(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

2019 Open to Public Inspection

OMB No. 1545-0047

<u>A</u>		calendar year, or tax year beginning)	5/17/19 , and ending $12/3$	31/1	9	100000000000000000000000000000000000000			
В	Check if applicable:	C Name of organization				D Employe	r identifica	tion number	•
	Address change	The Salt :	Lake Tribune Inc						
Ħ	Name change	Doing business as				84-1	87870	)9	
$\exists$	Name change	Number and street (or P.O. box if mail is not delive	ž.		Room/suite	E Telephon	e number	01/25-02 10 2001	
Χ	Initial return	90 S. 400 West Suite 7				801-	257-8	3742	
	Final return/ terminated	City or town, state or province, country, and ZIP or	foreign postal code						
=		Salt Lake City	UT 84101			<b>G</b> Gross red	eipts\$	302	,415
Ш	Amended return	F Name and address of principal officer:					de co		
	Application pending	Paul C. Huntsman			H(a) Is this a gr	oup return for	subordinate	s Yes	X No
		90 S. 400 West, #7	00		H(b) Are all sub	ordinates inc	luded?	Yes	∏ No
		Salt Lake City	UT 84101		exposure of	attach a list		ctions)	
10					101 1000	50071.0140.0151.1400.0		DECEMBER.	
30	Tax-exempt status:		(insert no.) 4947(a)(1) or 527				<b>E</b> 11		
		ww.sltrib.com	222	1	H(c) Group exe				0.0000000
	Form of organization		Other ►	L Ye	ear of formation: 2	019	M State o	of legal domici	le: UT
F	art I Su	ummary							
	1 Briefly de	escribe the organization's mission or mos	st significant activities:						
93	See	Schedule O	de stade base take						and substant
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Governance	2 Check th	nis box 🔰 if the organization discontinu	ed its operations or disposed of more	than	25% of its not	accotc	erana arababana ara		1919 413/1919/9
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Aci	6 Total nui	mber of volunteers (estimate if necessary	Ø	3 5305313 50		6	4		
100	7a Total uni	related business revenue from Part VIII, o		contra action to a second	7a			0	
170	b Net unre	elated business taxable income from Form	n 990-T, line 39			. 7b			0
					Prior Yea		С	urrent Year	
Φ	8 Contribut	tions and grants (Part VIII, line 1h)						302,	<u>415</u>
Revenue	9 Program	service revenue (Part VIII, line 2g)						0	
9/6	10 Investme	ent income (Part VIII, column (A), lines 3,	4 939					0	
Ř		venue (Part VIII, column (A), lines 5, 6d,						0	
		venue – add lines 8 through 11 (must equ	El este estate trades trades					302,	115
-	#16.00 AL SO	and similar amounts paid (Part IX, column	THE RESERVE THE PARTY OF THE PA					3021	110
		paid to or for members (Part IX, column		1 200					0
rae			the second control of	2 252 -					0
Expenses	15 Salanes,	other compensation, employee benefits	10 10000			- 1			
ë	16a Professio	onal fundraising fees (Part IX, column (A)	The end does become appropriate production and does not determine the decision of the decision						U
άx	b Total fun	ndraising expenses (Part IX, column (D), I					·		
ш	17 Other ex	penses (Part IX, column (A), lines 11a–1	1d, 11f–24e)					17,	057
	18 Total exp	oenses. Add lines 13–17 (must equal Par	t IX, column (A), line 25)					<u>17,</u>	057
	19 Revenue	e less expenses. Subtract line 18 from line	e 12					285,	358
2					Beginning of Cur	rent Year	E	nd of Year	
Set	20 Total ass	sets (Part X, line 16)		L		0		302,	<u> 391</u>
<u> </u>	21 Total liab	pilities (Part X, line 26)		L		0		17,	033
Net Assets or	22 Net asse	ets or fund balances. Subtract line 21 from	n line 20			0		285,	358
		gnature Block				5.0			
u		f perjury, I declare that I have examined this re	eturn, including accompanying schedules a	and sta	tements, and to	the best o	f mv knov	vledge and	belief. it
		complete. Declaration of preparer (other than					a rand behave		
-									
Sig	n   P =	Signature of officer				Date			
He			Dry	o a i a	dent				
I IC		Paul C. Huntsman  Type or print name and title		32 TC	<u>ienc</u>				
-	1,83	51 4	Propagation		Date			TINI	
D~:	4	e preparer's name	Preparer's signature			Check	ш	PTIN	
Pai	DCOCC	A. Czaja, CPA	Scott A. Czaja, CPA		09/14/	20 self-em	2 7/ 50007607	P0044006	70.50E-W 10.0E
	parer Firm's na		0 to 45		F	irm's EIN	87-	<u>-05177</u>	<u> 154</u>
Use	Only	155 N 400 W St							
_	Firm's ac	ddress 🕨 Salt Lake City	y, UT 84103		P	hone no.	<u>80</u> 1-	-328-2	<u> 201</u> 1
Ma	y the IRS discu	uss this return with the preparer shown at		2 242223 2		ware service and	1010 101000	X Yes	No

