** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

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

Open to Public

A F	or the	2021 calendar year, or tax year beginning JA	N 6, 2022 and	ending J	UN 30, 20	022			
	heck if oplicable	C Name of organization			D Emplo	yer identific	cation number		
	Addres change								
	Name change	Doing business as			87	-4304197			
Х	Initial return	Number and street (or P.O. box if mail is not deli	ivered to street address)	Room/suite					
\vdash	Final	848 EAST GRAND AVENUE, NAVY PIER	voica to stroot addroos	Ttoom, suite	E Telephone number 312-321-3000				
_	Jreturn/ termin- ated	City or town, state or province, country, and 2	7IP or foreign poetal code		G Gross receipts \$ 45,298,251.				
	Amend return		in or foreign postar code		H(a) Is this a group return				
\vdash	Applica tion	·	WRIGHT		1 ` ′	ubordinates			
-	pending	SAME AS C ABOVE					cluded? Yes No		
T T	ах-ехе	mpt status: X 501(c)(3) 501(c) ()		or 527	1		list. See instructions		
		HTTPS://CHICAGO.SUNTIMES.COM	1 (1100111101) 10 11 (4)(1)	0 02.	1	•	n number		
			sociation Other	L Year	of formation	' 	1 State of legal domicile: DE		
		Summary		1 —					
	1 [Briefly describe the organization's mission or most	significant activities: CHICAG	O SUN-TIM	MES MEDIA	PROVIDES	3		
Governance		NEWS AND INFORMATION THROUGH LOCAL AND							
nar	2	Check this box if the organization discor	tinued its operations or dispos	sed of more	than 25% (of its net ass	ets.		
ver		Number of voting members of the governing body (3	5					
		Number of independent voting members of the gov					4		
& S		otal number of individuals employed in calendar ye					0		
iţie		Total number of volunteers (estimate if necessary)					4		
Activities &		Total unrelated business revenue from Part VIII, col					3,563,899.		
Ā		Net unrelated business taxable income from Form 9					0,		
					Prior Y	'ear	Current Year		
ø.	8 (Contributions and grants (Part VIII, line 1h)					32,107,702.		
ň	9 F	Program service revenue (Part VIII, line 2g)					12,978,866.		
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)				125,224.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,					86,459.		
		otal revenue - add lines 8 through 11 (must equal I					45,298,251.		
	13 (Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)				0.		
	14 E	Benefits paid to or for members (Part IX, column (A)	, line 4)			0.			
S	15	Salaries, other compensation, employee benefits (P	art IX, column (A), lines 5-10)				6,489,875.		
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), li	ne 11e)				0.		
x	b T	otal fundraising expenses (Part IX, column (D), line	25) 1,504,	360.					
Ű	17 (Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)				9,045,238.		
	18	otal expenses. Add lines 13-17 (must equal Part IX	K, column (A), line 25)				15,535,113.		
	19	Revenue less expenses. Subtract line 18 from line 1	2				29,763,138.		
Net Assets or Fund Balances				Ве	ginning of C	urrent Year	End of Year		
sets	20	Total assets (Part X, line 16)					31,334,481.		
t As	21	Total liabilities (Part X, line 26)					5,361,476.		
	22	Net assets or fund balances. Subtract line 21 from	ine 20				25,973,005.		
	rt II	Signature Block							
		ties of perjury, I declare that I have examined this return,				-	knowledge and belief, it is		
true,	correct	, and complete. Declaration of preparer (other than office	r) is based on all information of wr	nich preparer	nas any kno	wledge.			
		Signature of officer				ate			
Sigr	1	•			D	uto			
Her	9	NYKIA WRIGHT, CEO Type or print name and title							
		,	Dronararia aignatura	Тг	Date	Check	PTIN		
Paid	Ļ	Print/Type preparer's name .U ANN TRAPP	Preparer's signature LU ANN TRAPP		1/09/22	if L	D01506476		
	- F		20 MM IMMI			rm's EIN ▶	38-1357951		
Prep Use		Firm's name PLANTE & MORAN, PLLC Firm's address 10 S. RIVERSIDE PLAZA, 9'							
036	J.111.y	CHICAGO, IL 60606	100M		Phone no.(312) 207-1040				
May	the IR	S discuss this return with the preparer shown above	ve? See instructions			110110 110.	X Yes No		

