Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2018
Open to Public Inspection

1000	100	are 20 to calendar year, or tax year beginning JUL 1, 2018 and e	ending J	<u>UN 30, 20</u>	19	**		
B	Check applica		0	D Employer ide	ntification num	iber		
	Add	INVESTIGATIVE REPORTERS & EDITORS, INC	•					
Ļ		Doing business as		51	-0166741			
L	retu Fina	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	mber			
	retu tern	136 NEFF ANNEX-UMC		(573)882-2042				
Г	ated Ame	ended COT TREE TO SOUTH, and Zir or loreign postal code		G Gross receipts \$		90,067.		
F	retu App tion	olica-		H(a) Is this a gro				
-		141 NEFF ANNEX, COLUMBIA, MO 65211		for subordir		Yes X No		
1	Tax-e	V sauther	- 0.507	H(b) Are all subordin	And the state of t			
		exempt status: $A = 501(c)(3) = 1501(c)(1) $ (insert no.) 4947(a)(1) of site: \triangleright WWW • IRE • ORG	r 527		ch a list. (see ins			
		of organization: X Corporation Trust Association Other	I Vear	H(c) Group exempt formation: 197	ption number	<u> </u>		
	art l		L TGAL	DI IOTHIAHON, 131	O M State of leg	al gomicile; MO		
đ	1	Briefly describe the organization's mission or most significant activities: EDUCA	TE JO	JRNALISTS	AND PROT	VIDE		
Activities & Governance		RESOURCES AND SUPPORT TO STRENGTHEN WATCHI	OOG RE	PORTING.	10	· 1 D L		
Ë	2	Check this box if the organization discontinued its operations or dispose	ed of more t	than 25% of its ne	t assets.			
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3	13		
9	4	Number of independent voting members of the governing body (Pat VI, line 1b)			4	13		
ies	5	rotal number of individuals employed in calendar year 2018 (Part V, line 2a)			5	13		
Ξ	6	lotal number of volunteers (estimate if necessary)			6	300		
Ą	/ 8	a Total unrelated business revenue from Part VIII, column (C), line 12			7a	1,800.		
	E	Net unrelated business taxable income from Form 990-T, line 38			7ь	756.		
	8	Contributions and grants (Det VIII line 41)		Prior Year		nt Year		
Revenue	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	roccessor	1,164,57		77,732.		
	10	Investment income (Part VIII, Infe 2g)		1,364,32		91,327.		
	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-549,68		84,376.		
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		85,25		64,810.		
- 52	13	Grante and similar amounts and Cart IV		2,064,47		18,245.		
	14	Renefits naid to or for marphara (Part IV and IV)		103,28		<u>59,866.</u>		
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,076,520	0.	0.		
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)).	86,860.		
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25)	B		'`-	0.		
Ð	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	1,229,79	5 T 1 O'	79,105.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	******	2,409,59		25,831.		
	19	Revenue less expenses. Subtract line 18 from line 12		-345,126		92,414.		
Net Assets or				inning of Current Ye		of Year		
Set	20	Total assets (Part X, line 16)	100	6,798,327		50,742.		
##E	21	Total liabilities (Part X, line 26)		989,715		59,716.		
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		5,808,612		01,026.		
	irt II							
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules at	nd statement	ts, and to the best of	my knowledge an	d belief, it is		
rue,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer ha	as any knowledge.	2			
٠	_	Signature of officer	· _					
Sign		Service of the control of the contro		Date				
ler	e	DOUG HADDIX, EXECUTIVE DIRECTOR Type or print name and title						
	-	Distance	I Dai	to Touri	Total Date			
aid		RYAN HENRY Preparer's signature	Dat	if	PTIN	10556		
	arer	Firm's name WILLIAMS-KEEPERS LLC		The second secon	1ployed P0174			
1994 STORY	Only	Firm's address 2005 WEST BROADWAY, SUITE 100		Firm's EIN	43-112	1004/		
	s≅60 00	COLUMBIA, MO 65203-		Dhong as /	573\ 440	_6171		
/lay	the IF	RS discuss this return with the preparer shown above? (see instructions)			573) 442 X Yes			
		and the state of t	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A Yes	s No		

Form 990 (2018) INVESTIGATIVE REPORTERS & EDITORS, INC.
Part IV | Checklist of Required Schedules

