, 990-EZ, or 990-PF) (2013)			Page 4					
Name of or	rganization TEXAS TRIBUNE, INC			Employer identification number 26-4527097					
Part III	<i>Exclusively</i> religious, charitable, etc. that total more than \$1,000 for the	., individual contrib	utions to section mns (a) through	on 501(c)(7), (8), or (10) organizations					
	For organizations completing Part III, contributions of \$1,000 or less for th	enter the total of exc	clusively religiou	s, charitable, etc.,					
	Use duplicate copies of Part III if addit			· · ·					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, a			tionship of transferor to transferee					
				•					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name address a	ad $7IP \pm 4$	Relationship of transferor to transferee						
	Transferee's name, address, and ZIP + 4								
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Transf	er of gift						
	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
				-					
		(e) Transf	er of gift						
	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee					
JSA	I		I						

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SCHEE	DULE	D
(Form	990)	

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.

13 2 **Open to Public**

OMB No. 1545-0047

	rtment of the Treasury	► Information about Schedule	Attach to Form 990. D (Form 990) and its instructions is at www.	irs acy/form000	Open to Public Inspection
	al Revenue Service of the organization			Employer identifica	
	AS TRIBUNE, I			26-45270	
Par			ed Funds or Other Similar Funds or		
ı aı			Yes" to Form 990, Part IV, line 6.	Accounts.	
			(a) Donor advised funds	(b) Funds and	other accounts
1	Total number at e	nd of year		. ,	
2		utions to (during year)			
3		from (during year)			
4		at end of year			
5		-	advisors in writing that the assets held in	n donor advised	
•	•		organization's exclusive legal control?		Yes No
6	•		nd donor advisors in writing that grant fur		
-	-	-	t of the donor or donor advisor, or for an		
	•				Yes No
Par	t Conservati	on Easements. Complete if th	ne organization answered "Yes" to Fo	orm 990, Part IV, li	ne 7.
1	Purpose(s) of con	servation easements held by the	organization (check all that apply).		
	Preservation	of land for public use (e.g., recre	eation or education) Preservation	of an historically im	portant land area
	Protection of	f natural habitat	Preservation	of a certified histori	c structure
	Preservation	of open space			
2			eld a qualified conservation contribution i	in the form of a con	servation
	easement on the I	last day of the tax year.			
				Held at the	End of the Tax Year
а	Total number of c	onservation easements		2a	
b	-	-	3		
С			historic structure included in (a)	2c	
d			acquired after 8/17/06, and not on a		
3			sferred, released, extinguished, or termi	nated by the organiz	ation during the
4			rvation easement is located ►		
5	-		ing the periodic monitoring, inspection, h	-	
~			sements it holds?		Yes No
6	Starr and voluntee	er nours devoted to monitoring, in	specting, and enforcing conservation ea	isements during the	year
7	Amount of ovnono		ting and optoming concernation accom-	opto during the year	
7		ses incurred in monitoring, inspec	ting, and enforcing conservation easeme	ents during the year	
8			e 2(d) above satisfy the requirements of s	rection 170(h)(4)(R)	
0		-			Yes No
9			conservation easements in its revenue ar		
•		. .	of the footnote to the organization's finan	•	
		counting for conservation easeme			
Par	t III Organiza	tions Maintaining Collections	of Art, Historical Treasures, or Other	er Similar Assets.	
	Complete	e if the organization answered	"Yes" to Form 990, Part IV, line 8.		
1a	If the organization	n elected, as permitted under SF	AS 116 (ASC 958), not to report in its ar assets held for public exhibition, ed	revenue statemen	t and balance sheet
	works of art, hist	torical treasures, or other simila	ar assets held for public exhibition, ed potnote to its financial statements that de	ucation, or researc	h in furtherance of
h	•		SFAS 116 (ASC 958), to report in its		
b			ar assets held for public exhibition, ed		
		vide the following amounts relati			
	•	-	· · · · · · · · · · · · · · · · · · ·	▶\$	
2			t, historical treasures, or other similar		
	-		FAS 116 (ASC 958) relating to these iten		
а					
b			<u> </u>		
For F	Paperwork Reduction	Act Notice, see the Instructions for	[•] Form 990.	Sch	edule D (Form 990) 2013