1 Briefly describe the organization's mission:  See Schedule 0  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980-EZ?  17 Pes' describe these new services on Schedule 0.  18 De the organization cease conducting, or make significant changes in how it conducts, any program services?  18 The schedule have changes on Schedule 0.  40 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(x)(3) and 501(x)(4) organizations are required to report the amount of grants and slocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Coole: ) (Expenses \$ 18.3 including grants of \$ ) (Revenue \$ )  The Triburne will conclude of the interpretation of grants and slocations, retinguishing a sports and the variety of right stories sheet the people and soft that make Uttah special. The environment, education, religion, rriminal justice, sports and the variety of right stories sheet the people and soft that make Uttah special. The only substantive change readers will notice that the Triburne's editorial board — which operates independently of the news staff — will no longer make candidate engorsements.  4b (Coole: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  N/A  4c (Coole: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  N/A  4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	1990 (2019) The Salt Lake Trib		_8/8/09	Page 2
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84-1878709 Form 990 (2019) The Salt Lake Tribune Inc Page 3 **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 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 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 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 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 6 "Yes," complete Schedule D, Part I 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 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 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

21

_ Fa	art 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		Χ
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		Х
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	107960 0700		
120	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		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>∠</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		Χ
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		$\Lambda$
b	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		- 25
20	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		Χ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			- 2 1
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	V.M.M.		
	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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Χ
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			10000000
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	579.0.000		
	complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		37	
25-	or IV, and Part V, line 1	34	Χ	Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Λ
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			21
No.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1000		21
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Χ	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	•		
	Check if Schedule O contains a response or note to any line in this Part V			
	n v	*	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X

Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	0.0000		7.7
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	8		7.7
925	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).	0 - 0000		7.7
5a	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		Χ
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	c-		v
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	C L		1
7	The state their state the state their state their state their state their state their stat	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		
h	and services provided to the payor?	7a 7b		
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	70		
С	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
э h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
100	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			1,000
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			4.7
	excess parachute payment(s) during the year?	15		Χ
	If "Yes," see instructions and file Form 4720, Schedule N.			7.7
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.			

Form 990 (2019) The Salt Lake Tribune Inc 84-1878709 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 No Yes 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. 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 X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? b 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 No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ UT 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 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 19 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

> 90 S. 400 West, #700 UT 84101

801-257-8742

Part VII	Compensation of Officers, D	Directors, Trustees,	Key Employees, Highest	Compensated Employees,	and
	Independent Contractors				_

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any	box offi	c, unle cer ai	Pos check ess pe	rson	than on is both a or/trustee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(VV-2/10994VISC)	(VV-2/1099-IVIISC)	related organizations
(1) Paul C. Huntsma										
President	10.00	Х		Χ				0	0	0.
(2) James Shelledy										
Treasurer	5.00 0.00	Х		Х				0	0	0.
(3) Clint Betts		111		21						
Director	5.00 0.00	X						0	0	0
(4) Luzmaria Carden	as									
Director	5.00 0.00	Х						0	0	0_
(5) Randy Dryer	5.00 0.00	X						0	0	0
(6) Holly Mullen		77				H		0	9	<u> </u>
Director	5.00 0.00	Х						0	0	0.
(7) Ashish Patel Director	5.00 0.00	Х						0	0	0
(8) Angie Welling	0.00	A						0		0
Director	5.00 0.00	Х			e.			0	0	0_
(9) Spencer Zwick	F 00		3							***
Director	5.00 0.00	X						0	0	0
(10)										
tar erre perce perce perce perce perce .										
(11)						$\sqcap$				
And these streets streets added to the contract of	Secte Madile Madile MC									