		12 10 1	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			8
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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, Partl	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, Partii	4		Х
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Partill	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		\vdash	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule Q Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			10 10
	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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	-10		
	as applicable.	200		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D		272	
	Part VI	44-	Х	88
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
=	assets reported in Part X, line 16? If "Yes," complete Schedule D Part VII			v
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		X
1.00	assets reported in Part X, line 16? If "Yes," complete Schedule D Part VIII	11c	8	x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D Part IX			v
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D Part X	11d	v	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	_X_	
•	the organization's separate of consolidated inflaticial 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		2	17
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u>_x</u> _
		ا ـما	v	
b	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	X	- 0
77.	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	401		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
14a	Did the organization maintain on office appleases as assets a state of the contract of the con	13		-
123112.	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u> </u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		i	
				7.7
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
	foreign organization? If "You " complete School up E. Donto H. and H. C. Donto H. and			77
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
	or for foreign individuals? # "You " complete Schoolste F. Dorde Ward W.			37
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
••	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		Ì	3.0
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		l	77
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
20a	complete Schedule G, Part III	19		<u>X</u>
ÆUA h	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its pudited financial statements to this year.	20a		X
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	10200000		
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		<u>X</u>

	(commonly)		V	NI.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		T	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ĺ
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	E. 163		_
	any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	k		
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? # "Yes."			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	-		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		1.1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Parti	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	83		
9F -	Part V, line 1	34	\Box	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
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?			
27	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		8	
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	100
	Check if Schedule O contains a response or note to any line in this Part V			r—,
		·····		
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the married of Farma MOO! I I I I I I I			45 S
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	∤		
T.	(gambling) winnings to prize winners?		X	
Same	M	1c	Δ	

INVESTIGATIVE REPORTERS & EDITORS, 51-0166741 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return 13 2a b If at least one is reported online 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O X 3b 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)? X 4a 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). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7g** h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities _______ 10b Section 501(c)(12) organizations. Enter:

а	Gross income from members or shareholders	11a	200		-
b	Gross income from other sources (Do not net amounts due or paid to other sources against		70		
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	?	12a	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			Section 1	

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

13b

13c

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 in Schedule O

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 instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?
If "Yes," complete Form 4720, Schedule O.

X

Form 990 (2018) INVESTIGATIVE REPORTERS & EDITORS, INC. 51-0166/41 Pact 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 in Schedule O. See instructions.

_	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management		1000							
			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	Ì	12							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			y 5596						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			12						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	h:	1							
	officer, director, trustee, or key employee?	2		х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		_							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6										
7a										
	more members of the governing body?	7a	х							
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a	- 11	0 70						
		74	X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b								
	The governing body?	<u> </u>	X							
b	Each committee with authority to act on behalf of the governing body?	8a	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9	-							
	(1 tile ossilori b regessa information about policies not redulled by the internal nevenue code.)	33,794	Yes	Na						
10a	Did the organization have local chapters, branches, or affiliates?	10a	105	No X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IVa								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х							
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Х							
	in Schedule O how this was done	12c	х							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent	1								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1								
а	The organization's CEO, Executive Director, or top management official	15a	\dashv	Х						
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
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?	16b								
Sect	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►IN									
18	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) a	vailab	le						
	for public inspection. Indicate how you made these available. Check all that apply.			turdil.						
	X Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and if	nanci	al							
statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	HEATHER FELDMANN HENRY - (573) 884-7902		*							
	141 NEFF ANNEX, COLUMBIA, COLUMBIA, MO 65211									

Form 990 (2018)	Form	990	(201	8)
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INVESTIGATIVE REPORTERS & EDITORS, INC.

