Form 990-EZ

Short Form 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.

2013

Department of the Treasury Internal Revenue Service ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-1150

Α	For	the 2013 ca	lendar year, or tax year beginning Jul 8 , 2013, and ending De	- 21	···	
早	_ Chec	k if applicable:	C Name of organization		D El	, 2013 ridentification number
-	9	ess change e change	Capital of Texas Media Foundation			
×	7	e change Fretum	Number and street (or P.O. box, if mall is not delivered to street address) Room/suite	- ,		398438
-	-	inated	1512 Bradmoor Drive	- 1	E Telephon	
-	4	nded return	City or town, state or province, country, and ZIP or foreign postal code		(240) 605-4797
X	-	cation pending		į,	Group E	Exemption
G		ounting Meth	od. III Corb. D.A. A. Ciii A.			
ī				Check	► if the	e organization is not
J				required	to attach	Schedule B
-				(Form s	190, 990-E	Z, or 990-PF).
K		n of organiza				
L	Add	lines 5b, 6c, ats (Bart II o	and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total		
D.	asse	Daves	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		►\$	68,256.
	<u> </u>	_] Kevenu Cheek if #	e, Expenses, and Changes in Net Assets or Fund Balances (see the	e instri	uctions f	or Part I)
	1	Checkii ii	ie organization used Schedule O to respond to any question in this Part I			X
	2	Drogram a	ons, gifts, grants, and similar amounts received		· · <u>1</u>	49,090.
	3	Mombant	ervice revenue including government fees and contracts		2	19,166.
	4	leve-te-se	ip dues and assessments		. 3	
	-		t income		4	
	3 5	a Gross amo	ount from sale of assets other than inventory			
			or other basis and sales expenses			
	_ (Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)		. 5c	
R	6		d fundraising events			
R E V	٥	Gross Inco	me from gaming (attach Schedule G if greater than \$15,000) 6 a			
ÉNU	, F	from funder	me from fundraising events (not including \$ of contributions			
Ē		of such gro	aising events reported on line 1) (attach Schedule G if the sum less income and contributions exceeds \$15,000)			
	q	Less: direc	t expenses from gaming and fundraising events 6c	· · · · · · · ·		
	1	ob and sub	or (loss) from gaming and fundraising events (add lines 6a and tract line 6c)		· . 6d	
	7 a	Gross sale:	s of inventory, less returns and allowances		N. W. E.	
	b	Less: cost	of goods sold			
	C	Gross profi	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		. 7c	
	8	Other rever	nue (describe in Schedule O)		8	·
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	68,256.
	10	Grants and	similar amounts paid (list in Schedule O)		. 10	00,236.
	11	Benefits pa	id to or for members		. 11	
X	12	Salaries, ot	her compensation, and employee benefits	.	12	9,000.
XP EZ SES	13	Professiona	al fees and other payments to independent contractors		. 13	28,126.
N S	14	Occupancy	, rent, utilities, and maintenance		14	20,120.
S	15	Printing, pu	blications, postage, and shipping		1 4 5	470
	16	Other exper	OSES (describe in Schedule O)	Other Even		478.
	17	ı otal expel	nses. Add lines 10 through 16		17	3,030. 40,634.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		. 18	27,622.
ASSET	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must parse with and of		32.0	21,022.
Ę		agaic repor	ted on phot years return)		. 19	
Ś	20	Other chang	ges in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets of	or fund balances at end of year. Combine lines 18 through 20.		▶ 21	27,622.
5AA	For	· Paperwork	Reduction Act Notice, see the separate instructions.			Form 990-EZ (2013)