87-4304197

) (Revenue \$)
(Expenses \$including grants of \$) (Revenue \$	
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) (Expenses \$ including grants of \$) (Revenue \$)
SSUES THAT MATTER TO THE COMMUNITY.		
AMPLIFY A RANGE OF DIVERSE AND COMPELLING PERSPECTIVES		
IN SO DOING, CHICAGO SUN-TIMES MEDIA SEEKS AT ALL TIMES TO		
S, WEBSITES, MOBILE APPS, SOCIAL MEDIA, AND COMMUNITY		
PUBLIC INTEREST BY EDUCATING THE PUBLIC THROUGH LOCAL AND JOURNALISM AND RELATED CONTENT VIA PRINT AND DIGITAL		
-TIMES MEDIA IS A 501(C)(3) CHARITABLE ORGANIZATION THAT		
) (Revenue \$	9,482,240.)
for each program service reported.		
3) and 501(c)(4) organizations are required to report the amount of grants and alloca		
be these changes on Schedule O. ganization's program service accomplishments for each of its three largest program	services, as measured b	v expenses
ation cease conducting, or make significant changes in how it conducts, any progra	am services?	Yes X No
be these new services on Schedule O.		V. V.
or 990-EZ?		Yes X No
ation undertake any significant program services during the year which were not lis	ted on the	
CONTENTS AND ADDRESS CONTENTS.		
PUBLIC VIA PRINT AND DIGITAL PLATFORMS THROUGH LOCAL AND JOURNALISM AND RELATED CONTENT.		
the organization's mission:		
Schedule O contains a response or note to any line in this Part III		
<u>S</u> : t	chedule O contains a response or note to any line in this Part III the organization's mission: TIMES MEDIA PROVIDES NEWS AND INFORMATION TO EDUCATE AND	TIMES MEDIA PROVIDES NEWS AND INFORMATION TO EDUCATE AND

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	\cdot	-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	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	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>. </u>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-'' -		
10		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2021) CHICAGO SUN-TIMES MEDIA
Part IV | Checklist of Required Schedules (contin

I a	Officerist of nequired Scriedules (continued)			
	-		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
ч	Did the consisting of the section of the health of the section of	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, ,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? ### A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? ###################################	200		
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		<u> </u>
32	, , ,	32		x
22	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	l
25.0	Part V, line 1	34	21	х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	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 related organization?			x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Α
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Х	
Pai	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
· u	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Confedule C Contains a response of flote to any line in this Fart V		V	N-
4.	Enter the number reported in box 3 of Form 1006. Enter 0, if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 13. Enter -0- if not applicable	5		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
C	(gambling) winnings to prize winners?	10		
	(garnomig) withings to prize without:	1c	1	1

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Form 9	90 (2021) CHICAGO SUN-TIMES MEDIA, INC		1	87-430419	7	Pa	age 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
						Yes	No
2 a E	enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
f	iled for the calendar year ending with or within the year covered by this return	2a		0			

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.								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	-					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	-					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_							
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1					
6a				x					
_	any contributions that were not tax deductible as charitable contributions?	6a		A					
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Gh.							
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b							
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x					
	75 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7b		+					
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	\ <u>'</u>							
·	to file Form 8282?	7c		x					
d	-	-							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х					
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
a Did the sponsoring organization make any taxable distributions under section 4966?									
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								
11	Section 501(c)(12) organizations. Enter:								
	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.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40							
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.								
D	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								
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c	-							
с 14а		14a		Х					
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? 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								
	excess parachute payment(s) during the year?								
	If "Yes," see the instructions and file Form 4720, Schedule N.	15							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	L	L					
	If "Yes " complete Form 6069								

CHICAGO SUN-TIMES MEDIA, INC Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **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. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoonup CA, IL, IN, MI, NY, WI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form **990** (2021)

State the name, address, and telephone number of the person who possesses the organization's books and records