Part VII Section A. Office	rs, Directors, T	rust	ees,	Key	/ En	plo	yees	s, and Highest Compens	sated Employees (continu	ıed)		
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle	Pos check ess pe	erson	than is both Highest compensated employee	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	col	(F) nated amo of other mpensatior from the anization a d organiza	n nd
anna neuro aucres appropria appropria recurso appropri	. PROTE ETTERNE NORTHE DE					ed						
UND NAME WHERE WELLOW WANTE WHERE WHERE	- CADA COCADO ESCURIO EM											*
AND AND ASSESSED AND A AND A AND AND AND AND AND AND AN	. Dania sideka upeka up											
THE STREET STREETS AND AS A STREET, STREETS STREET, ASSESS	. Partie distribute parales par											
when haves produce anderes anderes branch produce and a			242									,
200 000 0000 0000 0000 0000 0000												
	· Newton Streets District Dis											
total from continuation slass data (add lines 1b and 1c) Total number of individuals reportable compensation from	) (including but no	, Se	ctio iited				► ► •d al	bove) who received more	than \$100,000 of			
<ul> <li>Did the organization list any employee on line 1a? If "Ye</li> <li>For any individual listed on organization and related or individual</li> <li>Did any person listed on lin for services rendered to the</li> </ul>	s," complete Sch line 1a, is the su ganizations great e 1a receive or a	edu. m o er th	<i>le J</i> frep nan ue co	for sortal \$150 ompe	such ble ( ),00( ensa	indinomp comp comp comp or if	vidu ens "Ye fron	al sation and other compensa s," complete Schedule J for any unrelated organizati	ation from the or such	235.025	3 4 5	X X
1 Complete this table for your compensation from the organization.	five highest con	nper	nsate	ed in	depe	ende	nt c	contractors that received m	nore than \$100,000 of	tav vear		>1
	(A) nd business address	COII	ipen			i uic	Cai	Descrip	(B) otion of services	tax year.	Compe	nsation
										<del></del>		
												-
2 Total number of independer received more than \$100.00	nt contractors (inc	cludi	ng b	ut n	ot lir	nited	l to	those listed above) who	0	$\dashv$		

Pa	rt V	/III Statement of Revenue Check if Schedule O cor	itains a res	oonse or no	te to any line in	this Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
ច្ច	b	Membership dues	1b					
Ţξ	С	Fundraising events	1c					
ia iai	d	Related organizations	1d					
Sin's	е	Government grants (contributions)	1e					
rtio er	f	All other contributions, gifts, grants,		erinalization of the view				
흎		and similar amounts not included above	1f	302,415				
id at		Noncash contributions included in lines 1a-1f	1g  \$					
ರ್ ಕ	h	Total. Add lines 1a-1f			302,415			
*****				Business Code				
ice	2a	p. Arcenta Arcenta Antena Antena Antena Arcenta Antena Antena						
Program Service Revenue	b	o errora eriora eriora eriora eriora eriora eriora eriora eriora	na paga pagan paga					
E DE	С	·		,				
Reg	d	to the state of th						
æ	е	10 ECC50 CLUMB CANO CANO CURSO CURSO CURSO CURSO CON						
St. 10*		All other program service revenue	nt kisin kasisi kisis	750 Capange 19				
_		50 NO 100	TO THE TAX PORT OF THE PARTY OF					
	3	Investment income (including divider	nas, interest, a	ina				
		other similar amounts)		a marana an				
	4	Income from investment of tax-exem	pt bond proce	eas				
	5	Royalties		Demonst				
	٥-	(i) Real	(11	Personal				
		Gross rents 6a						
		'						
	- 12	Rental inc. or (loss) 6c	r.					
	d 7a	Net rental income or (loss) Gross amount from (i) Securities		ii) Other				
		sales of assets	23	ii) Other				
<u>o</u>	12	other than inventory 7a	+					
ne	D	Less: cost or other basis and sales exps. 7b						
eve		* -						
E .		Gain or (loss) 7c		2				
Other Revenue		Net gain or (loss)  Gross income from fundraising events	[					
0	oa	(not including \$						
		of contributions reported on line 1c).						
		See Part IV, line 18	8a					
	h	Less: direct expenses	8b					
		Net income or (loss) from fundraising						
		Gross income from gaming activities.						
		See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
		Net income or (loss) from gaming ac		•				
		Gross sales of inventory, less						
	245563	returns and allowances	10a					
	b	Less: cost of goods sold	10b					
		Net income or (loss) from sales of in						
s		, ==,		Business Code				
Miscellaneous Revenue	11a							
ang	b							
Sell	С	V DESIGN						
ΑÏŠ	d	All other revenue						
_		Total. Add lines 11a-11d		- 63				
	NAME OF TAXABLE PARTY.	Total revenue. See instructions			302 <b>,</b> 415	C	0	C

Sect	ion 501(c)(3) and 501(c)(4) organizations mus Check if Schedule O contains a res			t complete column (A).	X
Do 1	not include amounts reported on lines 6b,	(A)	(B)	(C) I	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line	7			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)	16,850		16,850	
12	Advertising and promotion	183	183		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expense	s			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
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 O.)	XXX 10		7055 K	
а	Bank Service Charges	24		24	
b	2 emera coma estata menan muna emera emera estata menan				,
С	y kuman kaman kaman kaman kuma kuman kaman kaman kaman				
d	A DOMEN DESCRIPTION DESCRIPTIO				-
е	All other expenses	1000 1000 1000 1000 1	252 500 min		other.
25	Total functional expenses. Add lines 1 through 24e	17,057	183	16,874	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Total liabilities and net assets/fund balances