51-0166741

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	_ ا	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			h an	compensation	compensation	amount of		
	week	-			a director/trustee)			from	from related	other
	(list any	or director						the	organizations	compensation
	hours for related	5	98			ated	ĺ	organization	(W-2/1099-MISC)	from the
	organizations	Tuster	Itrusi		B 30	suadu		(W-2/1099-MISC)		organization
	below	Individual trustee	nstitutional trustee	_	Key employee	Highest compensated employee	_			and related organizations
	line)	Indivi	Instit	Officer	Key ¢	High	Former	[Organizations
(1) CHERYL W. THOMPSON	1.00			100				- 100	-	· · · · · · · · · · · · · · · · · · ·
PRESIDENT		X	5	X				0.	0.	0.
(2) LEE ZURIK	1.00					-				
VICE PRESIDENT		$ \mathbf{x} $		X			İ	0.	0.	0.
(3) JILL RIEPENHOFF	1.00									<u>.</u>
SECRETARY		X		X				0.	0.	0.
(4) MATT DEMPSEY	1.00		3,530							
BOARD MEMBER		x						0.	0.	0.
(5) JENNIFER LAFLEUR	1.00		000							
BOARD MEMBER		x		3				0.1	0.	0.
(6) STEVEN RICH	1.00							- 0.		
BOARD MEMBER		х		3				0.	0.	0.
(7) NORBERTO SANTANA JR.	1.00			\dashv						
BOARD MEMBER	93	х				100		0.	0.	0.
(8) JODI UPTON	1.00									
TREASURER		X		X			16	0.	0.	0.
(9) NICOLE VAP	1.00		\neg							
BOARD MEMBER		X		. 9		0 0		0.	0.	0.
(10) BRIAN ROSENTHAL	1.00									
BOARD MEMBER		x						0.	0.	0.
(11) CINDI GALLI	1.00		8				23			
BOARD MEMBER		x			ı			0.	0.	0.
(12) BETHANY BARNES	1.00	\neg	\exists							
BOARD MEMBER	3	\mathbf{x}		4				0.	0.	0.
(13) JODIE FLEISCHER	1.00				ヿ		- 2/5			
BOARD MEMBER		X		- 1				0.	0.	0.
(14) JAMES DOUGLAS HADDIX	40.00		1	*	一	- 30 - 3				
EXECUTIVE DIRECTOR		Ī	40	x	- 1			124,104.	0.	41,492.
			7		\neg					
	820		- [
		\neg	1		_	Ţ	ヿ			
				_	_					
· ·	VV	\neg	T		\neg					

INVESTIGATIVE REPORTERS & EDITORS, INC.

51-0166741

Form 990 (2018)

	2		Check if Schedule O con	tains a response	or note to any li	ine in this Part VIII			-
	25		* d*		<u>, </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants		bcd ef gh abcd	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, grar similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f CONFERENCES MEMBERSHIP DUES DATA LIBRARY & AWARDS CONTEST RESOURCE CENTER	ions) 1e onts, and ve onts 1 f 1 , ta-1f: \$ WEB SER FEES	Business Cod	1,177,732. e 1,098,258.	296,875. 50,371.		312 314
Pro			All other program service reve			3,313.	3,313.		
	3 4 5	g	Total Add Survey On Of	dividends, intere	est, and	209,518. 4,485.			209,518.
		b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal	1,103.			4,485.
	7	a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 46,680.	(ii) Other				
nue		d a	Gain or (loss) Net gain or (loss) Gross income from fundraising including \$	g events (not	>	74,858.			74,858.
Other Revei	9	b c a	contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 a		>				
	10	c a b	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less i and allowances Less: cost of goods sold	ing activities returnsa	22,061.	22.061	22.061		
	11 :	a b	Net income or (loss) from sales Miscellaneous Revenue SALES AND SERVIO ADVERTISING INCO	CE OME	Business Code 900099 541800	36,464. 1,800.	36,464.	1,800.	
	12	e	All other revenue			38,264. 3,018,245.	.549.852.	1,800.	288.861.

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). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, (A) Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 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 22 159,866. 159,866. 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 165,596. 125,634. 39,962. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 790,770. 7 545,176. 160,594. 85,000. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 230,494. 174,422. 25,902. 30,170. Other employee benefits Payroll taxes 10 11 Fees for services (non-employees): Management Legal C Accounting 27,651. 27,651. Lobbying _____ Professional fundraising services. See Part IV, line 17 Investment management fees 22,726. 22,726. Other. (If line 11g amount exceeds 10% of line 25. column (A) amount, list line 11g expenses on Sch O.) 50,986. 50,986. Advertising and promotion 12 13 Office expenses 48,609. 46,316. 2,104. 189. Information technology 70,798. 14 17,087. 51,371. 2,340. 15 Royalties 16 Occupancy Travel 210,887. 17 183,957. 20,723. 6,207. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 22 8,113. 8,113. 23 19,669. 19,669. Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) AUDIO/VISUAL AND COMPUT 293,531. 293,531. b BANQUETS 157,968. 157,968. c OTHER/MISC 82,400. 48,002. 31,898. 2,500. d BAD DEBTS 27,193. 27,193. e All other expenses 58,574. 48,146. 10,428. Total functional expenses. Add lines 1 through 24e 2,425,831. 1,674,471. 584,992. 166,368. 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)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 885,021. 1,169,033. Savings and temporary cash investments 2 540,908. 582,459. 2 Pledges and grants receivable, net 3 487,000. 3 210,000. Accounts receivable, net 335,473. 274,309. 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 14,089. 13,589. 8 Prepaid expenses and deferred charges 26,838. 9 26,400. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a 109,531. b Less: accumulated depreciation 10b 94,521. 19,880. 15,010. 10c Investments - publicly traded securities 4,489,118. 4,869,942. 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments · program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 6,798,327. 7,160,742. 16 Accounts payable and accrued expenses 17 536,542. 488,416. 17 18 Grants payable 18 19 Deferred revenue 12,990. 12,195. 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D 440,183. 259,105. 25 Total liabilities. Add lines 17 through 25 989,715. 759,716. 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 634,742. 958,293. 27 Temporarily restricted net assets 1,759,393. 1,987,976. 28 Permanently restricted net assets 3,414,477. 3,454,757. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances 5,808,612. 6,401,026. 7,160,742. 33