60611

RINA DEDHIA - 312-948-4634

848 EAST GRAND AVENUE, CHICAGO, IL

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

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

Х

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

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

Check this box if neither the organization									(F)	
(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated amount of
	hours per week	offi	, unie: cer ar	ss pei id a d	rson i irecto	s both or/trus	tee)	compensation from	compensation from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				, ,		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)		and related
	below	vidua	itutio	Je	em pl	nest c	ner			organizations
	line)	ib di	Inst	Officer	Key	High	Former			
(1) NYKIA WRIGHT	40.00									
CEO	0.00			Х				0.	0.	0.
(2) MATTHEW MOOG	12.00									
BOARD CHAIR	28.00	Х		Х				0.	0.	0.
(3) RINA DEDHIA	12.00									
TREASURER	28.00		L	Х				0.	0.	0.
(4) CYNTHIA PHOTOS ABBOTT	10.00									
SECRETARY	30.00			Х				0.	0.	0.
(5) ADRIENNE KING	1.25									
DIRECTOR	1.25	х						0.	0.	0.
(6) LERRY J. KNOX, JR.	1.25									
DIRECTOR	1.25	х						0.	0.	0.
(7) KRISTEN MACK	1.25									
DIRECTOR	0.00	х						0.	0.	0.
(8) ARETAE WYLER	1.25									
DIRECTOR	0.00	х						0.	0.	0.
		1								
		1								
		1								
		1								
		1								
		t								
		1								
		1						I	l	

	(A)	(B) (C) Average Position						<u> </u>	(D)	(E)			(F)	
	Name and title	hours per week	box	not cl	heck i ss per	more rson i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related		amo	timate ount other	of
		(list any hours for related organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	,	orga	oensa om th anizat I relat	ne tion
		below line)	Individua	Institutio	Officer	Key employee	Highest c employee	Former				orgar	nizati	ions
	_										1			
			_								\top			
			_								\dashv			
	Subtotal								0.		0.			0 .
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)							▶	0.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,0	000 of reportable				C
3	Did the organization list any former officer.	director, trust	ee. k	ev e	empl	ove	e. or	hia	hest compensated empl	ovee on	-		Yes	No
	line 1a? If "Yes," complete Schedule J for s	uch individual									.	3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," con											5		Х
Sec 1	ction B. Independent Contractors Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comper	 nsat	ion froi	 m	
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin 	the organization's tax ye	ear.		(C))	
	Name and business	address	NO	NE					Description of s	ervices	C	ompen	satio	'n
								-						
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lin	nited	to t	thos	se lis 0	ted	above) who received mo	ore than				
	<u>.</u>											Form 9) 90 ((2021)

Form 990 (2021) CHICAGO SUI
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
SΩ	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		o Membership dues 1b					
ဗ် ရို		Fundraising events 1c					
fts,							
ig je							
Sir		9 ()					
utio	1	All other contributions, gifts, grants, and	32 107 702				
들됨			32,107,702.				
out		Noncash contributions included in lines 1a-1f		22 107 702			
Og		1 Total. Add lines 1a-1f	>	32,107,702.			
			Business Code	0.455.004	0.155.001		
Se	2		515100	9,166,994.	9,166,994.		
ē Š	ı	PRINT & DIGITAL ADVERTISING	515100	3,563,899.		3,563,899.	
S c	(WIRE SERVICE REVENUE	515100	168,141.	168,141.		
ev ev	•	PRODUCTION & STUDIO REVENUE	515100	79,832.	79,832.		
Program Service Revenue	(e					
₫	1	All other program service revenue					
		Total. Add lines 2a-2f		12,978,866.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)	▶				
	4	Income from investment of tax-exempt bond pr	oceeds 🕨				
	5	Royalties		67,273.	67,273.		
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)	•				
		a Gross amount from sales of (i) Securities	(ii) Other				
	•	assets other than inventory 7a	125,224.				
		Less: cost or other basis	,				
ø		and sales expenses	0.				
<u> </u>		Gain or (loss) 7c	125,224.				
ther Revenue		d Net gain or (loss)	·	125,224.			125,224.
<u>~</u>		a Gross income from fundraising events (not		110,111.			120,221.
Ĕ.	0						
0							
		contributions reported on line 1c). See					
		Part IV, line 18 8a Less: direct expenses 8b					
		Net income or (loss) from fundraising events	·············				
	9 1	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses					
		Net income or (loss) from gaming activities	·····				
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
		Net income or (loss) from sales of inventory					
S			Business Code				
o o	11 :	OTHER REVENUE	900999	19,186.			19,186.
Miscellaneous Revenue	ı	o					
eve							
Mis		d All other revenue					
		Total. Add lines 11a-11d	>	19,186.			
	12	Total revenue. See instructions		45,298,251.	9,482,240.	3,563,899.	144,410.