Form	990-EZ (2013) Capital of Texas	Media Foundation		46	<u>-33</u>	398438	Page 2
Par	Balance Sheets (see the instr		on in this Don't II				
	Check if the organization used Schedu	lie O to respond to any questi	on in this Part II	(A) Beginning of year			d of vear
22	Cash, savings, and investments			0.0000000000000000000000000000000000000			28,059.
23	Land and buildings			0	. 2	3	0.
24	Other assets (describe in Schedule O)			.0	. 2	4	0.
25	Total assets		1		2		28,059.
26	Total liabilities (describe in Schedule O).			0			437.
27	Net assets or fund balances (line 27 of co				2	7 Exper	27,622.
Par	till Statement of Program Service Ac Check if the organization used Sche	complishments (see the inside	structions for Part III)	<u>X</u>	(Re	equired for se	
What	s the organization's primary exempt purpose?	sahadula O			(c)((3) and 501(anizations a	c)(4)
Desc	ribe the organization's program service according to the organization of the control of the cont	omplishments for each of its the nanner, describe the services paragram title	ree largest program : provided, the number	services, as of persons	494	47(a)(1) trust others.)	
28	Partnered with KUT to pro				-	<u> </u>	
	web-based content via a Tra				1		
	open-to-the-public event hel	d in December 2013.	- Continued of	on Scheudle O -			
	(Grants \$ 0.) If this	s amount includes foreign grar	nts, check here		28	а	37,578.
29							
							
	70	s amount includes foreign gra		·	29	اء	
30	(Grants \$) If this				2.9	a	
30					-		
					1		
	(Grants S) If this	s amount includes foreign grai	nts. check here		30	a	
31	Other program services (describe in Sched	lule O)			Ψ		
	(Grants \$) If this	s amount includes foreign gra	nts, check here		31	a	
32	Total program service expenses (add lin	es 28a through 31a)		>	32		37,578.
Par	tIV List of Officers, Directors,	Trustees, and Key Emp	oloyees (list each one	even if not compensated	– see	e the instruction	ns for Part IV)
	Check if the organization used Sche	edule O to respond to any que	stion in this Part IV.				· · · · · <u> </u>
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensat (Forms W-2/1099-MISC (If not paid, enter -0-)	tion (d) Health benefit contributions to employed benefit plans, and def compensation	oyee	(e) Estim other c	nated amount of compensation
	ty Hopkins			0	^		0.
	rector	3.00		0.	0	•	<u> </u>
	oert E. Jones	3.00		0.	0		0.
	ector b Watkins	3.00				`	
	ector	15.00		0.	0		0.
	ah Brownstein						
	easurer	3.00		0.	0		0.
Jul	<u>io Gonzalez Altamirano</u>						_
	cretary	5.00		0.	0	<u></u>	0.
	<u>chael Kanin</u>	50.00		\o	^	.	0
Pre	esident & CEO	60.00	9,00	10.	0	' 	0.
			-				
							•
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			1/27/10				000 E7 (0040)
BAA	\	TEEA0812 1	1/2//13	· ·		Form s	990-EZ (2013)

Par	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			X
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
33	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		v
	o If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		<u> X</u>
		336		
•	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	W.		
	Did the organization file Form 1120-POL for this year?	37 b		<u>X</u>
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
k	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved	933	-383	Sec. 20
39	Section 501(c)(7) organizations. Enter:			建安
	a Initiation fees and capital contributions included on line 9			
	o Gross receipts, included on line 9, for public use of club facilities			10.3
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	pa sector	X	
701	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.	Nu se		
	section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	are medical		
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	40 b		v
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	135 SE	10 Table	X
•	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	\$4 1. 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1.	1 2 2	7
(d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			10 m
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax	- Marie Marie	ratura constitue	Liennesi X
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		
	a The organization's books are in care of Michael Kanin Telephone no. (240) Located at 1512 Broadmoor Drive Austin TX ZIP+4 78723			
١	b 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)?	42 b	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	If 'Yes,' enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		-	
			Yes	No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	W 2	X
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b	THE ME	X
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
		-04-10-10-1		
	d if 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	44 d		4.30
		44 d 45 a		
45	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			100