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 302.391 Cash-non-interest-bearing 1 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 5 Loans and other receivables from 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 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less: accumulated depreciation 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments-program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 285,358 Net assets without donor restrictions 27 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 32

Form 990 (2019)

33

orm	990 (2019) The Salt Lake Tribune Inc 84-1878709			Paç	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	and the state of the state of		20.000	卫
1	Total revenue (must equal Part VIII, column (A), line 12)	1	30	12,4	<u> 115                                   </u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	_	L7,(	<u> </u>
3	Revenue less expenses. Subtract line 2 from line 1	3	28	35,3	358
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			7/6
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	28	35,3	358
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	aranini kobanina kobaba		<u> </u>	Ш
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	20			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	executed SUSSECRET SUSSEC			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

#### SCHEDULE A (Form 990 or 990-EZ)

# Department of the Treasury Internal Revenue Service

Name of the organization

**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.

OMB No. 1545-0047

Open to Public

► Attach to Form 990 or Form 990-EZ.

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

Inspection

Employer identification number

12		The Salt La.	ke Tribune Inc			84-187	8709						
Part	: I Reas	on for Public Charity	y Status (All organizatio	ns must	comp	ete this part.) See instr	uctions.						
The org			use it is: (For lines 1 through				,						
1 📑	A church, co	onvention of churches, or a	ssociation of churches describ	ed in sect	ion 170	(b)(1)(A)(i).							
2			1)(A)(ii). (Attach Schedule E (F										
3	50 00 026 02	nr 10 mm 10 mm	rvice organization described in			r filed men							
4		5. (6.9)	ted in conjunction with a hospi		77.57 577.5	5.5. (5.5) (5)	the hospital's name						
- T	city, and stat	The state of the s	ica in conjunction with a nospi	ital acsorib	cu iii se	section 170(b)(1)(A)(iii). Enter	the nospitars name,						
5 Г			t of a college or university our	and or one	roted by	a governmental unit decarib	ad in						
າ ∟	— :	A CONTRACTOR OF THE CONTRACTOR	t of a college or university owr	ieu oi ope	ialeu by	a governmental unit describe	eu III						
٦ ,	<b>-</b>	O(b)(1)(A)(iv). (Complete Pa	· ·	im#!	470(L)	(4)(A)(.)							
	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												
1 🔼	7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)												
. г	described in section 170(b)(1)(A)(vi). (Complete Part II.)  8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
10000							6 22 11 2 2 2						
9			escribed in section 170(b)(1) e of agriculture (see instruction										
	university:	or a non-land-grant conege	e or agriculture (see instruction	is). Enter t	ne name	e, city, and state of the colleg	e u						
10 Г	<b>-</b> 0 25 29	tion that normally receives:	(1) more than 33 1/3% of its	cupport fro	m contr	butions membership foos ar	nd groce						
10 _			empt functions—subject to cert										
			and unrelated business taxabl										
			30, 1975. See section 509(a										
11	An organizat	ion organized and operated	d exclusively to test for public	safety. Se	e sectio	on 509(a)(4).							
12	An organizat	ion organized and operated	d exclusively for the benefit of,	to perform	n the fur	nctions of, or to carry out the	purposes						
			nizations described in section										
	Check the bo	ox in lines 12a through 12d	I that describes the type of sup	pporting or	ganizatio	on and complete lines 12e, 1	2f, and 12g.						
а	Type I. A	A supporting organization o	perated, supervised, or contro	olled by its	support	ed organization(s), typically b	y giving						
	1000		ower to regularly appoint or ele	950	rity of th	e directors or trustees of the							
			complete Part IV, Sections										
b			supervised or controlled in cor										
			orting organization vested in the		ersons t	hat control or manage the su	ipported						
		The second secon	te Part IV, Sections A and C.			NATE   12   12   13   14   15   15	2 5 55						
С			supporting organization operations Variations				ited with,						
4	7	DATE OF THE PROPERTY OF THE PR	nstructions). You must compl				nination (a)						
d			ed. A supporting organization he organization generally mus										
			ı must complete Part IV, Sec				iliveriess						
е		and the second s	eceived a written determination				II						
C			non-functionally integrated sup				110.						
f		mber of supported organiz			•								
g	Provide the	following information about	the supported organization(s)	).			STOR WITH						
(i) Na	ime of supported	(ii) EIN	(iii) Type of organization	(iv) Is the or	rganization	(v) Amount of monetary	(vi) Amount of						
	organization	N. 2-1000	(described on lines 1-10	listed in your	governing	support (see	other support (see						
			above (see instructions))	docum	ent?	instructions)	instructions)						
a				Yes	No								
(A)													
8													
(B)													
(C)													
10 30													
(D)													
20 Th													
(E)													
202	<u> </u>												
F-9 V F9							I						

m 990 or 990-EZ) 2019 The Salt Lake Tribune Inc 84-1878709

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.)