132009 12-09-21

87-4304197

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 504,125. 128,450. 244,934. 130,741. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,085,652. Other salaries and wages 3,891,467. 675,066. 519,119. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 528,074 597,736, -163,455 93,793. 9 Other employee benefits 372,024 286,459 48,363 37,202. 10 Payroll taxes Fees for services (nonemployees): Management 189,949 54,319. 135,630 Legal 130,576. 34,691. 95,885. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,597,981 2,412,659 44 812 140,510. column (A), amount, list line 11g expenses on Sch O.) 196,655 96,563. 100,092. Advertising and promotion 12 176,001 114,902. 50,539 10,560. 13 Office expenses 680,411 473,860. 66,713 139,838. Information technology 14 Royalties 15 329,140 248,334, 44,068 36,738. 16 Occupancy 124,551 113,223, 6.855 4,473. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 34,353. 17,838. 3,315. 13,200. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 199,554 150,535. 26,733 22,286. 22 Depreciation, depletion, and amortization 144,777. 19,395 109,213. 16,169. 23 Other expenses. Itemize expenses not covered 24 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.) PRINTING COSTS 3,094,617. 3,094,617. 0. 0. b С d 1,146,673 741,682 165,352 239,639. All other expenses 1,504,360. 15,535,113 12,566,548 1,464,205 Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

Form 990 (2021) Part X Balance Sheet

CHICAGO SUN-TIMES MEDIA, INC

Part	^	Check if Schedule O contains a response or	note to an	v line in this Part X			
		SHOOK II DEFICIONE OF CONTRAINS A TOOPOTICE OF	note to an	, mile in this rail ((A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			0.	1	5,052,840.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			0.	3	19,762,382.
	4	Accounts receivable, net			0.	4	1,202,044.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial o	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	ons		5	
	6	Loans and other receivables from other disqu	ualified per	rsons (as defined			
		under section 4958(f)(1)), and persons describ	bed in sec	tion 4958(c)(3)(B)		6	
σ l	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			0.	9	569,312.
1	l0a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	2,439,395.			
	b	Less: accumulated depreciation		2,311,375.	0.	10c	128,020.
1	1	Investments - publicly traded securities			11		
1	2	Investments - other securities. See Part IV, lir			12		
1	3	Investments - program-related. See Part IV, lii		13			
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11		0.	15	4,619,883.	
1	16	Total assets. Add lines 1 through 15 (must e	0.	16	31,334,481.		
1	17	Accounts payable and accrued expenses	0.	17	2,076,780.		
1	18	Grants payable		18			
1	9	Deferred revenue	0.	19	3,266,889.		
2	20	Tax-exempt bond liabilities		0.	20		
2	21	Escrow or custodial account liability. Comple				21	
ر ₀ 2	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su	bstantial o	contributor, or 35%			
ا ق		controlled entity or family member of any of t				22	
2 ٿ	23	Secured mortgages and notes payable to uni	· ·	······		23	
2	24	Unsecured notes and loans payable to unrela				24	
2	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D	·		0.	25	17,807.
2	26	Total liabilities. Add lines 17 through 25			0.	26	5,361,476.
		Organizations that follow FASB ASC 958, o					
Se l		and complete lines 27, 28, 32, and 33.					
ğ 2	27	Net assets without donor restrictions			0.	27	25,973,005.
Ba 2	28	Net assets with donor restrictions				28	
힏		Organizations that do not follow FASB ASC					
교		and complete lines 29 through 33.					
Ď 2	29	Capital stock or trust principal, or current fun	ds .			29	
3 Set	30	Paid-in or capital surplus, or land, building, or				30	
Ast 3	31	Retained earnings, endowment, accumulated				31	
ا ب	32	Total net assets or fund balances			0.	32	25,973,005.
_	33	Total liabilities and net assets/fund balances			0.	33	31,334,481.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	45	,298,	251.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	15	,535,	113.			
3	Revenue less expenses. Subtract line 2 from line 1	3	29	763,	138.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			0.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities							
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-3	790,	134.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	25	973,	004.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule C).						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	n a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate to	oasis,						
	consolidated basis, or both:							
	Separate basis X 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	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scheol	dule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	e Audit						
	Act and OMB Circular A-133?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		İ			
			Form	990	(2021)			

