Form					
Department of the Treasu Internal Revenue Service	ry	Go to www.irs.gov/Form990 for instructions and the latest	information.		
For the 2018 c	alendar	year, or tax year beginning		_	•
Check if applicable:	Name o	f organization			
Address change				1	
Name change	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	e number
Initial return					
terminated	City or to	own, state or province, country, and ZIP or foreign postal code			
Amended return				Gross rec	eipts
Application pending					
ripplication pending					
Other exp	enses (F	Part IX, column (A), lines 11a–11d, 11f–24e)			
Total expe	enses. A	dd lines 13–17 (must equal Part IX, column (A), line 25)			
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		I	1	l	1

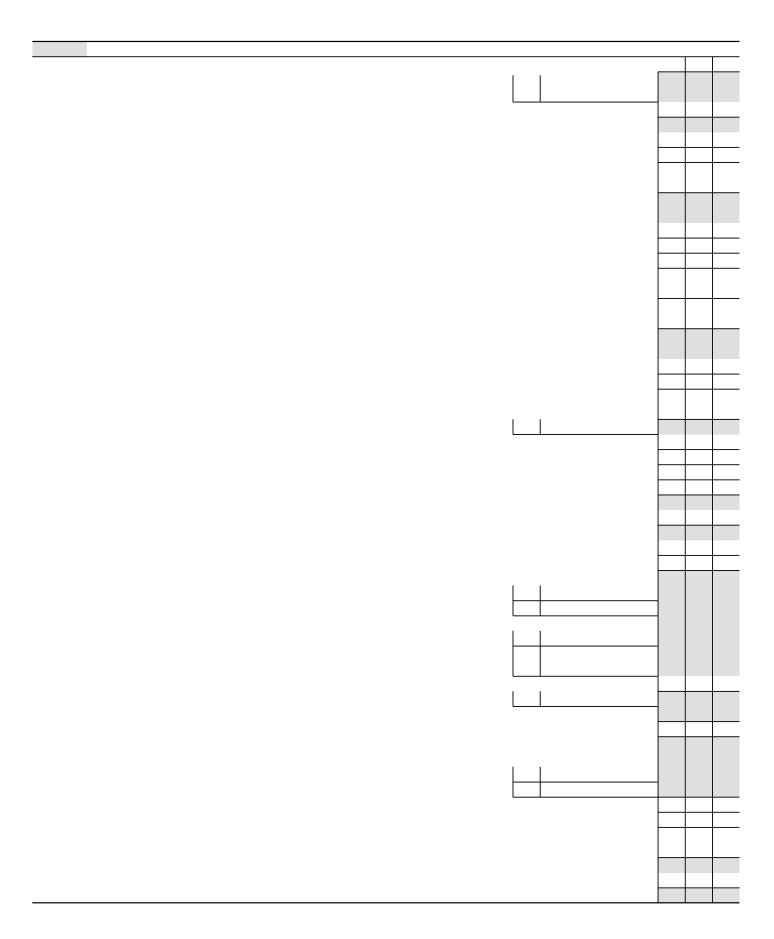
OMB No. 1545-0047

Form 990 (2018)
Part III Statement of Program Service Accomplishments

1 6	otatement of Frogram dervice Accomplishments
1	Briefly describe the organization's mission:
	•
	• • • • • • • • • • • • • • • • • • • •
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	+
	•
	•
41.	(Out
4D	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