TEXAS TRIBUNE, INC

-	dule D (Form 990) 2013											Page 2
Par	t III Organizations Maintaining	g Colle	ctions of	Art, Hist	orical T	reasur	res,	or Oth	ner Simila	ar Asse	ts (cont	inued)
3	Using the organization's acquisition collection items (check all that apply		sion, and o	other recor	ds, checl	k any c	of the	e follow	ving that a	re a sigr	nificant u	se of its
а	Public exhibition			d				program				
b	Scholarly research			е	Other							
С	Preservation for future generation	ations										
4	Provide a description of the organi XIII.	ization's	collections	s and expla	ain how t	they fu	rther	the org	ganization's	s exemp	t purpose	e in Part
5	During the year, did the organization assets to be sold to raise funds rathe	er than to	o be maint	ained as pa	irt of the o	organiz	ation	's collec	ction?	[Yes	No
Par	t IV Escrow and Custodial Arr or reported an amount on				ne organ	ization	ans	wered	"Yes" to F	orm 99	D, Part IN	/, line 9,
			<u></u>	<u>,</u>								
1a	Is the organization an agent, trustee	, custodi	ian or othe	r intermedi	ary for co	ontributi	ions d	or other	r assets no	t		
	included on Form 990, Part X?										Yes	No
b	If "Yes," explain the arrangement in	Part XIII	and compl	lete the foll	owing tab	ole:						
									A	mount		
С	Beginning balance											
d	Additions during the year											
е	Distributions during the year						1e					
f	Ending balance											
	Did the organization include an amo										Yes	No
b	If "Yes," explain the arrangement in											
Par	t V Endowment Funds. Comp											
		(a) Cur	rrent year	(b) Pric	or year	(c) Tw	vo year	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
T a	Administrative expenses											
y 2	End of year balance	£ 410 0 0.00			(1)		- (-))		-			
2	Provide the estimated percentage o Board designated or quasi-endowm				e (ime ig,	columi	i (a))	neid as	•			
b	Permanent endowment	©nr ▶ %										
	Temporarily restricted endowment		%									
Ū	The percentages in lines 2a, 2b, and	-		00%.								
3a	Are there endowment funds not in t				ation that	are hel	ld and	d admir	nistered for	the		
	organization by:	·		0							Y	es No
	(i) unrelated organizations										3a(i)	
	(ii) related organizations										3a(ii)	
b	If "Yes" to 3a(ii), are the related orga										3b	
4	Describe in Part XIII the intended us	ses of the	e organizat	ion's endov	vment fur	nds.						
Par	t VI Land, Buildings, and Equip Complete if the organizat	oment.	wered "Ye	es" to Forn	n 990, Pa	art IV, I	line ′	11a. Se	ee Form 9	90, Par	t X, line ⁻	10.
	Description of property			other basis tment)	(b) Cost o	or other ba ther)	asis		cumulated eciation	(0	i) Book valu	е
1a	Land		,	/		- • /		- 001				
b	Buildings											
с	Leasehold improvements					1,11	16.		1,116.			
d	Equipment				2	236,29	98.	2	04,582.		3	1,716.
е	Other	<u></u>										
Tota	I. Add lines 1a through 1e. (Column	(d) must	equal Forr	n 990, Part	X, columi	n (B), lir	ne 10	(c).)	►		3	1,716.
										Cahad		000) 2013

Schedule D (Form 990) 2013

Part VII	Investments - Other Securities. Complete if the organization answered	I "Yes" to Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
$\frac{(G)}{(U)}$			
(H)			
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.		
	Complete if the organization answered		, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		
Part IX	Other Assets.		
T all t live		I "Yes" to Form 990.	, Part IV, line 11d. See Form 990, Part X, line 15.
	(a)	Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15)	▶
Part X	Other Liabilities.		
	Complete if the organization answered line 25.	"Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e
	al income taxes		
(2)			
(3)			
(4)			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	•	
	r uncertain tax positions. In Part XIII, provide the	toxt of the feetnets to th	a arganization's financial statements that reports the

