# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

B Chere's province   Company   Com	ΑI	For the	2023 calendar year, or tax year beginning	and	ending					
TEAS TRIBUTE	В	Check if applicable	C Name of organization			D Employe	er identific	cation number		
Tax exempt status:   X 501(c)   Solicitis   Soliciti		change	TEXAS TRIBUNE, INC.							
Number and street (of P.D. to not flash is not delibered to street, and a street (of P.D. to not flash is not delibered to street, and a street (of P.D. to not flash is not delibered to street, and the province of the prov		change	Doing business as			26-	<u> 452709</u>	97		
City or town, state or province, country, and ZIP or foreign postal code  AUSTIN, TX 78701    Part   Plane and address of principal officer. SONAL SHAH   SAME AS C ABOVE		return _Final	919 CONCRESS AVENUE STYTH FLOOR		Room/suite					
AUSTIN   TX   78 701		termin- ated	-	de						
Personal continuation   Pers	Г					H(a) Is this	a group re			
SAME AS C ABOVE   Insert no.   4947(a)(1) or   527     HID) /* each all subcontest included   Version		Applic	F Name and address of principal officer: SONAL SHAH			7				
Taxeoxempt status:						1				
J Website: WWW - TEXASTRIBURE . ORG  K Form of organization: X Corporation I rust Association Other L Year of formation: 20.09 M State of legal domicile: TX Part I Summary  1 Birefly describe the organization's mission or most significant activities: TEXAS MEMBER - SUPPORTED DIGTAL - FIRST , NONPARTISAN MEDIA ORGANIZATION DEDICATED TO PROVIDING  2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of independent voting members of the governing body (Part VI, line 1a)  4 Number of independent voting members of the governing body (Part VI, line 1b)  5 Total number of volunteres (settimate in decessary)  6 Total number of individuals employed in calendar year 2023 (Part VI, line 1a)  7 To total unrelated business revenue (Part VIII, column (I), line 12  7 To total unrelated business revenue (Part VIII, column (I), line 12  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  10 Investment income (Part VIII, line 1p)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Salaries, other compensation, employee benefits (Part VIII, column (A), lines 12)  13 Grants and similar amounts paid (Part XI, column (A), lines 4)  14 Benefits paid to or for members (Part XI, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part XI, column (A), line 25)  16 Total rundralising expenses (Part XI, column (A), line 25)  17 Other expenses (Part XI, column (A), line 11)  18 Total revenue and incess (Part XI, column (A), line 25)  19 Total revenue and incess (Part XI, column (A), line 25)  10 Total revenue and incess (Part XI, column (A), line 25)  10 Total revenue and incess (Part XI, column (A), line 25)  10 Total expenses (Part XI, line 26)  10 Total expenses (Part XI, line 26)  11 Total expenses (Part XI, line 26)  12 Total expenses (Part XI, line 26)  13 Grants and similar amounts paid (Part XI, column (A), line 25)  14 Benefits paid to or for members (Part XI, column (A), line 25)	Τ.	Tax-exe	empt status: $X = 501(c)(3) = 501(c)($ ) (insert no.) $= 494$	17(a)(1) o	or 527	7				
Part   Summary	J	Websit	e: WWW.TEXASTRIBUNE.ORG			H(c) Group	exemption	n number		
Briefly describe the organization's mission or most significant activities: TEXAS' MEMBER-SUPPORTED.	K	Form of	organization: X Corporation Trust Association Other		L Year	of formation:	2009 N	1 State of legal domicile: TX		
DIGITAL-FIRST, NONPARTISAN MEDIA ORGANIZATION DEDICATED TO PROVIDING   Check this box	Pa	art I	Summary							
S   Total number of individuals employed in calendar year 2023 (Part V, line 2a)   S   152		1	Briefly describe the organization's mission or most significant activities:	CEXAS	S' MEM	BER-SUI	PPORTE	ED,		
S   Total number of individuals employed in calendar year 2023 (Part V, line 2a)   S   152	nce		<u> DIGITAL-FIRST, NONPARTISAN MEDIA ORGA</u>	NIZA	TION I	DEDICAT	ED TO	PROVIDING		
S   Total number of individuals employed in calendar year 2023 (Part V, line 2a)   S   152	rna	2	Check this box if the organization discontinued its operations o	r dispos	ed of more	than 25% of	its net ass	ets.		
S   Total number of individuals employed in calendar year 2023 (Part V, line 2a)   S   152	ove.	3	Number of voting members of the governing body (Part VI, line 1a)				3			
B Net unrelated business taxable income from Form 990-T, Part I, line 11			Number of independent voting members of the governing body (Part VI, lir	ne 1b)			4			
Solution	Se	5	Total number of individuals employed in calendar year 2023 (Part V, line 2	a)			5	152		
B Net unrelated business taxable income from Form 990-T, Part I, line 11	ξį	6	Total number of volunteers (estimate if necessary)				6	<u> </u>		
Solution	Ć	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				7a			
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2p) 1 (program service revenue (Part VIII, line 2p) 1 (program service revenue (Part VIII, line 2p) 1 (program service revenue (Part VIII, lone 3, 4, and 7d) 1 (program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1 (program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1 (program service revenue (Part VIII, column (A), lines 3, 6, 8c, 9c, 10c, and 11e) 1 (program service revenue (Part VIII, column (A), lines 4) 1 (program service (Part VIII, column (A), lines 4) 1	_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11 .		·····		7b			
9 Program service revenue (Part VIII, line 2g) 1 1,559,060. 1,228,839. 1 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 1 Benefits paid to or for members (Part IX, column (A), lines 1-3) 1 Benefits paid to or for members (Part IX, column (A), lines 1-3) 1 Benefits paid to or for members (Part IX, column (A), lines 5-10) 1 Ba Professional fundraising fees (Part IX, column (A), line 4) 1 Column (A), lines 5-10) 1 Column (A), lines 5-10) 1 Dital fundraising expenses (Part IX, column (A), line 25) 1 Dital fundraising expenses (Part IX, column (A), line 25) 1 Dital fundraising expenses (Part IX, column (A), line 25) 1 Dital fundraising expenses (Part IX, column (A), line 25) 1 Dital fundraising expenses (Part IX, column (A), line 25) 1 Dital fundraising expenses (Part IX, column (A), line 25) 1 Dital fundraising expenses (Part IX, column (A), line 25) 1 Dital fundraising expenses (Part IX, column (A), line 25) 1 Dital fundraising expenses (Part IX, column (A), line 25) 1 Dital fundraising expenses (Part IX, column (A), line 25) 1 Dital fundraising expenses (Part IX, column (A), line 25) 1 Dital fundraising expenses (Part IX, column (A), line 25) 1 Dital fundraising expenses (Part IX, column (A), line 25) 1 Dital fundraising expenses (Part IX, column (A), line 25) 1 Dital fundraising expenses (Part IX, column (A), line 25) 1 Dital fundraising expenses (Part IX, column (A), line 25) 1 Dital fundraising expenses (Part IX, column (A), line 25) 1 Dital fundraising expenses (Part IX, column (A), line 25) 1 Dital fundraising fees (Part IX, column (A), line 25) 1 Dital fundraising fees (Part IX, column (A), line 25) 1 Dital fundraising fees (Part IX, column (A), line 25) 1 Dital fundraising fees (Part IX, column (A), line 25) 1 Dital fundraising fees (Part IX, column (A), line 25) 2 Dital fundraising fees (Part IX, column (A), line 25) 2 Dital fund										
1	<u>o</u>	8	• • • • • • • • • • • • • • • • • • • •							
12 Total revenue (Part VIII, column (A), lines 5, 62, 52, 102, and 116)   15, 387, 697. 15, 082, 016.   16 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   15, 387, 697. 15, 082, 016.   17 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   15, 387, 697. 15, 082, 016.   18 Total sand similar amounts paid (Part IX, column (A), lines 1-3)   0.	enc	9								
1	ě.	10								
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0 .	_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
14   Benefits paid to or for members (Part IX, column (A), line 4)   0 .						15,387				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   11, 048, 635.   12, 010, 405.     16a Professional fundraising fees (Part IX, column (A), line 11e)   0.		1								
16a Professional fundraising fees (Part IX, column (A), line 11e)   0.		1				11 010				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Net assets or fund balances. Subtract line 21 from line 20  27 Net assets or fund balances. Subtract line 21 from line 20  28 Net assets or fund balances. Subtract line 21 from line 20  29 Net assets or fund balances. Subtract line 21 from line 20  20 Not assets or fund balances. Subtract line 21 from line 20  21 Net assets or fund balances. Subtract line 21 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Date subtract line 18 from line 20  26 Date subtract line 18 from line 20  27 Net assets or fund balances. Subtract line 21 from line 20  28 Date subtract line 18 from line 20  29 Polity Film Subtract line 18 from line 20  20 Total assets (Part X, line 16)  20 Total liabilities (Part X, line 26)  21 Date subtract line 18 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  23 Date subtract line 18 from line 20  24 Date subtract line 18 from line 20  25 Date subtract line 18 from line 20  26 Date subtract line 18 from line 20  27 Polity Film Subtract line 18 from line 20  28 Date subtract line 18 from line 20  29 Date subtract line 18 from line 20  20 Total assets (Part X, line 26)  20 Date subtract line 18 from line 20  21 Date subtract line 18 from line 20  22 Date subtract line 18 from line 20  23 Date subtract line 18 from line 20  24 Date subtract line 18 from line 20  25 Date subtract line 18 from line 20  26 Date subtract line 21 from line 20  27 Date subtract line 21 f	es	15				11,048				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Net assets or fund balances. Subtract line 21 from line 20  27 Net assets or fund balances. Subtract line 21 from line 20  28 Net assets or fund balances. Subtract line 21 from line 20  29 Net assets or fund balances. Subtract line 21 from line 20  20 Not assets or fund balances. Subtract line 21 from line 20  21 Net assets or fund balances. Subtract line 21 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Date subtract line 18 from line 20  26 Date subtract line 18 from line 20  27 Net assets or fund balances. Subtract line 21 from line 20  28 Date subtract line 18 from line 20  29 Polity Film Subtract line 18 from line 20  20 Total assets (Part X, line 16)  20 Total liabilities (Part X, line 26)  21 Date subtract line 18 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  23 Date subtract line 18 from line 20  24 Date subtract line 18 from line 20  25 Date subtract line 18 from line 20  26 Date subtract line 18 from line 20  27 Polity Film Subtract line 18 from line 20  28 Date subtract line 18 from line 20  29 Date subtract line 18 from line 20  20 Total assets (Part X, line 26)  20 Date subtract line 18 from line 20  21 Date subtract line 18 from line 20  22 Date subtract line 18 from line 20  23 Date subtract line 18 from line 20  24 Date subtract line 18 from line 20  25 Date subtract line 18 from line 20  26 Date subtract line 21 from line 20  27 Date subtract line 21 f	ens	16a	1 - 2				0.	0.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Net assets or fund balances. Subtract line 21 from line 20  27 Net assets or fund balances. Subtract line 21 from line 20  28 Net assets or fund balances. Subtract line 21 from line 20  29 Net assets or fund balances. Subtract line 21 from line 20  20 Not assets or fund balances. Subtract line 21 from line 20  21 Net assets or fund balances. Subtract line 21 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Date subtract line 18 from line 20  26 Date subtract line 18 from line 20  27 Net assets or fund balances. Subtract line 21 from line 20  28 Date subtract line 18 from line 20  29 Polity Film Subtract line 18 from line 20  20 Total assets (Part X, line 16)  20 Total liabilities (Part X, line 26)  21 Date subtract line 18 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  23 Date subtract line 18 from line 20  24 Date subtract line 18 from line 20  25 Date subtract line 18 from line 20  26 Date subtract line 18 from line 20  27 Polity Film Subtract line 18 from line 20  28 Date subtract line 18 from line 20  29 Date subtract line 18 from line 20  20 Total assets (Part X, line 26)  20 Date subtract line 18 from line 20  21 Date subtract line 18 from line 20  22 Date subtract line 18 from line 20  23 Date subtract line 18 from line 20  24 Date subtract line 18 from line 20  25 Date subtract line 18 from line 20  26 Date subtract line 18 from line 20  27 Date subtract line 21 f	ă X	- b				2 000	F 2 0	2 (01 057		
19 Revenue less expenses. Subtract line 18 from line 12  409,533.	ш	''								
Beginning of Current Year   End of Year   13,437,847.   12,592,886.   2,842,584.   2,617,969.   2,842,584.   2,617,969.   2,842,584.   2,617,969.   10,595,263.   9,974,917.   Part II   Signature Block										
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Signature of officer  SONAL SHAH, CEO Type or print name and title  Print/Type preparer's name Preparer SEAN HOLCOMB  Firm's name MAXWELL LOCKE & RITTER LLP Firm's address 401 CONGRESS AVENUE, SUITE 1100 AUSTIN, TX 78701-9682  Phone no. 512-370-3200			Revenue less expenses. Subtract line 18 from line 12							
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Signature of officer Date  SONAL SHAH, CEO Type or print name and title  Print/Type preparer's name Preparer's signature Date  SEAN HOLCOMB PO1249221  Preparer Use Only Firm's name MAXWELL LOCKE & RITTER LLP Firm's EIN 74-2900215  AUSTIN, TX 78701-9682 Phone no.512-370-3200				chedules	and stateme	ents, and to the	hest of my	knowledge and helief it is		
Sign Signature of officer  Here SONAL SHAH, CEO Type or print name and title  Print/Type preparer's name Paid SEAN HOLCOMB  Preparer Use Only Firm's address 401 CONGRESS AVENUE, SUITE 1100 AUSTIN, TX 78701-9682  Date 11/15/24 if Check PTIN Firm's elif-employed P01249221 Firm's EIN 74-2900215 Phone no.512-370-3200							-	Miowiougo una bonoi, it io		
Here SONAL SHAH, CEO Type or print name and title  Print/Type preparer's name Preparer SEAN HOLCOMB  Preparer Firm's name MAXWELL LOCKE & RITTER LLP Use Only Firm's address 401 CONGRESS AVENUE, SUITE 1100 AUSTIN, TX 78701-9682  Preparer Preparer Signature  Preparer's signature Date Check PTIN FIRM's Ell PTIN FIRM's E		,	s, and completed books and or property (control than control) to become or an information	011 01 1111	ion proparor	The any missing	ougo.			
Here	Sia	n	Signature of officer			Date	e			
Type or print name and title  Print/Type preparer's name Paid SEAN HOLCOMB Preparer Firm's name MAXWELL LOCKE & RITTER LLP Firm's address Firm's address AUSTIN, TX 78701-9682 Preparer Type or print name and title  Preparer's signature  Date 11/15/24  Firm's EIN 74-2900215  Phone no.512-370-3200			SONAL SHAH, CEO							
Paid SEAN HOLCOMB 11/15/24 if P01249221  Preparer Firm's name MAXWELL LOCKE & RITTER LLP Firm's EIN 74-2900215  Use Only Firm's address 401 CONGRESS AVENUE, SUITE 1100  AUSTIN, TX 78701-9682 Phone no. 512-370-3200		_								
Paid   SEAN   HOLCOMB     11/15/24			Print/Type preparer's name Preparer's signature			Date	Check	PTIN		
Preparer Use Only Use Only Use Only In Sum Use Only Use Only In Sum Use Only Use Only In Sum Use Only I	Paid	d		1/15/2	4 self-employe	P01249221				
Use Only         Firm's address         401 CONGRESS AVENUE, SUITE 1100         Phone no.512-370-3200	Pre									
	Use	Only		00						
May the IRS discuss this return with the preparer shown above? See instructions			AUSTIN, TX 78701-9682			Pho	ne no.51			
	May	y the IF	RS discuss this return with the preparer shown above? See instructions					X Yes No		