Form 990-E	Z (2013) Capital of Texas Me	dia Foundation		46-339	8438	Р	age 4
						Yes	No
46 Did th	e organization engage, directly or indirectly	, in political campaign a	ctivities on behalf of or in	opposition to	3/G-03	Acres 1	5,460
candio	dates for public office? If 'Yes,' complete So	hedule C, Part I			46		Х
Part VI	Section 501(c)(3) organizations	only			,		
	All section 501(c)(3) organization	s must answer due:	stions 47-49b and 5	2 and complete the	tables		
	for lines 50 and 51.	o maoi anonor quo	shorto and or	L, and complete the	(abioo		
		O to was a suid to suid suid	ation in this Dark VI				
	Check if the organization used Schedule	O to respond to any que	stion in this Part VI				<u> </u>
47 Did th	e organization engage in lobbying activities	or have a section 501/k) election in effect during	the tay year? If 'Vec'		Yes	No
47 Did th	lete Schedule C, Part II	or have a section oo iti	i election in ellect during	ine tax year: ii res	47		Х
•	organization a school as described in secti						
	-	, ,, ,, ,,	•				<u>X</u>
	e organization make any transfers to an ex	•	-				<u> X</u>
	s,' was the related organization a section 52	-					
	lete this table for the organization's five hig				key		
emplo	oyees) who each received more than \$100,	000 of compensation fro	m the organization. If the	re is none, enter 'None.'			
		(h) Averese hours		(d) Health benefits,			
	(a) Name and title of each employee	(b) Average hours per week devoted	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred	(e) Estimated other comp		
		to position	(1 5 mile 11 2 1005 miles)	compensation			
Man-							
None							
-							
		<u> </u>					
f Total	number of other employees paid over \$100),000					
51 Comp	olete this table for the organization's five hig ensation from the organization. If there is n	hest compensated inde	pendent contractors who	each received more than	\$100,000 c	f	
comp	ensation from the organization. If there is n	one, enter None.					
•	(a) Name and business address of each independent con	tractor	(b) Type	of service	(c) Comp	ensation	1
None							
None				•			
			·				
		•					
			222	<u> </u>			
	number of other independent contractors e	_					
	ne organization complete Schedule A? Note			(1) nonexempt	. ► XYes	Г	٦
	able trusts must attach a completed Sched				٠- 🛆 Yes	<u> </u>	No
Under penalties true, correct, ar	s of perjury, I declare that I have examined this return, inc nd complete. Declaration of preparer (other than officer) is	luding accompanying schedules based on all information of whice	and statements, and to the best of the preparer has any knowledge.	of my knowledge and belief, it is			
			· · · · · · · · · · · · · · · · · · ·				
				ı			
Cia	Signature of officer			Date			
Sign	Signature of officer						
Sign Here	Michael Kanin			Date President & CE	<u> </u>		
	Michael Kanin Type or print name and title			President & CEC			
	Michael Kanin	Preparer's signature	Date	President & CE	O TIN		
Here	Michael Kanin Type or print name and title Print/Type preparer's name	Via A III	l CDΔ	President & CEC	TIN	5	
Here Paid	Michael Kanin Type or print name and title Print/Type preparer's name Pamela Hill, CPA	Vamula Hil	CPA 03/26/1	President & CEC		5	
Paid Preparer	Michael Kanin Type or print name and title Print/Type preparer's name Pamela Hill, CPA Firm's name ► Montemayor Hill	& Company, P.	(CPA 03/26/1	President & CEC Check if self-employed P	TIN 0074776		
Here Paid	Michael Kanin Type or print name and title Print/Type preparer's name Pamela Hill, CPA Firm's name ► Montemayor Hill Firm's address ► 2525 Wallingwoo	& Company, P.	\CPA 03/26/1 C. ing 1, Suite 20	President & CEC Check if self-employed P Firm's EIN	TIN 0074776 74-2902	112	
Paid Preparer Use Only	Michael Kanin Type or print name and title Print/Type preparer's name Pamela Hill, CPA Firm's name ► Montemayor Hill Firm's address ► 2525 Wallingwoo Austin	& Company, P.Od Drive, Build	O3/26/1 03/26/1 03/26/1 03/26/1 03/26/1 03/26/1 03/26/1	President & CEC Check if self-employed P	TIN 0074776 74-2902 2) 442-	112 0380	
Paid Preparer Use Only	Michael Kanin Type or print name and title Print/Type preparer's name Pamela Hill, CPA Firm's name ► Montemayor Hill Firm's address ► 2525 Wallingwoo	& Company, P.Od Drive, Build	O3/26/1 03/26/1 03/26/1 03/26/1 03/26/1 03/26/1 03/26/1	President & CEC Check if self-employed P Firm's EIN	TIN 0074776 74-2902	112 0380	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public inspection