	tion A. Public Support	~	-		20		
Caler	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					260,500	260,500
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 5</b>	Total. Add lines 1 through 3  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)					260,500	260,500
6	Public support. Subtract line 5 from line 4						260,500
	tion B. Total Support	2020 W WORLD STANS	T was a to a convenience	The ways were the			200000 20000 0000 00
_	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4					260,500	260,500
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.)						-23
11	Total support. Add lines 7 through 10	en 30 en en				on the	260,500
12	Gross receipts from related activities, etc.	9.55	The second resident received their		inin engine engine uning e		
13	First five years. If the Form 990 is for the		first, second, third	, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	. =
800	organization, check this box and stop he		ontogo				<b>X</b>
7	tion C. Computation of Public S			L (£))		1 22 1	0/
14 15	Public support percentage for 2019 (line Public support percentage from 2018 Sch	o, column (†) divi	Date 4.4			1 4 - 1	<u>%</u>
15 16a	33 1/3% support test—2019. If the orga			ine 13 and line 1	1 is 33 1/3% or m		%_
ıva	box and stop here. The organization qua			59		1000	►□
b	33 1/3% support test—2018. If the orga				line 15 is 33 1/3%		
<del>***</del> 6	this box and stop here. The organization				10 10 00 1/0/0		▶ □
17a	10%-facts-and-circumstances test—20	70	S 25 A	T 4.00 00	3, 16a, or 16b, ar	d line 14 is	
	10% or more, and if the organization me						
	Part VI how the organization meets the '						%
	organization			<del>-</del>		2 1002	▶□
b	10%-facts-and-circumstances test—20	18. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, or 17	'a, and line	
	15 is 10% or more, and if the organization				(1.5)		
	Explain in Part VI how the organization r	neets the "facts-a	and-circumstances	" test. The organ	ization qualifies as	s a publicly	-
	supported organization						▶ 🔲
18	Private foundation. If the organization d	id not check a bo	ox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see	. —
	instructions			era potra potra estra se		orn retin retin eren er	<u> </u>
					022		the second secon

m 990 or 990-EZ) 2019 The Salt Lake Tribune Inc
Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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	tion A. Public Support				and the state of t		
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	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						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
8 C	Add lines 7a and 7b  Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(0) 20 10	(2) 22:0	(0, 10	(-)	(0) 20 10	(1)
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	he organization's	first, second, third	, fourth, or fifth ta	x year as a section	on 501(c)(3)	7
	organization, check this box and stop he						
Sec	tion C. Computation of Public					20 10	H-50
15	Public support percentage for 2019 (line	TREATMENT TO SHOW AND THE STATE OF THE STATE		olumn (f))	uros sucres succes strates	200020 S20000 S20	%
16	Public support percentage from 2018 Sc				450 22450 22450 22250	16	%
	tion D. Computation of Investm		- CO.	10 1 (0)		Law I	0/
17 10	Investment income percentage for 2019			e 13, column (f))	entra estrentra estrentra intrantra		%
18	Investment income percentage from 201 33 1/3% support tests—2019. If the org		The same of the sa	line 14 and line	15 is more than 3	18 1/3% and line	%
19a	17 is not more than 33 1/3%, check this	- T					▶□
b	33 1/3% support tests—2018. If the org		to table upolitically towardstockings-capital	and the second second second second			
ACC.	line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organization	(S)	· · · · · · · · · · · · · · · · · · ·				

#### **Supporting Organizations** Part IV

Schedule A (Form 990 or 990-EZ) 2019

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain,
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in 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 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	1000	, 2	
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	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
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	9b		
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	10b		
(For	m 990	or 990-	EZ) 2019

Schedi	ule A (Form 990 or 990-EZ) 2019 The Salt Lake Tribune Inc 84-187870	9		Page 5
	rt IV Supporting Organizations (continued)			
5			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		W. M	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Č.	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
8			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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
_				
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C4	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations	201 00		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	istructi	ons).	
2 /	Activities Test. Answer (a) and (b) 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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
D	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			
		26		
^	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
20	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

4

5

Schedule	A	(Form	990	or	990-EZ)	2019

4 Enter greater of line 2 or line 3.

instructions).