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE TEXAS TRIBUNE PROMOTES CIVIC ENGAGEMENT AND PUBLIC EDUCATION
	ACROSS THE STATE BY PRODUCING AND SHARING FOR FREE PUBLIC DATA
	INTERACTIVES, STATEWIDE EVENTS AND INTENSIVE AND DAILY REPORTING ON
	TEXAS PUBLIC POLICY, POLITICS AND CURRENT EVENTS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$11,165,295. including grants of \$) (Revenue \$)
	A NONPROFIT, NONPARTISAN PUBLIC NEWS ORGANIZATION THAT PROVIDES FREE
	NEWS, DATA INTERACTIVES AND PUBLIC EVENTS TO ENGAGE AND EDUCATE TEXANS
	ABOUT MATTERS OF PUBLIC POLICY, POLITICS AND CURRENT EVENTS.
4b	(Code:) (Expenses \$
	DAILY EMAILED NEWSLETTER WITH THE LATEST INFORMATION ON TEXAS POLITICS.
	4 050 000
4c	(Code:) (Expenses \$1, 260, 283. including grants of \$) (Revenue \$1, 107, 252.)
	THE TEXAS TRIBUNE FESTIVAL IS A MULTI-DAY CELEBRATION OF BIG, BOLD
	IDEAS ABOUT POLITICS, PUBLIC POLICY AND THE DAY'S NEWS, HEADLINED BY
	NAMES YOU ALREADY KNOW ALONGSIDE THOSE YOU SHOULD.
	Otherway and in a (Decelle or Other LEO)
4d	Other program services (Describe on Schedule O.)
4 -	(Expenses \$\frac{\text{including grants of \$}}{12,680,157.}\) (Revenue \$\frac{\text{Revenue \$}}{\text{Notal program service expenses}}
4e	Total program service expenses 12,680,157.
	FOIII 666 (2023)