6,798,327.

Total liabilities and net assets/fund balances ...

	n 990 (2018) INVESTIGATIVE REPORTERS & EDITORS, INC.	51-01	66741	Ps	age 12
Pa	Reconciliation of Net Assets			20 10	IGC
	Check if Schedule O contains a response or note to any line in this Part XI	.,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,01	8,2	45.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,42	5,8	31.
3	Revenue less expenses. Subtract line 2 from line 1	3	59	2,4	14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,80	8,6	12.
5	Net unrealized gains (losses) oninvestments	5	-		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.00	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	6,40	1,0	26.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	- 6			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O		8	8
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both			1. H111	
	Separate basis Consolidated basis Both consolidated and separate basis			20	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis			erth.	
C	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	X	i
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	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 Sind	gle Audit			
	Act and OMB Circular A-133?		За		х
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit	1	7.10	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	*********	. 3b		
			Form	990	(2018)
					A 100

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) poperament observed by the trues.

omplete 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.

2018

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

INVESTIGATIVE REPORTERS & RDITTORS TNC 51 0166 G 141

Part I Reason for Public	Charity Status	(All organizations must	COMPlete t	hie part \	Soc instructions	51-0166/41						
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)												
1 A church, convention of a	churches or associat	rormes infough 12,	cneck only	one box	.)							
	otion 470/bV4VAV::	(Attack Caback to 5 (5	ed in secti	ion 170(b))(1)(A)(i).							
	ction 170(b)(1)(A)(ii).	(Aπach Schedule E (Fo	rm 990 or 9	990-EZ).)								
<u> </u>	ve nospital service or	ganization described in	section 17	'0(b)(1)(A)	(iii).							
4 A medical research organicity, and state:	iization operated in c	onjunction with a hospit	al describe	d in sect	ion 170(b)(1)(A)(iii). Ente	er the hospital's name,						
	for the bounts of					· · · · · · · · · · · · · · · · · · ·						
	Complete Denemic of a c	college or university owner	ed or opera	ited by a g	overnmental unit descri	bed in						
section 170(b)(1)(A)(iv). 6 A federal, state, or local of												
	overnment or govern	mental unit described in	section 1	170(b)(1)(<i>A</i>	\)(v).							
a support from a governmental unit or from the general public described in												
Section 170(D)(1)(A)(VI), (Section 170(b)(1)(A)(vi). (Complete Part II.)											
A community trust descrit An agricultural research or	bed in section 170(b)(1)(A)(vi). (Complete Pa	artii.)									
	rganization describe	din section 170(b)(1)(A	(ix) operat	ted in con	junction with a land-grar	t college						
or university or a non-land	f-grant college of agri	culture (see instructions)	. Enter the	name, cit	y, and state of the colleg	ge or						
university:		- N										
10 An organization that norm	nally receives: (1) mor	e than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	nd gross receipts from						
activities related to its exe	empt functions - subje	ect to certain exceptions	and (2) no	more that	in 33 1/3% of its support	from groce investment						
income and unrelated bus	siness taxable income	e (less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.						
See section 309(a)(2). (C	omplete Part III.)											
11 An organization organized	and operated exclus	sively to test for public sa	afety. See	section 5	509(a)(4).							
12 An organization organized	and operated exclus	sively for the benefit of, t	o perform t	the functio	ons of, or to carry out the	purposes of one or						
more publicly supported of	organizations describe	ed in section 509(a)(1)	or section	509(a)(2)	See section 509(a)(3)	Check the box in						
intes rea through red that	t describes the type of	of supporting organization	n and com	plete lines	s 12e, 12f, and 12a.							
a Type I. A supporting org	anization operated,	supervised, or controlled	by its supp	ported org	ganization(s), typically by	giving						
the supported organizat	ion(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or trustees of the s	upporting						
organization. You must	complete Part IV, S	ections A and B.										
b Type II. A supporting or	ganization supervised	d or controlled in connec	tion with its	s support	ed organization(s), by ha	ving						
control or management	of the supporting org	anization vested in the s	ame perso	ns that co	ontrol or manage the sup	ported						
organization(s). You must	st complete Part IV,	Sections A and C.										
	egrated. A supportin	ig organization operated	in connect	tion with,	and functionally integrat	ed with,						
its supported organization d Type III non-functional	on(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.							
	ly integrated. A supp	porting organization ope	rated in cor	nnection v	with its supported organi	zation(s)						
that is not functionally in	tegrated. The organiz	zation generally must sat	tisfy a distri	ibution red	quirement and an attenti	veness						
requirement (see instruct	tions). You must cor	mplete Part IV, Sections	s A and D.	and Part	V.							
Check this box if the org	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III							
functionally integrated, o	r Type III non-function	nally integrated supporti	ng organiza	ation.		<u> </u>						
f Enter the number of supported					*******************************							
g Provide the following information (i) Name of supported	n about the supporte	d organization(s). (iii) Type of organization	l /iv) le the oros	mization lietus		1455						
organization	117 2114	(described on lines 1-10	(IV) Is the orga in your governing	ng document?	(v) Amount of monetary	(vi) Amount of other						
		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)						
												