Employer identification number

46-3398438 Capital of Texas Media Foundation Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 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.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 Х in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type III - Non-functionally integrated Type II C By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? 11 g (ii) A family member of a person described in (i) above? (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s). h (vii) Amount of monetary (v) Did you notify the organization in column (f) of your support? (vi) Is the organization in (li) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions)) (iv) is the (I) Name of supported organization organization in olumn (i) listed in support column (i) organized in the U.S.? your governing document? Yes No Yes Yes No (A) (B) (C) (D) (E) Total Schedule A (Form 990 or 990-EZ) 2013 BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

Sect	ion A. Public Support	· · · · · · · · · · · · · · · · · · ·					
oegin	dar year (or fiscal year ning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')					49,090.	49,090.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge.						
4	Total. Add lines 1 through 3					49,090.	49,090.
	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)		Section 19 Con				
6	Public support. Subtract line 5 from line 4			100 mg/s	energy (Anna de la companya d	49,090.
Sect	tion B. Total Support						
Caler	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4					49,090.	49,090.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				To the lands by the land of th		
11	Total support. Add lines 7 through 10			All the second of the second o	# 100 mm	partition of the second	49,090.
12	Gross receipts from related activit	ies, etc (see instru	ctions)			12	19,166.
	First five years. If the Form 990 i organization, check this box and s	stop here		third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	× X
Sec	tion C. Computation of Pu Public support percentage for 201	ıblic Support l	Percentage				T 0/
14	Public support percentage for 201	3 (line 6, column (f) divided by line 1	1, column (f))		14	% %
	Public support percentage from 2						-
	16a 33-1/3% support test — 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
t	33-1/3% support test — 2012. If and stop here. The organization	the organization di qualifies as a publi	id not check a box icly supported orga	on line 13 or 16a, a anization	and line 15 is 33-1/	3% or more, check	this box
17 a	10%-facts-and-circumstances to or more, and if the organization or the organization meets the 'facts-	agate the 'facte_and	t-circumstances' te	est icheck this box a	and stop here. Exi	olain in Part IV nov	٠
	10%-facts-and-circumstances to more, and if the organization morganization meets the facts-and	neets the 'facts-and -circumstances' te	d-circumstances' te st. The organizatio	est, check this box a n qualifies as a pul	and stop here. ⊨x blicly supported org	ganization	v tne
18	Private foundation. If the organization	zation did not chec	k a box on line 13	, 16a, 16b, 17a, or			
RΔΔ					Sc	hedule A (Form 99	0 or 990-EZ) 2013

46-3398438

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

(Complete only if you checked the box on line 9 of Part I or if the	organization failed to qualify under Part II. If the organization fails
to qualify under the tests listed below, please complete Part II.)	

Sect	ion A. Public Support		٠				
Calend	lar year (or fiscal yr beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	·					
	organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)		KE KET ELEM		Construction of the Constr		Grand Control of Contr
Sect	tion B. Total Support					· · · · · · · · · · · · · · · · · · ·	
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
_	Add lines 10a and 10b Net Income from unrelated business activities not included in line 10b, whether or not the business Is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total Support. (Add Ins 9,10c, 11 and 12.)					<u> </u>	
	First five years. If the Form 990 i organization, check this box and s			third, fourth, or fift	h tax year as a sec	tion 501(c)(3)	▶
Sec	tion C. Computation of Pu	blic Support I	Percentage				
	Public support percentage for 201						15 %
	Public support percentage from 2						16 %
Sec	tion D. Computation of Inv	vestment Inco	me Percentag	e	(2)	 	17 %
17		r 2013 (line 10c, co	olumn (f) divided b	y iine 13, column (J))	· · · · · ·	
18	Investment income percentage from	om 2012 Schedule	A, Part III, line 17				18 8
	33-1/3% support tests — 2013. I is not more than 33-1/3%, check	this box and stop I	nere. The organiza	ition qualifies as a	publicly supported	organization .	
	33-1/3% support tests — 2012. I line 18 is not more than 33-1/3%,	check this box and	d stop here. The c	organization qualiti	es as a publicly sur	oported organiz	ation
20	Private foundation. If the organiz	zation did not chec	k a box on line 14	19a, or 19b, chec	k this box and see		- 000 or 000 E7\ 2012

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990, Form 990-EZ, or Form 990-PF
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number