16101115 798893 19616.01

## Form 990 (2023) TEXAS TRIBUNE, INC. 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 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) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments?  f "Yes," complete Schedule D, Part V	10		<u> </u>
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			l
	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			l
	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 reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			<sub>v</sub>
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
15		4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Y	
40	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,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b od	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	L	X

Form 990 (2023) TEXAS TRIBUNE, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			7.7
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?     F   C   C   C   C   C   C   C   C   C	00-		х
	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х	
Par	Note: All Form 990 filers are required to complete Schedule O  **T V Statements Regarding Other IRS Filings and Tax Compliance	38	77	
	Check if Schedule O contains a response or note to any line in this Part V			
	2.155 25.15daio 6 containe à responde et note te dry inte in title i dit v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		163	140
b	Enter the number reported in 50x 5 of 10fm 1050. Enter 40 in not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
332004	12-21-23	_	990	(2023)

TEXAS TRIBUNE, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	, , , , , ,	_		37					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0.							
-	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	7-	Х						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70	-22						
С	to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		- 21					
e	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?								
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year? N/A	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders N/A 11a								
D	Gross income from other sources. (Do not net amounts due or paid to other sources against								
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?  N/A	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								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A	17							
	If "Yes," complete Form 6069.								

332005 12-21-23

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request \_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records EVAN LAMBERT - 512-716-8608

Form **990** (2023)

16101115 798893 19616.01

919 CONGRESS AVENUE, SIXTH FLOOR, AUSTIN,

78701

## 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)	T	IIIZa		C)	ірсі	Satt	(D)	(E)	(F)
Name and title	Average	(do	Positio		ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	amount of
	week (list any					77 11 43	,	from the	from related organizations	other compensation
	hours for	direc				pa		organization	(W-2/1099-MISC/	from the
	related	stee or	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		ployee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) APRIL BRUMLEY HINKLE	40.00	=	=	0		王 =	Ŀ			
CHIEF REVENUE OFFICER						x		350,000.	0.	7,605.
(2) SONAL SHAH	40.00									•
CHEIF EXECUTIVE OFFICER				Х				347,452.	0.	7,578.
(3) SEWELL CHAN	40.00									
EDITOR-IN-CHIEF						Х		295,273.	0.	7,578.
(4) TERRY QUINN	40.00									
CHIEF DEVELOPMENT OFFICER						X		252,761.	0.	9,395.
(5) LIAM ANDREW	40.00									
CHIEF PRODUCT OFFICER						Х		233,200.	0.	7,605.
(6) EVAN LAMBERT	40.00									
CHIEF FINANCIAL OFFICER	1			Х				200,000.	0.	8,976.
(7) EVAN SMITH	40.00	_								
FORMER CEO							X	189,177.	0.	9,469.
(8) JIM SCHACHTER	2.00	ļ							•	
DIRECTOR	0.00	Х	_					0.	0.	0.
(9) MARGARET SPELLINGS	2.00	.,							0	•
DIRECTOR	1 2 00	Х						0.	0.	0.
(10) ROSENTAL ALVES	2.00	٠,,							0	0
DIRECTOR (11) TANE DODOGNOFF	2 00	Х	_					0.	0.	0.
(11) JANE BOROCHOFF DIRECTOR	2.00	х						0.	0.	0
(12) GLENN BROWN	2.00	^						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(13) TREI BRUNDRETT	2.00	^						0.	0.	<u></u>
BOARD CHAIR	2.00	x		Х				0.	0.	0.
(14) JOHN CHAO	2.00							•	•	
DIRECTOR	2,00	х						0.	0.	0.
(15) ANTONIO GARZA	2.00							•		
DIRECTOR		x						0.	0.	0.
(16) LARRY IRVING	2.00									
DIRECTOR		Х						0.	0.	0.
(17) TRACY LAQUEY PARKER	2.00								-	
SECRETARY		Х		Х				0.	0.	0.
332007 12-21-23										Form <b>990</b> (2023)

332007 12-21-23

	990 (2023) TEXAS TR	IBUNE, I	INC							26-4527	097	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,			ghes	t Co	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average		not c		more	than (		Reportable	Reportable	1	stimate	
		hours per week					s both or/trus		compensation	compensation	l	nount (	of
		(list any	ror					Ĺ	from the	from related organizations	1	other pensa	tion
		hours for	direc				- -		organization	(W-2/1099-MISC/		om the	
		related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	org	anizati	ion
		organizations	al trus	nal tr		oyee	om p		1099-NEC)		1	d relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	ey employee	Highest compensated employee	Former			orga	anizatio	ons
(10)	CMDVID GACUG	· · ·	Pu Pu	lus	#0	Key	E E	- Po			<del></del>		
	STEVE SACHS SURER	2.00	X		Х				0.	0.			0.
	MATT THOMPSON	2.00	^		^				0.	0.			<u> </u>
	CTOR	2.00	X						0.	0.			0.
	SONYA MEDINA WILLIAMS	2.00							0.	0•			<u> </u>
	CTOR	2.00	х						0.	0.			0.
(21)	HEIDI MARQUEZ-SMITH	2.00											
DIRE	CTOR		Х						0.	0.			0.
(22)	JOHN JORDAN	2.00											
FC M	EMBER		Х						0.	0.			0.
			-										
		+											
			-										
1b	Subtotal					<u> </u>	_	l	1,867,863.	0.	5	8,20	06.
	Total from continuation sheets to Part VI								0.	0.			0.
	Total (add lines 1b and 1c)								1,867,863.	0.	58	8,20	06.
2	Total number of individuals (including but r								ceived more than \$100,	000 of reportable			
	compensation from the organization												7
											$\Box$	Yes	No
3	Did the organization list any former officer	, director, trust	ee, k	кеу е	empl	oye	e, or	higl	hest compensated empl	loyee on			
	line 1a? If "Yes," complete Schedule J for s										3	Х	
4	For any individual listed on line 1a, is the su			-					•	-			
_	and related organizations greater than \$150										4	Х	
5	Did any person listed on line 1a receive or a	•				•			•				v
Soc	rendered to the organization? If "Yes," con	<u>ıplete Schedul</u>	e J f	or su	ıch ı	oers	on				5		X
Sec	tion B. Independent Contractors												

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization: rieport compensation for the calondar year ending with or within	Title organization o tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
PANACEA COLLECTIVE	·	
1402 HARTFORD RD, AUSTIN, TX 78703	EVENT PRODUCTION	230,982.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