5 Income tax imposed in prior year

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2019

b Excess from 2016
 c Excess from 2017
 d Excess from 2018
 e Excess from 2019

Schedule A (Fo	rm 990 or 990-EZ) 20	o19 The	Salt	Lake	Tri	oune I	nc		84-187	78709	)	Page 8
Part VI	Supplemental III, line 12; Par B, lines 1 and 3a, and 3b; Pa lines 2, 5, and	Information Int IV, Section 2; Part IV, Section Int IV, line 1;	A, lines Section C, Part V, S	1, 2, 3 , line 1; ection	b, 3c, 4 ; Part I\ B, line	lb, 4c, 5a √, Sectior 1e; Part `	i, 6, 9a, 9 n D, lines V, Sectior	b, 9c, 11a 2 and 3; 1 D, lines	a, 11b, an Part IV, S 5, 6, and	d 11c; Section 8; and	Part IV, E, lines	Section 1c, 2a, 2
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Schedule B (Form 990, 990-EZ,

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

Name of the organization

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2019

Salt Lake Tribune Inc 84-1878709 Organization type (check one) Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule 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 |X| For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the  $33\frac{1}{3}\%$  support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or 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, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Page 1 of 1

age 2

Name of organization
The Salt Lake Tribune Inc

Employer identification number 84-1878709

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	Knight Foundation 200 S. Biscayne Blvd., Ste 3300 Miami FL 33131	<b>\$</b> 250 <b>,</b> 000	Person X Payroll U Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
.2		<b>\$</b> 10,500	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				
SEP STATES N		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
\$10 MINUS 10	$^{2}$ th result where their executives and the states and the contractions and the contractions and the contractions are also as a superior and the contractions and the contractions are also as a superior and the contractions are a superior and the contractions are also as a superior and the contractions are a superior and	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
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50 0449 15		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
en mono o	C OF ELECT MARK MARK MARK MARKA MARK	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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.

2019
Open to Public Inspection

Employer identification number Salt Lake Tribune Inc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 Preservation of a certified historic structure 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. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not 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 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 service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 \$ Assets included in Form 990, Part X

10.000	edule D (Form 990) 2019 The Salt				.878709	Page 2
_ = :=:	organizations Maintaini	1/2/2	- W	2	ALL COLOR OF THE STATE OF THE S	ssets (continuea)
3	Using the organization's acquisition, acce collection items (check all that apply):	ssion, and other reco	ords, check any of th	e following that make	significant use of its	
а	Public exhibition	d 🗌	Loan or exchange p	rogram		
b	Scholarly research	е 🗌	Other	: Service States Service Service		
C	Preservation for future generations					
4	Provide a description of the organization's	s collections and exp	lain how they further	the organization's ex	empt purpose in Part	t
	XIII.					
5	During the year, did the organization soli				lar	
	assets to be sold to raise funds rather the		as part of the organi	zation's collection?		Yes No
Pa	art IV Escrow and Custodial				w w	as <u></u>
	Complete if the organizat 990, Part X, line 21.	ion answered "Yo	es" on Form 990	, Part IV, line 9, o	r reported an am	nount on Form
1a	Is the organization an agent, trustee, cus	todian or other intern				☐ Yes ☐ No
L	included on Form 990, Part X?  If "Yes," explain the arrangement in Part	VIII and complete the		BESTER THESE STREET STATES STATE	IN RESIDENCE EAST AND AN EAST AND	Yes No
U	ii res, explain the arrangement in Fait	Alli allu complete tili	e following table.			Amount
-	Posigning balance				1c	ranount
					1d	
u	Additions during the year	e ener eenes menes eners e	otos lebto bisper bisper biste	STATE STATE STATE STATES	1e	
e e	Distributions during the year Ending balance				1f	
20	Did the organization include an amount o	n Form 000 Port V			9 00 00 00 00 <del>10 00 00 00 00 00 00 00 00 00 00 00 00 0</del>	Yes No
	If "Yes," explain the arrangement in Part					- Lies Hillo
	art V Endowment Funds.	Alli. Officer field if th	e explanation has be	en provided on rait A		
	Complete if the organizat	ion answered "Yo	es" on Form 990	Part IV line 10		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
	Contributions					*
	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
	Other expenditures for facilities and					
N12-10	programs					
f	Administrative expenses					
q	End of year balance					
2	Provide the estimated percentage of the	current vear end bala	ance (line 1a. columr	ı (a)) held as:	•	· · ·
а	Board designated or quasi-endowment	Annual Principle Control of the Cont		AND THE PROPERTY OF THE PARTY OF		
	Permanent endowment ► %					
С	Term endowment ▶ %					
	The percentages on lines 2a, 2b, and 2c	should equal 100%.				
3a	Are there endowment funds not in the po	ssession of the orga	nization that are held	and administered 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 orga	anizations listed as re	equired on Schedule	R?		3b
_4	Describe in Part XIII the intended uses o	f the organization's e	ndowment funds.	and provide deposits designed designed	O SECURIOR SECURIOR OF SECURIO	110
Pa	art VI Land, Buildings, and E					
24	Complete if the organizat	ion answered "Ye	es" on Form 990	<u>, Part IV, line 11a</u>	. See Form 990,	Part X, line 10.
	Description of property	(a) Cost or other	902787529	6000	Accumulated	(d) Book value
		(investment)	(ot	ner) d	epreciation	
1a	Land	is.				,
	Buildings					
	Leasehold improvements					
	Equipment	na				
e	Other	a			,	
Total	I. Add lines 1a through 1e. (Column (d) me	ust equal Form 990,	Part X, column (B), I	ine 10c.)		