Capital of Texas Media Founda	tion	46-3398438				
Organization type (check one):	•	* * * * * * * * * * * * * * * * * * * *				
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
,	4947(a)(1) nonexempt charitable trust not treated as a priv	vate foundation				
	527 political organization					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private	foundation				
•	· · · · · · · · · · · · · · · · · · ·	iou idation				
	501(c)(3) taxable private foundation					
Check if your organization is covered by the Gene	eral Rule or a Special Rule					
Note. Only a section 501(c)(7), (8), or (10) organiz	zation can check boxes for both the General Rule and a Special	Rule. See instructions.				
General Rule	·					
<u> </u>	or 990-PF that received, during the year, \$5,000 or more (in mor	nev or property) from any one				
contributor. (Complete Parts I and II.)		ing of proporty, normany and				
Special Rules						
·	m 990 or 990-EZ that met the 33-1/3% support test of the regula	itions under sections				
509(a)(1) and 170(b)(1)(A)(vi) and received from	om any one contributor, during the year, a contribution of the gre					
	II, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For a section 501(c)(7), (8), or (10) organization	on filing Form 990 or 990-EZ that received from any one contribe exclusively for religious, charitable, scientific, literary, or educa	utor, during the year,				
the prevention of cruelty to children or animals	s. Complete Parts I, II, and III.	tional purposes, or				
For a section 501(c)(7), (8), or (10) organization	on filing Form 990 or 990-EZ that received from any one contrib	utor, during the year,				
contributions for use exclusively for religious,	charitable, etc, purposes, but these contributions did not total to tributions that were received during the year for an e <i>xclusively</i> n	more than \$1,000.				
	ess the General Rule applies to this organization because it rec					
	00 or more during the year					
		D /F 000 000 F7				
Caution: An organization that is not covered by the 990-PF) but it must answer 'No' on Part IV. line 2	ne General Rule and/or the Special Rules does not file Schedule , of its Form 990; or check the box on line H of its Form 990-EZ	B (Form 990, 990-EZ, or or its Form 990-PF.				
Part I, line 2, to certify that it does not meet the fili	Part I, line 2, to certify that it does not meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					
BAA For Paperwork Reduction Act Notice, see	e the Instructions for Form 990, 990EZ, Schedule B	(Form 990, 990-EZ, or 990-PF) (2013)				
or 990-PF.		, , ,				

Schedule B	(Form 990	990-F7	or 990-	PF) (2013)

Page

1 of

1 of Part 1

Name of organization

Capital of Texas Media Foundation

Employer Identification number

15	– २	-5	a	Ω	1	3	Ω

Parti	COntributors (see instructions). Use duplicate copies of Part I if additional space	e is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Online Journalism Project Incorporated 493 Central Avenue New Haven CT 06515	\$49,090.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 -		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Department of the Treasury internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Capital of Texas Media Foundation	46-3398438
Form_990-EZ, Page 2, Part III, Organizations	Primary Exempt Purpose
Capital of Texas Media Foundation was formed	to promote
public understanding of, and engagement in,	Local public
policy and governmental issues. The community	y served will
be the central Texas community in and around A	ustin, Travis County, Texas.
Capital of Texas Media Foundation intends in acco	emplishing its mission through
(1) free and open-to-the public events and for	orums intended to
educate and engage the community concerning s	state and local
issues, (2) partnerships with other nonprofit	organizations
that also have missions to engage and inform,	and (3) the online
dissemination of news and data concerning loc	cal_government
and civic issues, including data obtained the	cough open
records/freedom of information requests.	
Form 990-EZ - Continuation from Page 2, Part	III, Line 28
At the forum, candidates in two contested pri	maries debated public
issues in front of a large audience. Audience	ce members had
the chance to ask questions of the candidates	s via Twitter
and handwritten questions.	
Pt V, PBC Statement regarding Personal Benefit Contract	
The organization did not engage, or is aware	that it engaged,
in an excess benefit transaction with disqual	ified persons in
the current year, which has not been reported	on this Form 990-EZ.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
Telecommunications	2,173.
Conferences, Conventions, & Meetings	307.
Supplies	242.
Membership Dues	200.
Other Miscellaneous	108.
Total	3,030.