Form 990 (2023) TEXAS T
Part VIII Statement of Revenue

			<ul> <li>Check if Schedule O con</li> </ul>	tains a	response (	or note to any lin	e in this Part VIII			
						,	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								iunction revenue	business revenue	sections 512 - 514
ည ည	1	a	Federated campaigns		1a					
an			Membership dues		1b	1,815,244.				
يَ ق			Fundraising events		1c	17,800.				
ifts			Related organizations		1d	,				
nila			Government grants (contribu		1e	1,616,391.				
Sis			All other contributions, gifts, gra							
uti		•	similar amounts not included abo		1f	10,038,046.				
Q ţ		a	Noncash contributions included in lines		1g \$	· · ·				
Contributions, Gifts, Grants and Other Similar Amounts			Total. Add lines 1a-1f	, 14 11	. <b></b>		13,487,481.			
			Total Florida Milos Facility			Business Code	, ,			
Φ	2	а	FESTIVAL TICKET SALES			541800	725,367.	725,367.		
, vic	_	b	CONTENT LICENSING			541800	355,465.	355,465.		
Ser		c	SUBSCRIPTIONS			541800	132,592.	132,592.		
an Ve		-	ADVERTISING			541800	15,415.	,	15,415.	
Program Service Revenue		e					,		·	
Pro			All other program service rev	enue						
			Total. Add lines 2a-2f				1,228,839.			
	3		Investment income (including							
		other similar amounts)					169,308.			169,308.
	4		Income from investment of ta							
	5		Royalties							
				(i)	) Real	(ii) Personal				
	6	а	Gross rents 6	а						
		b	Less: rental expenses 6	b						
		С	Rental income or (loss) 6	С						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) S	ecurities	(ii) Other				
			assets other than inventory 7	а						
		b	Less: cost or other basis							
e			and sales expenses	b						
len/		С	Gain or (loss) 70	С						
Re			Net gain or (loss)		<u></u>					
ther Revenue			Gross income from fundraising e	events (n	ot					
Ò			including \$17		.					
			contributions reported on line	•		242 005				
			Part IV, line 18			343,985.				
			Less: direct expenses			173,662.	170 202			170 202
			Net income or (loss) from fun				170,323.			170,323.
	9	а	Gross income from gaming a		I					
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from gar							
	10	а	Gross sales of inventory, less		I					
			and allowances							
			Less: cost of goods sold							
		С	Net income or (loss) from sale	es of inv	rentory	Business Code				
sn	11	2	OTHER REVENUE			900099	26,065.	26,065.		
neo	••	a b								
əlla		C								
Miscellaneous Revenue			All other revenue							
Σ			Total. Add lines 11a-11d				26,065.			
	12		Total revenue. See instructions				15,082,016.	1,239,489.	15,415.	339,631.

332009 12-21-23

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a respor			(0)	(B)					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	564,006.	456,700.	55,208.	52,098.					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	9,868,484.	7,930,946.	1,051,055.	886,483.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	173,748.		17,007.	16,050.					
9	Other employee benefits	698,949.		68,417.	64,563.					
10	Payroll taxes	705,218.	571,046.	69,030.	65,142.					
11	Fees for services (nonemployees):									
а	Management									
b	Legal	34,830.		3,409.	3,217.					
С	Accounting	44,375.	35,934.	4,342.	4,099.					
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A), amount, list line 11g expenses on Sch 0.)	200,408.	138,279.	53,653.	8,476.					
12	Advertising and promotion		212 212							
13	Office expenses	304,226.	246,347.	29,776.	28,103.					
14	Information technology	246,156.	199,323.	24,095.	22,738.					
15	Royalties	FF0 F31	614 015	E4 040	E0 06E					
16	Occupancy	758,531.	614,215.	74,249.	70,067.					
17	Travel	253,044.	204,901.	24,769.	23,374.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	60.700	FO 771	C 127	F 700					
19	Conferences, conventions, and meetings	62,700.	50,771.	6,137.	5,792.					
20	Interest									
21	Payments to affiliates	117 027	05 400	11 5//	10 004					
22	Depreciation, depletion, and amortization	117,937.	95,499.	11,544.	10,894.					
23	Insurance									
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),									
_	amount, list line 24e expenses on Schedule 0.) <b>EVENT PRODUCTION</b>	856,350.	787,086.		69,264.					
a b	SUB GRANT EXPENSE	613,000.			07,204					
C	BAD DEBT EXPENSE	199,509.	524.		198,985.					
d	MISCELLANEOUS	891.	722.	87.	82.					
	All other expenses	0,51.	122•	07.	02.					
	Total functional expenses. Add lines 1 through 24e	15,702,362.	12,680,157.	1,492,778.	1,529,427.					
<u>25</u> 26	Joint costs. Complete this line only if the organization			1,100,100	1,000, 100,					
20	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
			<u>.                                      </u>		Earm 990 (2022					

<u>rar</u>	τX	Balance Sneet							
		Check if Schedule O contains a response or no	te to any	line in this Part X					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year		
	1	Cash - non-interest-bearing			5,111,681.	1	4,617,498		
	2	Savings and temporary cash investments			742,914.	2	1,458		
	3	Pledges and grants receivable, net			4,834,712.	3	5,687,029		
	4	Accounts receivable, net			4				
	5	Loans and other receivables from any current o							
		trustee, key employee, creator or founder, subs							
		controlled entity or family member of any of the		5					
	6	Loans and other receivables from other disqual	sons (as defined						
		under section 4958(f)(1)), and persons describe		6					
2	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8			
₹	9	Prepaid expenses and deferred charges			239,184.	9	197,182		
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a	883,563.					
	b	Less: accumulated depreciation		556,182.	439,934.	10c	327,381		
	11	Investments - publicly traded securities				11			
	12	Investments - other securities. See Part IV, line			12				
	13	Investments - program-related. See Part IV, line		13					
	14	Intangible assets			14	4 560 000			
	15	Other assets. See Part IV, line 11		2,069,422.	15	1,762,338			
4	16	Total assets. Add lines 1 through 15 (must equ	13,437,847.	16	12,592,886				
	17	Accounts payable and accrued expenses		488,015.	17	603,514			
	18	Grants payable	184,894.	18 19	163,145				
	19		erred revenue						
	20	Tax-exempt bond liabilities				20			
	21	Escrow or custodial account liability. Complete		•••••		21			
es	22	Loans and other payables to any current or form							
		trustee, key employee, creator or founder, subs							
Liabilities		controlled entity or family member of any of the				22			
- ∣	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23			
	24	Unsecured notes and loans payable to unrelate				24			
	25	Other liabilities (including federal income tax, pa	-						
		parties, and other liabilities not included on line of Schedule D	S 17-24)	Complete Part X	2,169,675.	25	1,851,310		
	26				2,842,584.		2,617,969		
	20	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, che			2,012,301.	20	2,011,000		
န္တ		and complete lines 27, 28, 32, and 33.	ECK HEIG	, <u>, , , , , , , , , , , , , , , , , , </u>					
ğ	27				3,871,569.	27	4,488,908		
<u> </u>	28	Net assets with donor restrictions			6,723,694.	28	5,486,009		
	20	Organizations that do not follow FASB ASC 9			0,723,0310	20	3,100,003		
ᆵ		and complete lines 29 through 33.	CK Here						
ō	29	Capital stock or trust principal, or current funds	1		29				
ets	30	Paid-in or capital surplus, or land, building, or e				30			
Ass	31	Retained earnings, endowment, accumulated in				31			
Net Assets or Fund Balances	32	Total net assets or fund balances			10,595,263.	32	9,974,917		
Z	33				13,437,847.	33	12,592,886		

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## **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.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Bubl

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TEXAS TRIBUNE. INC.

Employer identification number 26 – 4527097

_			D INIDONE,	1110.				0 4527057						
Pa	ırt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.							
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)								
1		A church, convention of chi	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).							
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)									
3		A hospital or a cooperative		•		)(b)(1)(A)(ii	ii).							
4	$\Box$	A medical research organization					•	the hospital's name.						
•		city, and state:		7				,						
5		•	or the benefit of a col	llege or university owned	or operat	ed by a go	wernmental unit describe	ad in						
3		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)												
_														
6	Ш	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
7		An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general <sub>l</sub>	oublic described in						
		section 170(b)(1)(A)(vi). (C	omplete Part II.)											
8		A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Par	: II.)									
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	x) operate	ed in conju	ınction with a land-grant	college						
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or						
		university:												
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from						
		activities related to its exem	*				· ·	*						
		income and unrelated busin		•	. ,		• •	•						
		See section 509(a)(2). (Con		(1000 000 tion on the taxy in o		occo acqui	iod by the organization t	artor durie do, 1010.						
11		An organization organized a	•	ivolv to tost for public sat	inty Soo	coction 5(	00(0)(4)							
12	H	-	· ·	•	•			nurnaces of one or						
12		An organization organized a	· ·	•	-		•							
		more publicly supported org	-					check the box on						
		lines 12a through 12d that	* *			-								
а	ı <u>L</u>		· · · · · · · · · · · · · · · · · · ·			-								
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting						
		organization. You must o	complete Part IV, Se	ections A and B.										
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ving						
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported						
		organization(s). You mus	t complete Part IV.	Sections A and C.										
c	. [	Type III functionally inte	grated. A supporting	a organization operated	in connect	tion with, a	and functionally integrate	ed with.						
	-	its supported organization	-				• •	,						
c		Type III non-functionally		•				zation(s)						
		that is not functionally int	•					* *						
		•	-		•			7611655						
		requirement (see instructi	•											
e	•						Type I, Type II, Type III							
		functionally integrated, or		nally integrated supporting	ng organiz	ation.								
f		er the number of supported o												
		vide the following information			(iv) lo the eras	nization listed								
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other						
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)						
Tota	al						l							