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** CHICAGO SUN-TIMES MEDIA INC 87-4304197 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					32,107,702.	32,107,702.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					32,107,702.	32,107,702.
	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)						26,548,936.
6	Public support. Subtract line 5 from line 4.						5,558,766.
	ction B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	, ,	` ,	, ,		32,107,702.	32,107,702.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					67,273.	67,273.
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.)					19,186.	19,186.
11	Total support. Add lines 7 through 10					·	32,194,161.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	12,978,866.
	First 5 years. If the Form 990 is for th	•					· · · · ·
	organization, check this box and stop						> X
Sec	tion C. Computation of Publi						<u> </u>
14	Public support percentage for 2021 (li	ne 6, column (f), d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2021. If the o					nore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			>
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali	fies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te						▶ □
b	10% -facts-and-circumstances test	-	-	* * *	-		
	more, and if the organization meets th	•				•	
	organization meets the facts-and-circu				-		>
18	Private foundation. If the organization		-		• • •		<u> </u>
			•				

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a w	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	2-		
	3a		
	3b		
	0.0		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
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	8		
	9a		
	9b		
	9с		
	10a		
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· ai	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		. 55	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	· · · · · · · · · · · · · · · · · · ·			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
•	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see
	inate actional	, 5	3 9-	`

Par	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınizations _{(continu}	ed)	
Sect	ion D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		1	
2	· · · · · · · · · · · · · · · · · · ·					
	organi	zations, in excess of income from activity			2	
3	Admin	istrative expenses paid to accomplish exempt purpose	s of supported organizations	s	3	
4		nts paid to acquire exempt-use assets			4	
5		ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , ,		6	
7		annual distributions. Add lines 1 through 6.			7	
8		outions to attentive supported organizations to which the	ne organization is responsive			
		de details in Part VI). See instructions.	3		8	
9		outable amount for 2021 from Section C, line 6			9	
10		amount divided by line 9 amount			10	
			(i)	(ii)		(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	s	Distributable Amount for 2021
1	Distrib	outable amount for 2021 from Section C, line 6				
2	Under	distributions, if any, for years prior to 2021 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2021				
a	From 2	2016				
b	From 2	2017				
С	From 2	2018				
d	From 2	2019				
е	From 2	2020				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2021 distributable amount				
i	Carryo	over from 2016 not applied (see instructions)				
	Remai	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrib	outions for 2021 from Section D,				
	line 7:	\$				
a	Applie	ed to underdistributions of prior years				
		ed to 2021 distributable amount				
	Remai	inder. Subtract lines 4a and 4b from line 4.				
5		ining underdistributions for years prior to 2021, if				
		subtract lines 3g and 4a from line 2. For result greater				
		ero, explain in Part VI. See instructions.				
6		ining underdistributions for 2021. Subtract lines 3h				
		o from line 1. For result greater than zero, explain in				
		1. See instructions.				
7		s distributions carryover to 2022. Add lines 3j				
•	and 4					
8		down of line 7:				
		s from 2017				
		s from 2018				
		s from 2019				
		s from 2020				
		s from 2021				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE	A, PART II
	FORM 990 IS FOR THE INITIAL SHORT YEAR OF 1/6/22 THROUGH
06/30/22	
00730722	•
_	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2021

Schedule B (Form 990) (2021)

CHI	CAGO SUN-TIMES MEDIA, INC	87-4304197				
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					
• •	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.				
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Figure 1. Complete Parts I and II.	d that received from any one				
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						
religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify hat it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

CHICAGO SUN-TIMES MEDIA, INC

87-4304197

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, audiess, and Zir + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 3	Name, address, and ZIP + 4	\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	### Total contributions	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$11,200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 <u>6</u>	Name, audi ess, and ZIP + 4	\$\$,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

CHICAGO SUN-TIMES MEDIA, INC

87-4304197

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

Page 3

Name of organization Employer identification number

CHICAGO SUN-TIMES MEDIA, INC

87-4304197

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
—		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
—		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$	Cabadala P. (Farm 000) (0001)		

Name of or	rganization		Employer identification number
CHICAGO	SUN-TIMES MEDIA, INC		87-4304197
Part III) through (e) and the following line encharitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	gift
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	gift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

CHICAGO SUN-TIMES MEDIA, INC

Employer identification number 87 - 4304197

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6. (a) Donor advised funds	(b) Funds and other accounts
	Tatal acceptance at and of consu	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	t funds
Ū	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		1 1
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	rganization during the tax
4	year ▶ Number of states where property subject to conservation ea:	coment is located	
5	Does the organization have a written policy regarding the per		
Ū	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>	, ,	3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	ts that describes the
Da	organization's accounting for conservation easements.	Ant Historical Transcript	au Ciurilau Aggata
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul	, ,	•
	service, provide in Part XIII the text of the footnote to its final		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under FASB A		, p. 51.35
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021