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	-

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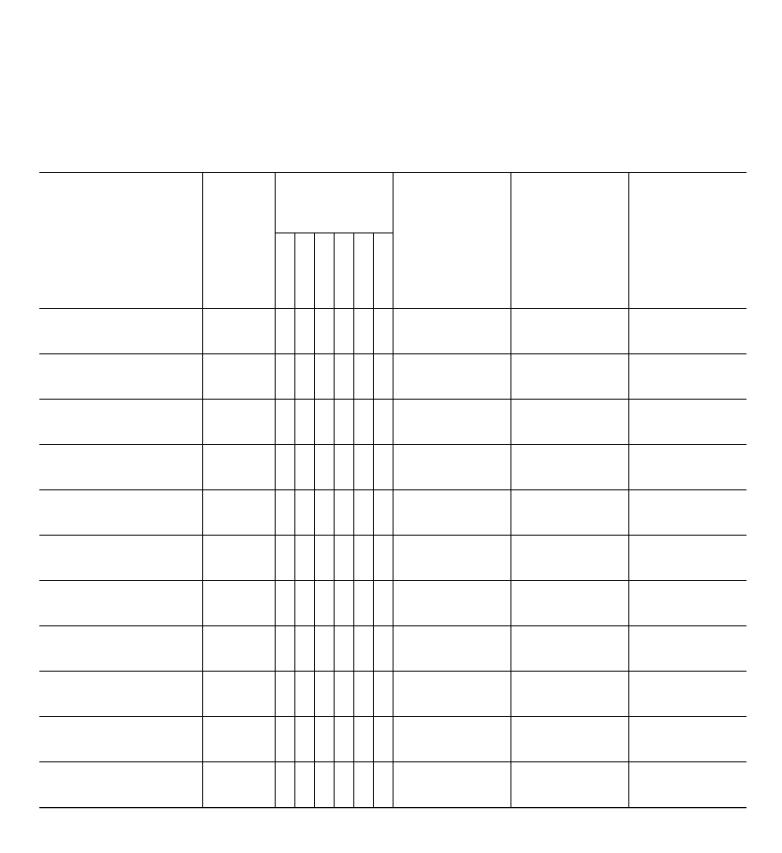


Page 6

Form 990 (2018)
Part VI G 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 in Schedule O. See instructions.

Sec	tion A. Governing Body and Management		
	_	Yes	s No
1a	Enter the number of voting members of the governing body at the end of the tax year		
b	Enter the number of voting members included in line 1a, above, who are independent 1b		
2			
_		2	
3	 •	-	+
3			
4	-		+
4			+
5	<u> </u>	-	+
6	<u> </u>	-	+
7a			
		_	
b			
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а			
b			
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11a			
	 -		+
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	-		
SAC	tion C. Disclosure		

Form **990** (2018) DAA



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Part IX Statement of Functional E	vnanaa		Page 10
Part IX Statement of Functional E	xpenses		

Form 990 (2018) Page **11**

Part X Balance Sheet

	(A) Beginning of year	(B) End of year
1		
2		
3		
4		
5		
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7		
8		
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10a		
b		
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Form **990** (2018)

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			-	
Cash	Accrual	Other		_

Name of the organization		Employer identificat	tion number

			<u> </u>

Part III					
unrelated trade or business under section 513					
uniciated trade of business under section 515					
				ļ	
				ļ	
Section B. Total Support					
	 	<u> </u>	<u> </u>		

Par	t IV Supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)				
	below, the governing body of a supported organization?	11a			
h	A family member of a person described in (a) above?	11b			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c			
	ion B. Type I Supporting Organizations	TIC			
Secu	on B. Type I Supporting Organizations				
1	Did oropc, o en c ai vn (t) -2 (h) -38.4ET Q q he c he -118.4vc 3-54 31 TTc 8.4c bb (r) 1 3 1 Tf0 (105 (c1143) -69 (4(o) -3 ((c114 regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	(c114	43)-69	((c) TJ 0	-) - (c114.
	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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.				
2	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.				