332021 12-21-23

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

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

Calendar year (or fiscal year beginning in)  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 VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	Sec	tion A. Public Support						
membership fees received. (Do not include any "unusual grants.")  2 Tax reversues levied for the organization is 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  The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subsettiles 5 ten like 4.  Section B. Total Support description in the second column of the secon	Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
include any "unusual grants.")  2 Tax revenues levied for the organization is 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 to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support, selested inc of trons line 4  8 Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from instreast, dividends, payments received on securities loans, rents, royalties, and income from ismilar sources  9 Net income from ismilar sources  9 Net income from inmelated business activities, whether or not the business is regularly carried on the business activities, whether or not the business is regularly carried on the business is regularly carried on the business is regularly carried on the business activities, whether or not the business is regularly carried on the business activities, whether or not the business activities, whether or not the business is carried to the business activities, whether or not the business activities, whether or not the business activities, which is not the busi	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on the behalf of the property of the portion of total contributions by each person (other than a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 povernmental unit or publicly supported organization junctuded on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Jubinet line's sensitive 4 Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from line 4 8 Gross income from line 4 8 Gross income from line's secreted on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the 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 VI) 1 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years, if the Form 900 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly support percentage for 2023 (line 6, column (f), divided by line 11, column (f) 14 15 15 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f) 15 3 1/3% support test - 2022. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization indid not check a box on line 13, 16a, or 16b, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check thi		membership fees received. (Do not						
ization's benefit and ether paid to or expended on its behalf  3. The value of services or facilities furnished by a governmental unit to the organization without change  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. Subsective 5 from line 4.  8. Section B. Total Support  Calendar year (or fiscal year beginning in)  7. Amounts from line 4.  8. Gross income from interest, dividends, payments received on securities lones, rents, royaltes, and income from similar sources.  9. Net income from unrelated business activities, whether or not the business is regularly carried on the business in regularly carried on the business is regularly carried on the business is regularly carried on the business in regularly carried on the		include any "unusual grants.")						
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 296 of the amount shown on line 11, column (f) 6. Public support. Subract line 5 from line 4.  Section B. Total Support Calendar year (or fiscal year beginning in) 7. Amounts from line 4. 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and 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 VI). 11. Total support. Add lines 7 through 10. 12. Gross receipts from related activities, etc. (see instructions) 12. Gross receipts from related activities, whether or not Public Support Percentage 14. Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15. Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 16. Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 17. Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 18. Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 19. Augustation of the box and stop here. The organization qualifies as a publicly supported organization 17. 10% - facts-and-circumstances test - 2023. If the organization oft on teheck the box on line 13, faa, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization because the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, faa, 16b, or 17a, and line 15 is 10% or more, and if the organiza	2	Tax revenues levied for the organ-						
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. Settlets the storning section B. Total Support  Section B. Total Support  Section B. Total Support  Callendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest 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 said or capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc. (see instructions) 12 Tests Eyears, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 16 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test. The organization did not check a box on line 13, fisa, or 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test, check this box and stop here. Explai		ization's benefit and either paid to						
turnished 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 256 of the amount shown on line 11, column (f) 6 Public support Softward line 5 tion line 4 Section B. Total Support Softward line 5 tion line 4 Section B. Total Support Softward line 5 tion line 4 Section B. Total Support Softward line 5 tion line 4 Section B. Total Support Softward line 5 tion line 4 Section B. Total Support Softward line 5 tion line 4 Section B. Total Support Softward line 5 tion line 4 Section B. Total Support Softward line 5 tion line 4 Section B. Total Support Softward line 5 tion line 4 Section B. Total Support softward line 5 tion line 4 Section B. Total Support softward line 5 tion line 4 Section B. Total Support softward line 5 tion line 4 Section B. Total Support softward line 5 tion line 4 Section B. Total Support softward line 5 tion line 4 Section B. Total Support Bereat line 5 tion line 6 tion line 5 tion line 5 tion line 6		or expended on its behalf						
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 3 from line 4. Section B. Total Support  Calendar year (or fiscal year beginning in) 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 VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(s)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization    Day the properties of the progralization of lone check a box on line 13, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization do not check a box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box on so on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box on so on line 13, 16	3	The value of services or facilities						
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assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2022 Schedule A, Part II, line 14  16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  16 b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	10	Other income. Do not include gain						
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		

## Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
		14703798.	11709611.	9310113.	13197536.	13487481.	62408539.
	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	644,523.	686,854.	657,857.	1409238.	1239489.	4637961.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge	45240204	10006465	0065050	1460655	4.450.6050	55045500
	3	15348321.	12396465.	9967970.	14606774.	14726970.	67046500.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	4488784.	2412853.	1598163.	5473101.	4135160.	18108061.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
С	Add lines 7a and 7b	4488784.	2412853.	1598163.	5473101.	4135160.	18108061.
	Public support. (Subtract line 7c from line 6.)						48938439.
Sec	tion B. Total Support	1			·		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	15348321.	12396465.	9967970.	14606774.	14726970.	67046500.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,098.	39,690.	32,084.	58,343.	169,308.	302,523.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	3,098.	39,690.	32,084.	58,343.	169,308.	302,523.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	22,657.	6,397.	55,103.	57,212.	11,920.	153,289.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		-	-			
13	Total support. (Add lines 9, 10c, 11, and 12.)	15374076.	12442552.	10055157.	14722329.	14908198.	67502312.
	First 5 years. If the Form 990 is for the						
check this box and stop here							
Section C. Computation of Public Support Percentage							
	Public support percentage for 2023 (I	, (,,	,	olumn (f))		15	72.50 %
	Public support percentage from 2022					16	72.33 %
	tion D. Computation of Inves					- I	
	Investment income percentage for 20					17	.45 %
	8 Investment income percentage from 2022 Schedule A, Part III, line 17						
19a	19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  X  b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
b							ınd

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
20		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
-		
9b		
9c		
00		
10a		
10b		

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

3b

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see
	instructions).	. •		•

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6_	Other distributions (describe in Part VI). See instructions.			6	
_7_	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	a Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	e Excess from 2023				

Schedule A (Form 990) 2023

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

**Employer identification number** 

26-4527097 TEXAS TRIBUNE INC. Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization Employer identification number

TEXAS	TRIBUNE,	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 24,075.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Nume, address, and Zii + +	\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$501,800.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

WEAY G	TO TOIME	INC
ILLAND	TRIBUNE.	TINC

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		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>16,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, address, and ZIF + 4	\$ 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
11		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$8,000.	Person X Payroll

Name of organization Employer identification number

TEXAS TRIBUNE, INC. 26-4527097	3		_ ,
	TEXAS TRIBUNE	I. INC.	26-4527097

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13		\$ 5,000.  Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 16	Name, address, and ZIP + 4	Total contributions  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
17		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
18		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

WEAY G	TO TOIME	INC
ILLAND	TRIBUNE.	TINC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$13,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Name, address, and ZIF + 4	\$ 668,602.	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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$8,000 <b>.</b>	Person X Payroll

Name of organization Employer identification number

TEXAS	TRIBUNE,	INC.
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$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
26		\$ 206,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$15,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	Total contributions  \$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		\$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		\$30,000.	Person X Payroll

Name of organization

Employer identification number

TEXAS TRIBUNE, INC.