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

Par	t III Organizations Maintaining Co	ollections of Art	t, Histo	orical Tre	easures, o	r Other	Similar	Assets	(continu	ıed)	.gc —
3	Using the organization's acquisition, accessio								•		
	collection items (check all that apply):	,	•	,	· ·		•				
а	Public exhibition	d		Loan or exc	change progra	am					
b	Scholarly research	e			9-19						
c	Preservation for future generations	-									
4	Provide a description of the organization's col	llections and explain	how th	ev further tl	ne organizatio	n's exem	nt nurnos	se in Part	XIII		
5	During the year, did the organization solicit or							o iii i ai c	, diii.		
•	to be sold to raise funds rather than to be mai								Yes		No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Part			3				,	,		
1a	Is the organization an agent, trustee, custodia	n or other intermedi	iary for o	contribution	s or other ass	sets not ir	ncluded				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
		•	· ·						Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 10	0.				
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three y	ears back	(e) Four	years b	ack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	6									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
За	Are there endowment funds not in the posses	sion of the organiza	tion tha	t are held a	nd administer	ed for the	e organiza	tion	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	l "Yes" on Form 990	, Part IV	', line 11a. S	See Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or of basis (investment)			t or other (other)		cumulate reciation	d	(d) Book	value	
1a	Land										
	Buildings										
	Leasehold improvements			1	.,897,562.		1,841,3			56,1	
d	Equipment				452,023.		380,3			71,8	
	Other				89,810.		89,8	310.			0.
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990. Part	X, colun	nn (B), line 1	Oc.)					L28,0	20.

	CAGO SUN-TIMES	MEDIA, INC		87-4304197	Page 3
Part VII Investments - Other	Securities.				
Complete if the organization	n answered "Yes" o	n Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.		
(a) Description of security or category (incli	uding name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	value
(1) Financial derivatives					•
(0) (1)					
(3) Other					
(A)					
(B)					
			+		
(C)			+		
(D)			+		
(E)			_		
(F)	-				
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X,	col. (B) line 12.)				
Part VIII Investments - Programments					
			e 11c. See Form 990, Part X, line 13.		
(a) Description of investr	nent	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	value
<u>(1)</u>					
(2)					
(3)					
(4)					
(5)					
(6)					
(8)					
(9)			+		
	and (D) line 10)				
Total. (Col. (b) must equal Form 990, Part X, Part IX Other Assets.	Col. (B) lille 13.)				
	n answered "Ves" o	n Form 990 Part IV line	e 11d. See Form 990, Part X, line 15.		
- Complete ii the organizatio		escription	Tru. oce roini 330, rait X, inic 13.	(b) Book	value
(1) DUE FROM AFFILIATE	(a) D	езоприон			
				*,	619,883.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990	Part X, col. (B) line	15.)		4,	619,883.
Part X Other Liabilities.					
Complete if the organization	n answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	25.	
1. (a) Description	on of liability			(b) Book	value
(1) Federal income taxes					
(2) CURRENT LEASE LIABILITIE	SS				17,807.
(3)					
(4)					
(5)					
(6)					
(8)					
(9)				.	
Total. (Column (b) must equal Form 990				 	17,807.
2. Liability for uncertain tax positions.					
organization's liability for uncertain t	ax positions under F	ASB ASC 740. Check h	nere if the text of the footnote has beer	n provided in Part X	III.

87-4304197

	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	45,186,391.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities		13,364.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	13,364.
3	Subtract line 2e from line 1			3	45,173,027.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		105.004		
b	Other (Describe in Part XIII.)		125,224.	_	105 004
С	Add lines 4a and 4b			4c	125,224.
5 D a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial Sta) Stements With F	vnenses ner E	5 Peturn	45,298,251.
Га			xpenses per r	etuiii.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir			. 1	15 540 477
1	Total expenses and losses per audited financial statements			1	15,548,477.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما	12 264		
a	Donated services and use of facilities		13,364.		
b	Prior year adjustments				
C	Other losses				
d	Other (Describe in Part XIII.)			0-	13,364.
e 2	Add lines 2a through 2d			2e	15,535,113.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	15,555,115.
-	Investment expenses not included on Form 990, Part VIII, line 7b	40			
a b					
	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1.			5	15,535,113.
	rt XIII Supplemental Information.	<u>o.)</u>		<u> </u>	,,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	ov additional informa	tion.		
PART	XI, LINE 4B - OTHER ADJUSTMENTS:	iy additional illiomia			
-	OPERATING - GAIN ON DISPOSAL OF ASSETS	125,224.			
-					
-					
-					
-					