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

AMENDED

TEXAS	TRIBUNE,	INC

Schedul	e D (Form 990) 2013		Page 4
Part	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	7,054,908.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b 320,092.		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	320,092.
3	Subtract line 2e from line 1	3	6,734,816.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
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. (<i>This must equal Form 990, Part I, line</i> 12.)	5	6,734,816.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	rn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	5,223,081.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities2a320,092.		
b	Prior year adjustments 2b		
с			
d	Other (Describe in Part XIII.) 2d 95,500.		
е	Add lines 2a through 2d	2e	415,592.
3	Subtract line 2e from line 1	3	4,807,489.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	
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 expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	4,807,489.
Part	XIII Supplemental Information.	-	
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	irt V, I nation	ine 4; Part X, line
SCHE	DULE D, PART XII, LINE 2D		
BAD	DEBT EXPENSE FROM PLEDGES RECEIVABLE 95,500		

JSA

SCHEDULE J (Form 990) Compensation Information Department of the Treasury Internal Revenue Service For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 23. Attach to Form 990. See separate instructions. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.			OMB No. 1545-0047 2013 Open to Public Inspection				
	of the organization			Employer identification			
TEXA	AS TRIBUNE,	, INC		26-452709	7		
Part	Question	s Regarding Compensation					
	990, Part VII, First-cla Travel fo Tax inde Discretio If any of the or reimburse explain Did the orga directors, trus 1a? Indicate which organization's related organ	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 the 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 is CEO/Executive Director. Check all that ization to establish compensation of the	nization used to establish the compensation at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Pa	g these items. personal use hal residence on fees eur, chef) egarding payment plete Part III to incurred by all s checked in line on of the ds used by a	1b 2	Yes	X
4 a b c	During the year organization of Receive a sev Participate in, Participate in,	or a related organization: verance payment or change-of-control p , or receive payment from, a suppleme , or receive payment from, an equity-ba	Written employment contract Compensation survey or study Approval by the board or compensa Part VII, Section A, line 1a, with respect to ayment? ental nonqualified retirement plan? ased compensation arrangement? rovide the applicable amounts for each it	the filing	4a 4b 4c		X X X
5 a b 6	For persons li compensation The organizati Any related on If "Yes" to line For persons li	n contingent on the revenues of: ion? rganization? e 5a or 5b, describe in Part III.	must complete lines 5-9. line 1a, did the organization pay or accrue a line 1a, did the organization pay or accrue a	· · · · · · · · · · · · ·	5a 5b	X	X
a b 7 8	The organizati Any related on If "Yes" to line For persons payments not Were any am to the initial	ion? rganization? e 6a or 6b, describe in Part III. listed in Form 990, Part VII, Section described in lines 5 and 6? If "Yes," de nounts reported in Form 990, Part VII, I contract exception described in I	n A, line 1a, did the organization provi escribe in Part III , paid or accrued pursuant to a contract Regulations section 53.4958-4(a)(3)? If	de any non-fixed that was subject "Yes," describe	6a 6b 7		X X X
9 For Pa	If "Yes" to li Regulations se	ine 8, did the organization also foll	low the rebuttable presumption proced	ure described in	9 ule J (Fo	rm 990	X)) 2013

Page 2

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation reported as deferred in prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)		
EVAN SMITH	(i)	315,000.	31,500.	(D	8,551.	355,051.		
1 DIRECTOR/CEO/EDITOR-IN-CHIEF	(ii)	0	0		D	0	(
ROSS RAMSEY	(i)	170,000.	254.	(C	1,620.	171,874.		
2 EXECUTIVE EDITOR	(ii)	0	D0	(D	0	(
APRIL HINKLE	(i)	150,000.	150,256.	(D D	1,620.	301,876.		
3 DIR. OF BUSINESS DEVELOPMENT	(ii)	0	0		D	0	(
	(i)								
4	(ii)								
	(i)								
5	(ii)				+				
	(i)								
6	(ii)				+				
	(i)								
7	(ii)								
	(i)								
8	(ii)								
-	(i)								
9	(ii)								
-	(i)								
10	(ii)								
	(i)								
11	(ii)								
-	(i)								
12	(ii)								
	(i)								
13	(ii)				+				
10	(i)								
14	(ii)		+		+				
17	(i)								
15	(ii)		+		+				
15	(i)								
	(ii)				l				

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

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, LINES 1A AND 1B

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

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

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

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

EVENTS.

SCHEDULE J, PART III, LINE 5A

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

COLLECTION OF SPONSORSHIP AND ADVERTISING RECEIPTS.

SCHEDULE 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 2	29 or 30.
Attach to Form 990.						

Department of the Treasury Internal Revenue Service

-	Information about Schedule M	(Earm 000) and its instructions is	at www.irs.aov/form000
		(1 01111 330	<i>i</i> and its instructions is	at www.ii3.gov/i0/iii330.