Part VII		- Other Securities.	"Voo" o	. Form 000 Dort IV	lina 11h	Can Form O	00 Dort V line 12
	THE DESCRIPTION ASSESSED.	e organization answered of security or category	res or	(b) Book value	line 11b.	(c) Method o	
		name of security)		(D) Dook value		Cost or end-of-ye	
(1) Financial	derivatives	THE STREET STREET, STR					
(2) Closely he	eld equity interests						
(3) Other							
(A)	neur ettaren ertanen erean sanetar		and the same to				
(B)							
(C)		mentra arentra accessa astena anticida accessa anti-	***				
(D)	ndra arbentra unterna unterna assertia	ANDRON ANDRON MORES MORES ANDRON ANDRON AND	epera programa pr				
(E) (F)	ens simes simes sime serve	STREET STREET STREET STREET ST					
(G)			ROW HORROW IX				
(H)	kona elektria erestenia entitra elektria	CICANO CICANO MORNO MARIO CICANO CICANIO CIC	AND DESIGNED OF				
the contract of the contract of the	nn (b) must equal Fo	rm 990, Part X, col. (B) line 1:	2.) 🕨				
Part VIII	Investments -	- Program Related.					
	Complete if the	e organization answered	"Yes" or	Form 990, Part IV,	line 11c.	See Form 9	90, Part X, line 13.
	(a) Descrip	ption of investment		(b) Book value		(c) Method o	
- con to						Cost or end-of-yea	ar market value
(1)							
(2)							
(3)							
(4)							
(5)							
(6) (7)							
(8)							
(9)							
	nn (b) must equal Fo	rm 990, Part X, col. (B) line 1:	3)				
Part IX	Other Assets.		J.,				
		e organization answered	"Yes" or	n Form 990, Part IV,	line 11d.	See Form 9	90, Part X, line 15.
	,	(a) Desc	UN 90				(b) Book value
(1)							
(2)							
(3)							2
(4)							
(5)							
(6)							
_(7)							
(8)							
(9)	(1-)	000 D-4 V! (D) !: 4	<i>E</i> 3				
Part X	Other Liabiliti	rm 990, Part X, col. (B) line 1:	5.)				
rail A		e organization answered	"Yes" 01	n Form 990 Part IV	lina 11a	or 11f See I	Form 990 Part X
	line 25.	, organization answered	103 0	11 1 OIII 330, 1 ait 14,	IIIIC TTC	or 111. <b>c</b> cc i	omi 550, i ali A,
1.		cription of liability					(b) Book value
	income taxes	and a substitute of the contraction of					A STATE OF S
	Payable						17,033
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
15000	7 17	rm 990, Part X, col. (B) line 2	. 27.600				17,033
	1601 a	ons. In Part XIII, provide the te		and the second s			and the same of th
organization's	liability for uncertain	tax positions under FASB AS	SC 740. Ch	eck here if the text of the	footnote h	as been provide	d in Part XIII

Sche	dule D (Form 990) 2019 The Salt Lake Tribune In	c 84-	1878709	Page <b>4</b>
(	rt XI Reconciliation of Revenue per Audited Financial Complete if the organization answered "Yes" on Form	Statements With Rev	enue per Return.	
1	Total revenue, gains, and other support per audited financial statements	50	a.   1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	en data bisar besi iberi dera da	201 07200 002	
a	Net unrealized gains (losses) on investments	2a		
a b	Donated services and use of facilities	2b		
c	Donated services and use of facilities	2c		
d	Recoveries of prior year grants  Other (Describe in Part VIII.)	2d		
e	Other (Describe in Part XIII.) Add lines 2a through 2d		2e	
3			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ese never never never never never nev	**** ****** ****	
0.000	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a	Other (December in Part VIII.)	4a   4b		
b c	2 deste substa fuera fuera substa substa substa substa substa fuera fuera substa su	[ 40 ]	10	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	4c 5	
	rt XII Reconciliation of Expenses per Audited Financia		rea create crea	
Га	Complete if the organization answered "Yes" on Form			
		11 990, Falt IV, IIIIE 12		
1	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	artis artiatas intigans inagin amartin artigins arti	201 Maria 1245 1	
2		ا مد ا		
a	Donated services and use of facilities	2a   2b		
b	Prior year adjustments	1 0 1		
С	Other losses			
d	Other (Describe in Part XIII.)			
	- NOTE COOKE THOSE CONTROL AND ADDRESS AND		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	w_		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		
	(Tither (Describe in Part XIII.)			
	Other (Describe in Part XIII.)	[40]	4	
C	Add lines 4a and 4b	nega appropria repressa recepto appropria accepto acce		
5 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	nega appropria repressa recepto appropria accepto acce	4c 5	
5 <b>P</b> a	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Information.	18.)	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4; Part IV, lines 1b and 2b	; Part V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Information.	18.) I 4; Part IV, lines 1b and 2b	; Part V, line 4; Part X, line	
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#### 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.