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

CHICAGO SUN-TIMES MEDIA, INC 87-4304197 FORM 990, PART VI, SECTION A, LINE 3: THE ORGANIZATION HAS A SHARED SERVICES AGREEMENT WITH A RELATED ORGANIZATION, CHICAGO PUBLIC MEDIA. THIS AGREEMENT INCLUDES ADMINISTRATIVE SERVICES AND ALSO STRATEGIC GUIDANCE, FUNDRAISING, MARKETING AND LEGAL COUNSEL. FORM 990, PART VI, SECTION A, LINE 6: THE SOLE MEMBER OF THE CORPORATION IS CHICAGO PUBLIC MEDIA, INC. ILLINOIS NOT-FOR-PROFIT CORPORATION, FORM 990, PART VI, SECTION A, LINE 7A: THE SOLE MEMBER HAS THE RIGHT TO ELECT ALL MEMBERS OF THE BOARD OF DIRECTORS OF THE CORPORATION. FORM 990, PART VI, SECTION A, LINE 7B: IN ADDITION TO THE RIGHTS AND POWERS ACCORDED A MEMBER BY DELAWARE LAW. THE AFFIRMATIVE VOTE OR CONSENT OF THE MEMBER SHALL BE REQUIRED WITH RESPECT TO THE FOLLOWING: ELECTION OF ALL MEMBERS OF THE BOARD OF DIRECTORS OF THE CORPORATION; APPROVAL OF THE BORROWING OF ANY SUM, THE PRINCIPAL OF WHICH EXCEEDS \$50,000, OR WHICH HAS A STATED TERM OF GREATER THAN ONE YEAR, OR WHICH IS SECURED BY A MORTGAGE OF ALL OR ANY PORTION OF THE CORPORATION'S REAL PROPERTY OR THE CREATION OF A SECURITY INTEREST IN THE CORPORATION'S INCLUDING PERSONAL PROPERTY AND REVENUES. FOR THE BENEFIT OF THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021	Page 2
Name of the organization CHICAGO SUN-TIMES MEDIA, INC	Employer identification number 87-4304197
LENDER, LESSOR OR VENDOR, OR THE DEFEASANCE, ADVANCE PAYMENT OR	
CANCELLATION OF ANY OUTSTANDING DEBT OF THE CATEGORY DESCRIBED HEREIN;	
C. APPROVAL OF ANY VOLUNTARY DISSOLUTION, MERGER, CONSOLIDATION, SALE OR	
TRANSFER OF SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS (DEFINED AS 10%	
OR MORE), OR ANY CREATION OF A SUBSIDIARY OR AFFILIATE CORPORATION OF THE	
CORPORATION;	
D. APPROVAL OF ALL ANNUAL AND LONG-TERM CAPITAL, OPERATIONAL BUDGETS AND	
STRATEGIC PLANS OF THE CORPORATION;	
E. ADOPTION OF, APPROVAL OF AMENDMENTS TO, OR AMENDMENT OF THE CERTIFICATE	
OF INCORPORATION OR BYLAWS OF THE CORPORATION;	
T. ADDDOWN OF ANY GUADANTY OF DEPT	
F. APPROVAL OF ANY GUARANTY OF DEBT;	
G. APPROVAL OF ANY SIGNIFICANT CHANGES IN THE CORPORATION'S INSURANCE	
SPECIFICATIONS OR LIMITS;	
H. APPROVAL OF THE SELECTION OF, OR CHANGES OF, INDEPENDENT AUDITORS;	
I. APPROVAL OF ANY SALE OR TRANSFER OF CORPORATION ASSETS TO A	
NON-AFFILIATED ENTITY OR A THIRD-PARTY ENTITY; AND	
J. APPROVAL OF ANY CONTRACT BETWEEN THE CORPORATION AND A THIRD PARTY WHICH	
INVOLVES THE PROVISION OF GOODS AND SERVICES HAVING A VALUE IN EXCESS OF	
\$250,000 FOR CAPITAL OR \$500,000 IN AGGREGATE FOR OPERATING AND CAPITAL	

WHICH HAD NOT BEEN PREVIOUSLY APPROVED BY MEMBER IN AN ANNUAL CAPITAL OR

Schedule O (Form 990) 2021

Name of the organization

Employer identification number

CHICAGO SUN-TIMES MEDIA, INC

87-4304197

OPERATING BUDGET.