Name of the organization

Employer identification number
26-4527097

Par	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 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				
•	goods.				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	Х	3.	29,630.	COST/SELLING PRICE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►(AIRLINE TICKETS)	Х	10.	4,000.	COST/SELLING PRICE
26	Other ►()				
27	Other ►()				
28	Other ►()				
29		by the orga	nization during the tax ye	ar for contributions for	
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	ement	29
					Yes No
30 a	During the year, did the organizat		• • • • •	• •	
	it must hold for at least three year				
	used for exempt purposes for the e	ntire holding	period?		30a X
b	If "Yes," describe the arrangement i				
31	Does the organization have a			-	
	contributions?				31 X
32 a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	ell noncash
	contributions?				32a X
b	If "Yes," describe in Part II.				
33	If the organization did not report an	amount in	column (c) for a type of pro	pperty for which column (a)	is checked,
	describe in Part II.				
For Pa	aperwork Reduction Act Notice, see the Inst	uctions for Fo	rm 990.		Schedule M (Form 990) (2013)

JSA 3E1298 1.000

Page 2

Schedule M (Form 990) (2013)

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.



Inspection

Name of the organization TEXAS TRIBUNE, INC Employer identification number

AMENDED RETURN DISCLOSURE

TEXAS TRIBUNE INC. IS FILING THIS AMENDED RETURN TO REFLECT THE CHANGES TO ITS GOVERNING BODY FOR CALENDAR YEAR 2013 THAT WERE INADVERTENTLY MISSED IN ITS ORIGINAL FILING AND TO MODIFY ITS ANSWER TO PART VII, SECTION A, LINE 1A "CHECK THIS BOX" QUESTION. ACCORDINGLY, THE FOLLOWING PARTS AND SCHEDULES OF THE RETURN WERE UPDATED:

PART I, LINE 3 AND 4

PART VI, LINE 1A AND 1B

PART VII, SECTION A, LINE 1A

SCHEDULE O AMENDED RETURN DISCLOSURE

FORM 990, PART I, LINE 1

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

FORM 990, PART III, LINE 2

TRIBTALK WEBSITE WAS CREATED (A DIGITAL FORUM FOR DIALOGUE AND DEBATE ABOUT THE DAY'S NEWS). THINK OF IT AS AN OP-ED PAGE FOR THE 21ST CENTURY. TRIBTALK FEATURES POINTED, PROVOCATIVE PERSPECTIVES ON ELECTIONS, ECONOMICS, PUBLIC EDUCATION, HIGHER EDUCATION, HEALTH CARE, RACE AND IMMIGRATION, TRANSPORTATION, ENERGY, THE ENVIRONMENT, CRIMINAL JUSTICE AND MORE FROM A DIVERSE ARRAY OF POLITICAL PLAYERS AND POLICY EXPERTS FROM ACROSS TEXAS, BOTH WELL KNOWN AND UNSUNG, PREDICTABLE AND UNEXPECTED, ESTABLISHED AND EMERGING.

FORM 990, PART III, LINE 4D

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

EXPENSES: 12,404

REVENUE: 125,876

FORM 990, PART VI, LINE 11B

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

FORM 990, PART VI, LINE 12C

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

IF A CONFLICT OF INTEREST EXISTS, THE MEMBER WITH THE CONFLICT OF INTEREST MUST EXCUSE HIMSELF/HERSELF FROM DISCUSSIONS AND ABSTAIN FROM

AMENDED

VOTING OR TAKING ANY ACTION RELATED TO THE ARRANGEMENT OR TRANSACTION INVOLVING THE CONFLICT. THE BOARD SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY WHO WOULD NOT GIVE RISE TO A CONFLICT.

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

FORM 990, PART VI, LINE 15A

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

FORM 990, PART VI, LINE 15B

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

FORM 990, PART VI, LINE 19

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

FORM 990, PART XI, LINE 9

BAD DEBT EXPENSE FROM PLEDGES RECEIVABLE (95,500)

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

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

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	5	ATTACHMENT	2
DESCRIPTION	GRANTS	EXPENSES	REVENUE
SEE FORM 990, PART III, LINE 4D		12,404.	125,876.
TOTALS		12,404.	125,876.

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AMENDED

ATTACHMENT 1