Pai	t v Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	zations (continuea)	
Sec	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	oses		
2	Amounts paid to perform activity that directly furthers exempt purpos organizations, in excess of income from activity			
3	3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3			
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Schedule D (Form 990) 2018

Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3	Using the organization's acquisition, access collection items (check all that apply):	-							100010 (0	onune	<u> </u>
а	Public exhibition	d	Loan or	exchange pro	ograms						
b	Scholarly research	е			-						
С	Preservation for future generations		•								
4	Provide a description of the organization's XIII.	collections and expla	in how tl	ney further the	organization	n's exempt	purpose	in Part			
5	During the year, did the organization solic	it or receive donation	s of art I	nistorical treas	ures or othe	er similar					
Ĭ	assets to be sold to raise funds rather tha									Yes	No
Pa	rt IV Escrow and Custodial	Arrangements.									
	Complete if the organizati						eported	d an a	mount on	Form	n
	Is the organization an agent, trustee, cust included on Form 990, Part X?									Yes	No
b	If "Yes," explain the arrangement in Part X	(III and complete the	following	table:			Г		Amou	ınt	
_	Paginning halange						-		AITIOU	II IL	
4	Beginning balance Additions during the year										
u	Additions during the year							\top			
							_				
		(a) Current year									
			-								
			 								
	During the estimated management of the			1 (-)	\						
	Provide the estimated percentage of the c	urrent year end balar	ice (line	rg, column (a)) neid as:						
	Are there endowment funds not in the pos	ssession of the organi	zation th	at are held an	d administer	ed for the					
										4	
								$\overline{}$			
								$\neg \uparrow$			
		•		•		•					

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Page	-7

Part VII	Investments—Other Se		5 000 D (D (000 B () () 10
	Complete if the organizat				
	(a) Description of security or ca		(b) Book value		thod of valuation:
· · · · · · · · · · · · · · · · · · ·	(including name of security	* *		Cost or end	d-of-year market value
	derivatives				
			21 266 624	Coat	
	imes Holding Co Sto mes Publishing Co S		21,366,624 1,000,000	Cost	
			1,000,000	Cost	
(C)		• • • • • • • • • • • • • • • • • • • •			
(D)		• • • • • • • • • • • • • • • • • • • •			
\ <u></u> . (F)					
(! <i>).</i> (G)					
(⊔)					
	nn (b) must equal Form 990, Part		22,366,624		
Part VIII	Investments—Program	·			
	Complete if the organizat		n Form 990. Part IV.	line 11c. See Form	n 990. Part X. line 13.
	(a) Description of investme		(b) Book value		thod of valuation:
				Cost or end	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	nn (b) must equal Form 990, Part	X, col. (B) line 13.)			
Part IX	Other Assets.				
	Complete if the organizat	ion answered "Yes" o	n Form 990, Part IV,	line 11d. See Form	n 990, Part X, line 15.
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) T + 1 + (2 + 1	(1)				
	nn (b) must equal Form 990, Part Other Liabilities.	X, col. (B) line 15.)			
Part X		tion anawarad "Vaa" a	n Form 000 Port IV	lina 11a ar 11f Ca	o Form 000 Port V
	Complete if the organization 25.	ion answered res o	on Form 990, Part IV,	iine Tie of Tii. Se	e Form 990, Part X,
1.	(a) Description of liability		(b) Book value		
	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part				
2. Liability for	uncertain tax positions. In Part X	III. provide the text of the fo	ootnote to the organization's	financial statements th	at reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2018

Page 4

Page 4

Page 4

1 Total revenue, gains, and other support per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b		
c		
d		
е		
3		
4		
a		
b		
c -		
5 Part VIII - Pagangilistian of European nor Audited Financial	Statements With Francisco no	Detum
Part XII Reconciliation of Expenses per Audited Financial	Statements with Expenses pe	er Return.
	1 1	

Schedule D (F	orm 990) 2018		Page 5
Part XIII	Supplemental	Information (continued)	
	-		
			• • • • • • • • • • • • • • • • • • • •