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

THE FORM 990 IS REVIEWED BY THE BOARD, CEO, AND LEGAL PRIOR TO FILING.

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

WE REVIEW AND MONITOR DISCLOSED CONFLICTS OF INTERESTS.

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

THE ORGANIZATION WAS NOTIFIED THAT IT RECEIVED ITS TAX-EXEMPT STATUS

SEPTEMBER 12, 2022. AS PART OF THE TRANSACTION TO ACQUIRE THE CHICAGO

SUN-TIMES ASSETS, CSTM ASSUMED THE COMPENSATION RATE PAID TO THE CEO.

PROSPECTIVELY COMPENSATION WILL BE REVIEWED AND APPROVED BY INDEPENDENT

PERSONS AND WILL RELY ON COMPARABILITY DATA. IT WILL ALSO BE SUBJECT TO

CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST

FORM 990, PART VII

PART VII - PER FORM 990 INSTRUCTIONS, NO COMPENSATION IS BEING REPORTED

FOR THIS INITIAL SHORT YEAR OF 1/6/22 THROUGH 6/30/22 SINCE THERE IS NO

CALENDAR YEAR ENDING WITH OR WITHIN THE CURRENT TAX YEAR.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACTOR FEES:

PROGRAM SERVICE EXPENSES

1,834,450.

Schedule O (Form 990) 2021 Page **2**

Name of the organization CHICAGO SUN-TIMES MEDIA, INC		Employer identification number 87-4304197
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	1,834,450.	
CONSULTANTS:		
PROGRAM SERVICE EXPENSES	336,840.	
MANAGEMENT AND GENERAL EXPENSES	7,059.	
FUNDRAISING EXPENSES	86,287.	
TOTAL EXPENSES	430,186.	
OTHER PROFESSIONAL FEES:		
PROGRAM SERVICE EXPENSES	241,369.	
MANAGEMENT AND GENERAL EXPENSES	37,753.	
FUNDRAISING EXPENSES	54,223.	
TOTAL EXPENSES	333,345.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,597,981.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
EXCESS OF LIABILITIES OVER ASSUMED ASSETS FROM ACQUISITION	-3,790,134.	

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

87 - 4304197

Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	eme End-of-year		Direct c	(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34,	oecause it had one	or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) et controlling entity	ent	rolled ity?
CHICAGO PUBLIC MEDIA, INC - 36-3687394	SERVES THE PUBLIC INTEREST			001(0)(0))			Yes	No
848 E. GRAND AVE, NAVY PIER CHICAGO, IL 60611	BY DELIVERING DIVERSE, COMPELLING CONTENT	ILLINOIS	501(C)(3)	LINE 7				х

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

CHICAGO SUN-TIMES MEDIA, INC

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organization in the control of the c											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets Share of end-of-year assets Share of end-of-year assets Disproportionate allocations? Yes No K-1 (Form 10		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	Percentage ownership			
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	10
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	l .	L	l .	ı		l			1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	end-of-year	(h) Percentage ownership	Sect 512(b contro enti	tion b)(13) olled tv?
		country)		or trust)		assets		Yes	

Page 2

art V	Transactions With Related Organizations.	Complete if the organization answered "Ye	es" on Form 990, Part IV, line 34, 35b, or 36.
-------	--	---	--

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		Х
					1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related orga				11		Х
	Performance of services or membership or fundraising solicitations by related organ				1m	х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n		Х
					10	х	
р	Reimbursement paid to related organization(s) for expenses				1 p	х	
	Reimbursement paid by related organization(s) for expenses				1q	х	
·							
r	Other transfer of cash or property to related organization(s)				1r		Х
					1s	х	
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered r	relationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved/		
(1)							
(2)							
(3)							
(4)							
(5)							

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

CHICAGO SUN-TIMES MEDIA, INC

Schedule R (Form 990) 2021

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership

Page 4