26-4527097

TEXAS	XAS TRIBUNE, INC. 26		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$15,023.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$90,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,113.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$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
36		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

name of organization	Employer identification number
TEXAS TRIBUNE, INC.	26-4527097
Part Cartributers	

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$\$	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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 40	Name, address, and ZIP + 4	Total contributions  \$ 7,000.	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		\$\$	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		\$\$	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization Employer identification number

WEAY G	TO TOIME	INC
ILLAND	TRIBUNE.	TINC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$\$	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>45</u>		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$\$	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		\$ <u>25,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TEXAS	TRIBUNE, INC.		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 contribution	(d) s Type of contribution
49		\$5,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
50		\$7,50	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
51		\$ 50,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
52		\$10,00	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
53		\$5,00	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
54	·	110.00	Person X Payroll

323452 12-26-23

Schedule B (Form 990) (2023)

(Complete Part II for noncash contributions.)

Name of organization Employer identification number

TEXAS	TRIBUNE,	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$ <u>140,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	- Hume, dudices, and En 1 7	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$ <u>15,000.</u>	Person X Payroll

Name of organization Employer identification number

TEXAS	TRIBUNE, INC.	2	26-4527097
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$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
62		\$565,261.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$7,534.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$8,137.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TEXAS	TRIBUNE,	INC.
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 29,666.	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		\$15,000 <b>.</b> _	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$5,500.	Person X Payroll
(a)	(b)	(c)	(d)
70	Name, address, and ZIP + 4	Total contributions  \$ 14,522.	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		\$ 55,586.	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		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
TEXAS TRIBUNE, INC.	26-4527097
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.	

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional copies of Part I is additional copies of Part	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
73		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
74		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
75		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
76		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
77		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
78		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

TEXAS TRIBUNE, INC.

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		\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
80		\$15,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
81		\$5,113.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
82		\$\$	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		\$\$	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		\$5,000.	Person X Payroll	

Name of organization Employer identification number

$ \nabla \nabla \nabla \nabla \nabla $	TRIBUNE,	INC
LEVVO	IKIBUNE,	TINC

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		\$16,612.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$\$	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		\$	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		\$120,000 <b>.</b>	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		\$ <u>25,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$ <u>25,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TEXAS	TRIBUNE, INC.	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
91		\$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
92		\$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		\$\$	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		\$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
95		\$\$	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
96		\$50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

$ \nabla \nabla \nabla \nabla \nabla $	TRIBUNE,	INC
LEVVO	IKIDUNE,	TINC

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
97		\$\$	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		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$ 10,225.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		\$ 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
101		\$ <u>45,000</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
102		\$ <u>15,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$\$ 245,064.	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
105		\$10,282.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$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
107		\$\$	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
108		\$	Person X Payroll

Name of organization Employer identification number

TEXAS	TRIBUNE, INC.		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		\$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
110		\$\$	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		\$15,338	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		\$\$	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		\$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
114		\$5,000	Person X Payroll

Name of organization Employer identification number

$ \nabla \nabla \nabla \nabla \nabla $	TRIBUNE,	INC
LEVVO	IKIDUNE,	TINC

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
115		\$10,225.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$15,338 <b>.</b> _	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118	Nume, address, and Zii + +	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119		\$ <u>100,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$ 78,780.	Person X Payroll

TEXAS	TRIBUNE, INC.	2	6-4527097
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$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
122		\$\$	Person X Payroll
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123		\$\$	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		\$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
125		\$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
126		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

TEXAS	TRIBUNE, INC.	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
127		\$9,663	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		\$8,250	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
129		\$ <b>4</b> 7,684	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
130		\$\$	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		\$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
132		\$ 12,000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$10,000 <b>.</b>	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		\$5,770.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
136		\$15,000 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
137		\$	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		\$115,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ФБХУС	TRIBUNE,	INC.
LEVVO	IKIBUNE,	TINC.

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
139		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142		\$10,586.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143		\$9,850.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144		\$	Person X Payroll

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
145		\$160,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
146		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
148		\$	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
149		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
150		\$ 100,000.	Person X Payroll

Name of organization Employer identification number

TEXAS	TRIBUNE,	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152		\$10,000 <b>.</b> _	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
154	Name, address, and Zir + +	\$15,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
156		\$	Person X Payroll

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
157		\$ <u>11,534.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
158		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
159		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
160		\$\$	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
161		\$11,870.	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
162		\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
164		\$9,157.	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
165		\$ <u>45,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
166		\$\$	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
167		\$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
168		\$ <u>100,000.</u>	Person X Payroll

TEXAS	TRIBUNE, INC.	6-4527097	
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
169		\$ 225,000.	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
170		\$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
171		\$8,119.	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
172		\$\$5,563.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
173		\$\$2,500.	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
174		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TEXAS	TRIBUNE,	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>175</u>		\$129,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
176		\$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
177		\$53,000.	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
178		\$13,500 <b>.</b>	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
179		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
180		\$ 85,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

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
181		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
182		5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
183		- \$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
184		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
185		\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
186		\$10,000.	Person X Payroll

Name of organization Employer identification number

TEXAS	TRIBUNE,	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		\$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
188		\$ 23,500.	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
189		\$13,424.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
190		\$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
191		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
192		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TEXAS	TRIBUNE, INC.		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 contribution	(d) Type of contribution
193		\$8,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
194		\$15,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
195		\$10,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
196		\$15,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
197		\$5,00	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
198		\$5,00	Person X Payroll Noncash (Complete Part II for

Name of organization Employer identification number

TEXAS	TRIBUNE, INC.		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
199		\$5,00	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
200		\$ 25,00	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
201		\$ 28,03	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
202		\$5,51	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
203		\$15,75	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
204		\$ 15,00	Person X Payroll

Name of organization Employer identification number

TEXAS	TRIBUNE.	INC

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
205		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
206		\$ 27,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
207		\$6,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
208	- Hume, dudices, and En 1 1	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
209		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
210		\$6,900.	Person X Payroll

Name of organization Employer identification number

TEXAS	TRIBUNE, INC.		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
211		\$150,00	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
212		\$ <u>150,00</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
213		\$ 75,00	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
214		\$ 35,00	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
215		\$ 301,06	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
216		\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217		\$5,845.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
218		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
219		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
220		\$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
221		\$ 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
222		\$35,000.	Person X Payroll

TEXAS	TRIBUNE, INC.	2	6-4527097
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
223		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
224		\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
225		\$5,660.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
226		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
227		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
228		\$15,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
230		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
231		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
232		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
233		\$14,175 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
234		\$5,000.	Person X Payroll

Name of organization Employer identification number

TEXAS	TRIBUNE,	INC.
1 1122710	TILTDOME,	T11C •

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
235		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
236		\$8,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
237		\$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
238		\$\$	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
239		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
240		\$ <u>37,500.</u>	Person X Payroll

Name of organization **Employer identification number** 

TEXAS	TRIBUNE, INC.		26-4527097
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241		\$200,000	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
242		\$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
243		\$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
244		\$150,000	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
245		\$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
246		\$30,000	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247		\$\$\$\$	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
248		\$1,616,391.	Person X Payroll
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# TEXAS TRIBUNE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	

Name of organization **Employer identification number** TEXAS TRIBUNE, 26-4527097 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

TEXAS TRIBUNE, INC.