					•							
												
	ļ				200 000							
F												
Total												
Total			E 15									

Schedule A (Form 990 or 990-EZ) 2018 INVESTIGATIVE REPORTERS & EDITORS, INC. 51-0166741 Page 2 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.)

Se	ction A. Public Support		***	50 To 10 To	, parke		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and			10/2010	(4) 2017	(6) 2010	(i) iotai
	membership fees received. (Do not						
	include any "unusual grants.")	2096455.	1401746.	1040343.	1164572.	1177732.	6880848.
2	Tax revenues levied for the organ-					22///32:	0000040.
	ization's benefit and either paid to						
	or expended on its behalf						8
3	The value of services or facilities		-		-		
	furnished by a governmental unit to				ì		
	the organization without charge	12,000.	12,000.	12,000.	12,000.	12,000.	60,000.
4	Total. Add lines 1 through 3	2108455.	1413746.	1052343.	1176572.	1189732.	6940848.
	The portion of total contributions		21237200	1032343.	11/05/2.	1109/34.	0340040.
700	by each person (other than a				a and The	77	
	governmental unit or publicly	8				a a	
	supported organization) included					14	
	on line 1 that exceeds 2% of the					46	
	amount shown on line 11,						
	column (f)						2560240
6	Public support. Subtract line 5 from line 4.						3560319.
Sec	etion B. Total Support		10				3380529.
	ndar year (or fiscal year beginning in)	(0) 2014	#N 0046	/) 00/0			
	Amounts from line 4	(a) 2014 2108455.	(b) 2015 1413746.	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gross income from interest,	2100433.	1413/40.	1052343.	1176572.	1189732.	6940848.
•	dividends, payments received on					,	
	securities loans, rents, royalties,						
	and income from similar sources	166,882.	176 916	184,304.	174 210	014 000	046 045
۵	Net income from unrelated business	100,002.	170,010.	104,304.	174,312.	214,003.	916,317.
9	activities, whether or not the						
	A CONTRACTOR OF THE CONTRACTOR		8		1		
40	business is regularly carried on						
Ю	Other income. Do not include gain					2	
	or loss from the sale of capital					f	
11	assets (Explain in Part VI.)	725					
	Total support. Add lines 7 through 10				1.0		7857165.
	Gross receipts from related activities,					12 6	655,966.
13	First five years. If the Form 990 is for organization, check this box and stop	the organization's	first, second, third	l, fourth, or fifth tax	x year as a section	501(c)(3)	
Sec	tion C. Computation of Publi	c Support Per	centage				
							<u> </u>
15	Public support percentage for 2018 (li	Sebedule A. Dert I	rided by line 11, co	olumn (t))		14	43.02 %
162	Public support percentage from 2017	Scriedule A, Part II	i, line 14	E 40 - 41 - 4		15	40.18 %
iou	33 1/3% support test - 2018. If the o stop here. The organization qualifies a	rganization did not	check the box on				2000
							X
~	33 1/3% support test - 2017. If the o	fos os o publishus.	. Check a box on iir	ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check this	box
172	and stop here. The organization quali	2010 If the area	upported organizat	uon			▶□□
	10% -facts-and-circumstances test	- 2016. II the orga	inization did not cr	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,
	and if the organization meets the "fact	s-and-circumstance	es test, check this	s box and stop he	ere. Explain in Par	t VI how the organi	zation
L	meets the "facts-and-circumstances" t	est. The organization	on qualifies as a p	ublicly supported	organization		▶∐
D	10% -facts-and-circumstances test	- 2017. If the orga	inization did not ch	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	e Tacts-and-dreum	istances" test, che	eck this box and s	stop here. Explain	in Part VI how the	
10	organization meets the "facts-and-direct	umstances" test. Ti	ne organization qu	alifies as a publicly	y supported organ	ization	▶□
10	Private foundation. If the organization	1 did not check a b	ox on line 13, 16a,	16b, 17a, or 17b,	check this box an	d see instructions	<u></u>