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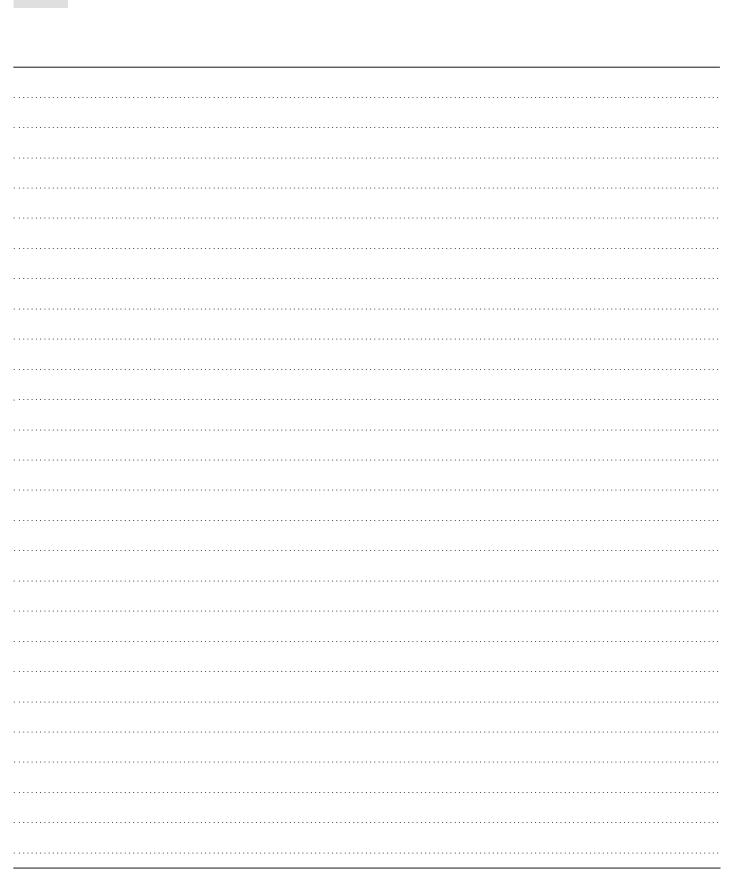
Schedule F (Form 990) 2018 Page 4

Part IV Foreign Forms

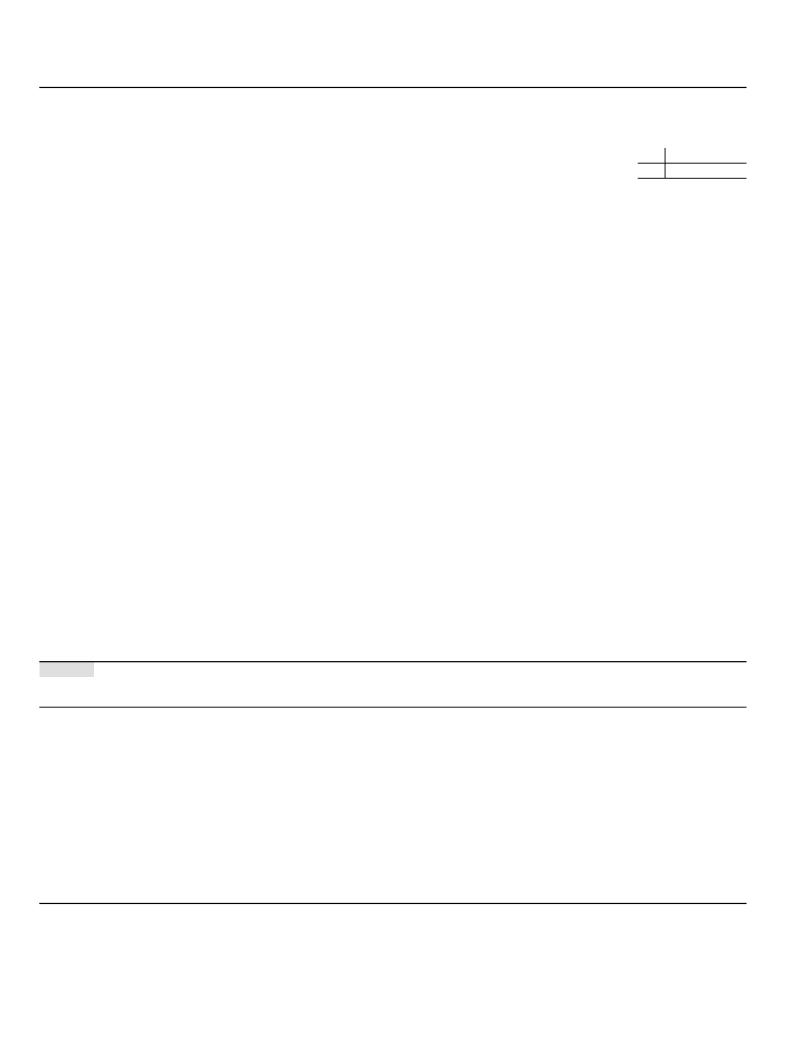
1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)

- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If

Schedule F (Form 990) 2018



Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more					
Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more					
Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more			_	_	_
Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more					
Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more	-				
Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more					
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Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more					
Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more	-		_		
Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more					
Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more					
Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more					
	Gaming. Com	plete if the organization	answered "Yes" on Form 99	90, Part IV, line 19, or	reported more
	-				
	L				



SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Open to Public Inspection OMB No. 1545-0047

Name of the organization	Employer identification number
Part I General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Tes
a	on answered "Yes" on Form 99(

Part III can be duplicated if additional space is needed.	ional space is needed	Ω.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Scholarships	19	12,750			
2 Tuition Waiver	21	3,188			
3 Fellowships	30	9,470			
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information required in Part I,	vide the information re	equired in Part I, line	e 2; Part III, column	(b); and any other additional information.	onal information.
Part IV - Additional Information	mation				
The Institute reviews applications		and grants schola	scholarships/waivers	rs based on	
individual need and program specifications.	n specificatio	ons.			
					Schedule I (Form 990) (2018)
					Schedule I (Form 990) (2018)

SCHEDULE J (Form 990)

Compensation Information

Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization	Employer identification nu	umber		
Part I Questions Regarding Compensation				
		- 1	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account	n			
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	Schedule J (Form 990) 2018
	PaD 829 q 0 -0.9

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2018

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990

Open to Public Inspection

Name of the organization	Employer identification number

Schedule O (Form 990 or 990-EZ) (2018)	Page 2

Schedule O (Form 990 or 990-EZ) (2018)

Employer identification number

Name of the organization

The Poynter Institute for 59-1630423 In 2018, 7,745 students participated in 129 regular or custom courses and public programs. Many of them received scholarships or other assistance with tuition and/or travel expenses. Poynter underwrites a portion of program costs for all students. Over 100 students, professors, and other professionals received assistance with tuition or attended various Poynter programs free of charge. Scholarships granted totaled \$25,408. In addition to their work at the Institute, Poynter faculty members provide pro bono instructional service to journalism organizations, particularly those intended to serve members of minority groups. In 2018, in partnership with the Tampa Bay Rays, the City of St. Petersburg, and the Wells Fargo Foundation, Poynter continued its commitment to the "Write Field" program to teach at-risk middle school boys in its home community the value of

A. E-Learning: News University (www.newsu.org) is the e-learning home for more than 100,000 registered journalists, educators and students around the world. Funded by grants from the John S. and James L. Knight Foundation, NewsU features more than 200 interactive, self-directed courses in all types of media. Titles include: "Digital Experiences that Drive Results," "Ethics of Journalism," "Hands-On Fact-Checking," and "Cleaning Your Copy."

B. Poynter NewsU webinars allow participants to join online presentations led by Poynter faculty and other leading industry professionals from home, office or classroom. Archived replays of many sessions also are available.