**Employer identification number** 26-4527097

Total number at end of year   2 Aggregate value of contributions to (during year)   3 Aggregate value of contributions to (during year)   4 Aggregate value of annits from (during year)   4 Aggregate value at end of year   5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impremiseible private benefit?   Yes   No   Part II   Conservation Easements. Complete if the organization incheck at that apply.   Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Preservation of land for public use (for example, recreation or education)   Preservation of a contribed historic structure   Preservation of land for public use (for example, recreation or education)   Preservation of a contribed historic structure   Preservation of land for public use (for example, recreation or education)   Preservation of a contribed historic structure   Preservation of conservation easements   Aggregate value of the tax year   A total number of conservation easements   Aggregate value of the tax year   A total number of conservation easements   Aggregate value of the tax year   A total number of conservation easements on a certified historic structure included on line 2a   2g   Very	Par			s or Ac	counts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of and of year 4 Aggregate value of and of year 5 Did the organization in property, subject to the organization's exclusive legal contro? 5 Did the organization is property, subject to the organization's exclusive legal contro? 6 Did the organization in property, subject to the organization is exclusive legal contro? 7 Or charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conterring impermissable private benefit? 7 Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 7 Purpose(s) of conservation Easements held by the organization (check all that apply). 7 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of an fart public use (for example, recreation or education) Preservation of a historically important land area Preservation of part in the preservation of part in the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 8 Total number of conservation easements and a certified historic structure included on line 2a 2 2c d Number of conservation easements included on line 2a captive and on a historic structure listed in the National Register 9 No Host of conservation easements included on line 2a captive and on a historic structure listed in the National Register 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  9 No description of the preservation easements included on line 2a captive and the preservation easements during the year  1 Number of states where property subject to conservation easement is located on an a historic structure listed in the National Register 1 Number of states where property subject to conservation easements in bounded on line 2a day of the		organization answered "Yes" on Form 990, Part IV, lin	I	1 1	h) Funds and other accounts
2 Aggregate value of contributions to (during year)  3 Aggregate value of arish from (during year)  4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for chardshe purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for chardshe purposes and not for the benefit of the donor of ordonor advisor, or for any other purpose conferring impermissable private benefit?  Part II Conservation I assements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purposel(s) of conservation assements held by the organization (check at that apply).  Perservation of and for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space.  2 Complete lines 2 a through 2 dif the organization held a qualified conservation examine in the form of a conservation easements of the last day of the tax year.  3 Total number of conservation easements as a certified historic structure included on line 2 a conservation easements and the purpose of conservation easements and the purpose of conservation easements included on line 2 a acquired after July 25, 2006, and not on a historic structure listed in the National Register.  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements indicting the periodic monitoring, inspection, sand enforcement and balance sheet, and include, if applicable, the text of the fortholose of the organization easements that describes the organization elected, as permitted under FASB ASC 958, not to report in its revenue and expense statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in f		Takel assessed as and of season	(a) Donor advised funds	+	b) Fullus and other accounts
3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal control?  Or Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purvate benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) or conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education).  Preservation of a conservation assements held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  2 Complete lines 2 at through 2 di the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements in calculated on line 2 acquired after July 25, 2006, and not on a historic structure listed in the National Register  Number of conservation easements on a certified historic structure included on line 2 acquired after July 25, 2006, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easement is located  Dess the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements though year  Administration of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Dess each conservation easement report					
4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, denors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of onor advisor, or for any other purpose conferring impermissible purposes and not for the the end for the donor of onor advisor, or for any other purpose conferring impermissible purposes and not for the the end of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization or education) — Preservation of a historically important land area — Protection of natural habitat — Preservation of poen space  2 Complete lines 2 at through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements  4 Number of conservation easements in conservation easements and a conservation easements and a certified historic structure included on line 2a — 2c — 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year — 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year — 4 Number of states where property subject to conservation easements it located  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  8 Does each conservation easement reported on line 2d above satisfy the requirements					
5 Did the organization informal idonors and donor advisors in writing that the assets held in donor advised funds are the organization is reportly, subject to the organizations rectuely subject to the organizations rectuely subject to the organizations rectuely subject to the organization informal grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors, or for any other purpose conferring impermissible purvate benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(9) of conservation easements held by the organization chick all that apply).  Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space  2 Complete lines 2 at through 2 d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the fax year.  a Total number of conservation easements  2 b Total acreage restricted by conservation easements  5 b Total acreage restricted by conservation easements  6 Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure instead in the National Register  4 Number of states where property subject to conservation easements is located  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  8 Does each conservation easement reports conservation easements in its revenue and expense statement and balance sheet works of art, historical Treasures, or Other Similar Assets.  Com				+	
are the organization's property, subject to the organization's exclusive legal control?			writing that the assets held in donor adv	ised fund	de
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conterring impermissible private benefit?    Part III   Conservation Easements held by the organization answered "Yes" on Form 990, Part IV, line 7.	3	-	_		
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(§) of conservation easements held by the organization (check all that apply).    Preservation of an for public use (for example, recreation or education)   Preservation of a historically important land area   Protection or natural habitat   Protection or natural habitat   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements   Preservation of a conservation easement on the last day of the tax year.  4 Total acreage restricted by conservation easements   2a	6				
Impermissible private benefit?	Ŭ				
Part II   Conservation Easements . Complete if the organization answered "Ves" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Protection of natural habitat   Preservation of open space   Preservation of open space   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements   2a   Preservation easements   Preservation   Pr					
Preservation of and for public use (for example, recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of open space   Protection of open space   Preservation easurement on the last day of the tax year.   Held at the End of the Tax Year at 70tal number of conservation easements   Preservation easurements   Preservation	Par				
Protection of natural habitat Preservation of a certified historic structure Preservation of open space Preservation of a conservation easements Protein a creage restricted by conservation easements Drotal acreage restricted by conservation easements on a certified historic structure included on line 2a Drotal acreage restricted by conservation easements on a certified historic structure included on line 2a Drotal Aumber of conservation easements included on line 2c acquired after July 25, 2006, and not On a historic structure listed in the National Register No an alkistoric structure listed in the National Register No Inspection, Inspectio	1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
Preservation of open space		Preservation of land for public use (for example, recrea	tion or education) Preservation	of a histo	orically important land area
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  1 Total number of conservation easements 2		Protection of natural habitat	Preservation	of a certif	fied historic structure
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure itseld in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(f)) and section 170(h)(4)(B)(f)(f)  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's innancial statements that describes the organization's accounting for conservation easements.  Part III Organization should in Fass ASC 958, not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s		Preservation of open space			
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2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1 \$  b Assets included in Form 990, Part X \$					
the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1 \$  b Assets included in Form 990, Part X \$	_	, , , , , , , , , , , , , , , , , , , ,			
a Revenue included on Form 990, Part VIII, line 1       \$	2	-		ial gain, p	provide
<b>b</b> Assets included in Form 990, Part X \$	_				Φ.
					Schedule D (Form 990) 2023

332051 09-28-23

Par	t III Organizations Maintaining Coll	lections of Art	t, Histo	rical Tre	asures, or	Other	Simila	Assets	(contin	ued)	ige –
3	Using the organization's acquisition, accession,								•		
	collection items (check all that apply).										
а	Public exhibition	d	ι	_oan or exc	hange prograi	m					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's collection	ctions and explair	how the	ey further th	e organization	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or re	•		•	· ·						
	to be sold to raise funds rather than to be maint								Yes		No
Par	t IV Escrow and Custodial Arrange								ne 9, or		
	reported an amount on Form 990, Part X			Ü			,	,	,		
	Is the organization an agent, trustee, custodian,	or other intermed	liary for o	contribution	s or other ass	ets not i	ncluded				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII and										,
-	in roo, oxplain the analigomore in rate will all		iownig to	2010.					Amount	:	
С	Beginning balance						1c				
	Additions during the year										
e	Distributions during the year										
f											
	Ending balance								Yes		No
	If "Yes," explain the arrangement in Part XIII. Ch						•				] <b>NO</b>
Par											
		a) Current year		rior year	(c) Two years			ears back	(e) Four	vears	hack
10		a) carrerit year	(8)	nor your	(C) Two yours	5 Buok	( <b>a)</b> 111100 y	ours buok	(C) i oui	youro	buon
1a	Beginning of year balance					+					
b	Contributions										
С.	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses					-					
g	End of year balance										
2	Provide the estimated percentage of the current	t year end balance	e (line 1g	, column (a)	) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment%										
	The percentages on lines 2a, 2b, and 2c should	equal 100%.									
За	Are there endowment funds not in the possession	on of the organiza	tion that	are held ar	nd administere	ed for the	)		_		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ns listed as require	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the organization		wment fu	ınds.							
Par	t VI Land, Buildings, and Equipmen	nt									
	Complete if the organization answered "\	Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990,	Part X, I	ine 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	valu	 e
		basis (investr			(other)		reciation		· =		
	Land										
b	Buildings										
c	Leasehold improvements			28	4,358.	1	48,9	78.	135	5,3	80.
d	Equipment				9,205.		07,20				01.
	Other				- , =		, , <u>,                                </u>			, -	
	Add lines 1a through 1e (Column (d) must equi	ol Form 000 Port	V lina 10	)a aaluman	(D))				325	7.3	81.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 TEXAS TRIBUN	E, INC.	26	-4527097 Page 3
Part VII Investments - Other Securities  Complete if the organization answered "Yes" of	n Form 990 Part IV line	11h Soo Form 990 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(d) Financial doublestines	(b) Book value	(e) Metrica di Valadioni. Cost di dite	or your market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets			
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tru. Gee Form 330, Fart X, line 13.	(b) Book value
(1) BUILDING LEASE DEPOSIT	, de de la parecia		119,627
(2) RIGHT OF USE ASSET			1,642,711
(3)			1,012,711
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		1,762,338.
Part X Other Liabilities			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LONG TERM LEASE LIABILITY			1,489,828
(3) SHORT TERM LEASE LIABILITY			361,482
(4)			
(5)			<u> </u>

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

1,851,

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

1,851,310.