2019

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public

Inspection

Name of the organization Employer identification number 84-1878709 The Salt Lake Tribune Inc Form 990 - Organization's Mission The Tribune is Utah's independent voice. Building on a legacy of courageous, watchdog journalism, we strive to tell stories that are interesting, important and inclusive. Dedicated to fairness and accuracy, we aim to engage and empower you - our readers. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The board meets together and reviews the return before it is filed. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy The organization has set quidleines for compliance with the conflict of interest policy. It is expected that the board members will follow the quidelines. If there is a change and a board member is in conflict, they are required to notify the Board so proper action can be taken. If no one reports any changes, it is assumed there are no conflicts of interest. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The organization makes its governing documents, conflict of interest policy, and financial statements available for public inspection on the organization's website. Form 990, Part IX, Line 11q - Other Fees for Services Description Tot/Proq Service Mgt & General Fundraising Consultants

Schedule O (Form 990 or 990-EZ) (2019)  Name of the organization	Employer identification number
The Salt Lake Tribune Inc	84-1878709
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#### SCHEDULE R (Form 990)

## Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

2019
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

The Salt Lake Tribune Inc

Employer identification number

84-1878709

Part I Identification of Disregarded Entities. Complete if the	e organization a	answered "Ye	s" on For	m 990, P	art IV, line	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	Legal do	(c) micile (state gn country)		(d) income	End	(e) d-of-year assets	<b>(f)</b> Direct cor entity	ntrolling
(1)			****		1				903
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Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	c. Complete if the tax year.	e organizatio	n answere	d "Yes" o	on Form 99	90, Pa	art IV, line 34,	because	it had
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (sta or foreign country		(d) Code section	(e) Public charity s (if section 501(		<b>(f)</b> Direct controlling entity	Section controlle	g) 512(b)(13) ed entity?
(1) Utah Journalism Foundation 90 S. 400 West Suite 700 83-4397253 Salt Lake City UT 84101		UT	50	1c3	7		N/A		X
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# Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			w w		Yes	No					
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?											
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity											
b Gift, grant, or capital contribution to related organization(s)											
c Gift, grant, or capital contribution from related organization(s)											
d Loans or loan guarantees to or for related organization(s)											
e Loans or loan guarantees by related organization(s)											
f Dividends from related organization(s)											
g Sale of assets to related organization(s)			TTS REPUBLICA MANUELLES METALICAL ESPERANCIA REPUBLICA ESPERANCES REPUBLICAS AND	1g		Χ					
h Purchase of assets from related organization(s)				1h		Χ					
i Exchange of assets with related organization(s)				1i		Χ					
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Χ					
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Χ					
I Performance of services or membership or fundraising solicitations for related organization(s)				11		Χ					
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		Χ					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Χ					
o Sharing of paid employees with related organization(s)				10		Χ					
p Reimbursement paid to related organization(s) for expenses				1p		Χ					
q Reimbursement paid by related organization(s) for expenses				1q		Χ					
				*/							
r Other transfer of cash or property to related organization(s)				1r		Χ					
s Other transfer of cash or property from related organization(s)											
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cov	ered relationships and tr	ansaction thresholds.								
(a)	(b)	(c)	(d)								
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amoun	nt involv	ed						
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(1)											
5775											
(2)											
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#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)  Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501( organiza	e) partners tion c)(3) ations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Disprop alloca	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging ner?	(k) Percentage ownership
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19855 The Salt Lake Tribune Inc

84-1878709

# **Federal Statements**

FYE: 12/31/2019

# Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses		Program Service		Mar ——	nagement & General	Fund Raising		
Consultants	\$	16,850	\$\$	**	\$	16,850	\$	· · ·	
Total	\$\$	16,850	\$	0	\$	16,850	\$	0	

9/14/2020