C. Online group seminars are faculty-led and allow participants to gather in a virtual space for multi-week seminars on topics that include: In-Depth Editing, Becoming an Effective Writer, and Fundamentals of Investigative Journalism.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

The Institute has four members plus an alternate for purposes of electing
the board of trustees and any other corporate matters presented to the
membership.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The members, by majority vote, may at any time increase or decrease the

number of members as they deem appropriate. The number of members cannot

be less than three and there should always be an alternate.

Schedule O (Form 990 or 990-EZ) (2018)		Page 2
Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Employer i9 (i) 1444 -265	
	•	

Page 2

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,

													1
(a) Name, address, and EIN of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated,	(f) Share of total	(g) Share of end-of- year assets	(h) Disproportionate alloc.? Yes No	ro- nate	(i) Code V—UBI of Schedule K-1	General or managing partner? Yes No	i) eral or aging ner?		
													i
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the	ions Taxable	as a	Corporation	or Trust. Co	mplete if the c	he organization answered "Yes" on Form 990,	wered	"Yes"	on Form 9		Part IV,	,<	
(a) Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C c(C co	Œ		(9)	(h)				
	·												
	·												
	·												

Schedule R (Form 990) 2018 The Poynter Institute for 59-1630423

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. (a) (b) (c) (d) (e) (f) Predominant Share of total	Organizations t (b) Primary activity L	treated as a par (c) (d) Legal Direct controlling	tnership during (e) Predominant	the tax year. (f) Share of total	(g) Share of end-of-		(i) Ger	
name, acutess, and Ein of related organization	rillinally activity de (st. fo)	domicile entity (state or foreign country)	income (related, unrelated, excluded from tax under sections 512-514)	income	year assets	portionate an alloc.? or		managing ownership partner? Yes No
1)								
2)								
3)	·							
4)								
Part IV line 34, because it had one or more related organizations treated as a corporation or Trust. Complete if the organization answered "Yes" on Form 990, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (a) (b) (b) (c) (b) (c) (corp. S. corp. (Corp. S. corp. (income entity income end-of-year assests ownership	related organia (b) Primary activity	as a Corporati zations treated : (c) Legal domicile (state or	on or Trust. C as a corporation (d) Direct controlling entity	omplete if the or trust durin (e) Type of entity (C corp. S corp.	organization ans g the tax year. (f) Share of total income	wered "Yes" (9) Share of end-of-year assets		Part IV, (i) Section 512(b)(13)
		wiegi codiny)		OI (1904)				Yes No
1)Times Media Services Inc 490 First Ave S	<u> </u>							
2)	<u> </u>							
3)	i i							
4)	<u> </u>							

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

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		Exchange of assets with related organization(s)	
		Sale of assets from related organization(s)	b Purchase of assets from related organization(s)
		Loans or loan guarantees by related organization(s)	e Loans or loan guarantees by
	:	d Loans or loan guarantees to or for related organization(s)	d Loans or loan guarantees to c
		Gift, grant, or capital contribution from related organization(s)	c Gift, grant, or capital contribut
		Gift, grant, or capital contribution to related organization(s)	
	C	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	a Receipt of (i) interest, (ii) ann
in Parts II–IV?	ated organizations listed	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	1 During the tax year, did the or
		Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.	Note: Complete line 1 if any entity

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

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	in Parts II–IV?	lated organizations listed	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
			Note: Complete line 4 if any antity is listed in Date I III or IV of this pelocity

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

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

or gross revertue) that was not a related organization; see this tractions regarding exclusion for certain investment parties libs:	is reflaining exc	insion	or certain live	Sulfering	dine	oriipo.							
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3)	rtners	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporti allocation	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1	(j) General or managing partner?		(k) Percentage ownership
		foreign country)	from tax under sections 512-514)	organizatio	No ations?			Yes	8		Yes	S 0	
(1)													
(2)													
(3)											1	_	
(4)													
(5)													
(6)													
σ													
(8)													
(9)													
(10)													
(11)													

59-1630423

Page 5

Schedule R (Form 990) 2018 The Poynter Institute for