(6) (7) (8)

	rt XI Reconciliation of Revenue per Audited Financial State	ments With F	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	15,358,964.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а					
b			183,176.	_	
С	1 7 3		172 (()	_	
d	, , , , , , , , , , , , , , , , , , , ,	2d	173,662.		256 020
e				2e	356,838. 15,002,126.
3	Subtract line 2e from line 1			3	15,002,120.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a			
a b	, , , , , , , , , , , , , , , , , , , ,		79,890.	-	
C	,			4c	79.890 <b>.</b>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	79,890. 15,082,016.
	rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F		n
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	15,979,310.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	183,176.		
b	Prior year adjustments	2b			
С	Other losses	2c		_	
d	Other (Describe in Part XIII.)	2d	173,662.		
е				2e	356,838.
3	Subtract line 2e from line 1			3	15,622,472.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	, , , , , , , , , , , , , , , , , , , ,		79,890.	_	
b	,	-		10	79,890.
с 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I. line 18.)			4c 5	15,702,362.
	rt XIII Supplemental Information				13//02/3020
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b a	and 2b; Part V, line 4	; Part	X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			,	, , ,
	·				
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
מחז	CCTAI EMENING EVDENCEC				172 662
SPI	ECIAL EVENTS EXPENSES				173,662.
PAF	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
	·				
COS	ST OF DIRECT BENEFIT TO DONORS				79,890.
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
~					150 660
SPI	ECIAL EVENTS EXPENSES				173,662.
PAF	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
11					
<u>CO</u> S	ST OF DIRECT BENEFIT TO DONORS				79,890.

Schedule D (Form 990) 2023	TEXAS TRIBUNE,	INC.	26-4527097 Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Infor	rmation (continued)		
•	•		

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number 26-4527097 TEXAS TRIBUNE, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro		-EZ, lines 1 and 6b. List e		ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				TRIBFEST	NONE	(add col. (a) through
			TRIBFEAST	RAFFLE		col. <b>(c)</b> )
			(event type)	(event type)	(total number)	001. <b>(0)</b> )
ğ						
Revenue	1	Gross receipts	354,174.	7,611.		361,785.
۳						
	2	Less: Contributions	17,800.			17,800.
	3	Gross income (line 1 minus line 2)	336,374.	7,611.		343,985.
	4	Cash prizes				
ړ	5	Noncash prizes				
Direct Expenses		D 4/6 333	20 000			20 000
ber	6	Rent/facility costs	20,000.			20,000.
Ĭ	_		70 000			79,890.
9	′	Food and beverages	79,890.			19,090.
		Entartainment				
	9	Entertainment Other direct expenses	73,772.			73,772.
	10	Direct expense summary. Add lines 4 through				173,662.
	11					170,323.
Pa		II Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
			(a) Dings	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
nle			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
۳	1	Gross revenue				
တ္သ	2	Cash prizes				
SU						
Direct Expenses	3	Noncash prizes				
뷍						
Ë	4	Rent/facility costs				
	_	011				
-	5	Other direct expenses				
	_	Valuata au lab au	Yes %	Yes%	Yes %	
	ь	Volunteer labor	L No	L No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	•	bliect expense summary. Add lines 2 tillougi	13 iii columii (a)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		The garming meeting carminally.				
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a				Yes No
		No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes No
b	If "	Yes," explain:				
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Schedule G (Form 990) 2023 TEXAS TRIBUNE, INC.	26-4527097 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity fo	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a   %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books an	
THE LITTLE THE HATTE AND ADDRESS OF THE PERSON WHO PREPARES THE ORGANIZATION'S GAMING'S PECIAL EVENTS BOOKS AN	id records.
News	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	ue? <b>Yes  No</b>
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and	d the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16. Gaming manager information:	
16 Gaming manager information:	
News	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or	r spent in the
organization's own exempt activities during the tax year \$	1 Sporte III the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	) and (v): and Part III lines 9. 9h. 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	) and (v), and r art iii, iii es 5, 55, 165,
13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	G (Form 990)	TEXAS TRIBUNE,	INC.	26-4527097	Page 4
Part IV	G (Form 990) <b>Supplemental Infor</b>	rmation (continued)			

# SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

TEXAS TRIBUNE, INC.

Employer identification number 26-4527097

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:		v	
	The organization?	5a	Х	X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	ı

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

Schedule J (Form 990) 2023

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 on 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 aren't 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 and/or 1099-NEC compensation (C		(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) APRIL BRUMLEY HINKLE	i)	165,000.	185,000.	0.	2,000.	5,605.	357,605.	0.
<b> </b>	ii)	0.	0.	0.	0.	0.	0.	0.
(2) SONAL SHAH	i)	347,452.	0.	0.	2,000.	5,578.	355,030.	0.
CHEIF EXECUTIVE OFFICER	ii)	0.	0.	0.	0.	0.	0.	0.
(3) SEWELL CHAN	i)	295,273.	0.	0.	2,000.	5,578.	302,851.	0.
EDITOR-IN-CHIEF (i	ii)	0.	0.	0.	0.	0.	0.	0.
(4) TERRY QUINN	i)	232,761.	20,000.	0.	2,000.	7,395.	262,156.	0.
CHIEF DEVELOPMENT OFFICER	ii)	0.	0.	0.	0.	0.	0.	0.
(5) LIAM ANDREW	i)	233,200.	0.	0.	2,000.	5,605.	240,805.	0.
CHIEF PRODUCT OFFICER	ii)	0.	0.	0.	0.	0.	0.	0.
(6) EVAN LAMBERT	i)	200,000.	0.	0.	2,000.	6,976.	208,976.	0.
CHIEF FINANCIAL OFFICER	ii)	0.	0.	0.	0.	0.	0.	0.
(7) EVAN SMITH	i)	135,000.	54,177.	0.	2,000.	7,469.	198,646.	0.
FORMER CEO	ii)	0.	0.	0.	0.	0.	0.	0.
(	(i)							_
(i	ii)							_
(	i)							
(i	ii)							
(	i)							
(i	ii)							
(	(i)							
(i	ii)							
(	i)							
(i	ii)							
(	(i)							
	ii)							
(	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
((i	ii)							

Part III Supplemental Information
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.
PART I, LINE 1A:
DUES ARE PAID TO A SOCIAL CLUB TO ALLOW THE TEXAS TRIBUNE TO HOST EVENTS AT
THE VENUE.
PART I, LINE 5:
APRIL HINKLE, CHIEF REVENUE OFFICER, IS PAID COMMISSION UPON COLLECTION OF
SPONSORSHIP AND ADVERTISING RECEIPTS WITH AN ANNUAL MAXIMUM.

### SCHEDULE O (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

TEXAS TRIBUNE, INC.

Employer identification number 26-4527097

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NEWS ON POLITICS, POLICY AND CURRENT EVENTS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS SHARED ELECTRONICALLY WITH THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO INCLUDES A REVIEW AND APPROVAL BY THE INDEPENDENT MEMBERS OF THE BOARD COMPENSATION COMMITTEE.

COMPARABILITY DATA USED IN THE REVIEW PROCESS IS OBTAINED THROUGH FORMS 990

OF COMPARABLE ORGANIZATIONS. THE DELIBERATIONS AND DECISIONS ARE

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 26-4527097 TEXAS TRIBUNE, INC. DOCUMENTED IN BOARD MEETING MINUTES. AFTER REVIEW OF SIMILAR COMPARABILITY DATA, THE CEO DETERMINES THE COMPENSATION FOR THE REMAINING OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. FORM 990, PART VI, SECTION C, 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 XII, LINE 2C: THE ORGANIZATION'S PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT DID NOT CHANGE DURING THE TAX YEAR.