Schedule A (Form 990 or 990-EZ) 2018 INVESTIGATIVE REPORTERS & EDITORS, INC. 51-0166741 Page 3

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.)

Se	ction A. Public Support	THE WAY BIRDED CON	ipietė i ait ir.		* -		
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(4) 2017	1.0040	T
	Gifts, grants, contributions, and	107-01.	10/2010	(6) 2010	(d) 2017	(e) 2018	(f) Total
	membership fees received. (Do not				,		1
	include any "unusual grants.")		1			•	
2	Gross receipts from admissions,		 	 			
_	merchandise sold or services per-						
	formed, or facilities furnished in	1	İ				
	any activity that is related to the	1	ľ	3		\$	
_	organization's tax-exempt purpose						
3	Gross receipts from activities that		1				-
	are not an unrelated trade or bus-		•				
	iness under section 513		<u> </u>		2		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		8			1	
5	The value of services or facilities				· · · · · · · · · · · · · · · · · · ·		-
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1,2, and					<u> </u>	
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received	<u> </u>	 		200		
15	from other than disqualified persons that				ş		
	exceed the greater of \$5,000 or 1% of the			11		8	
_	amount on line 13 for the year						
	Add lines 7a and 7b						
Sec	Public support. (Subtract line 7c from line 6.) tion B. Total Support		<u> </u>	25 29			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
ιυa	Gross income from interest, dividends, payments received on				<i>ii</i>		
	securities loans, rents, royalties	1					
	and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses			i			
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is		8				
	regularly carried on						
12	Other income. Do not include gain	- 4			-		
j	or loss from the sale of capital					ľ	
13	assets (Explain in Part VI.)						
14	First five years if the Form COO is found						
	First five years. If the Form 990 is for t check this box and stop here	ne organization's	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
ec	tion C. Computation of Public	Support Por	nontono.			************************)
16	Public support percentage for 2018 (lin	e 8, column (f), di	vided by line 13, co	olumn (f))		15	%
ect	Public support percentage from 2017 S	chedule A, Part II	I, line 15		***************************************	16	%
7	tion D. Computation of Invest	nent income	Percentage	-			
0	nvestment income percentage for 201	B (line 10c, colum	n (f), divided by line	9 13, column (f))		17	%
0 I	nivestment income percentage from 20)17 Schedule A, F	art III, line 17			18	0/
3a 3	33 1/3% support tests - 2018. If the o	rganization did no	ot check the box or	line 14, and line 1	5 is more than 33	3 1/3%, and line 17 i	s not
- 1	note than 33 1/3%, check this box and	stop here. The o	organization qualifie	es as a publicly sur	ported organizat	ion	
DS	S 1/3% support tests - 2017. If the or	rganization did no	t check a box on li	ne 14 or line 19a :	and line 16 is mor	e than 33 1/20/ one	
- 11	the 16 is not more than 33 1/3%, check	this box and sto	p here. The organi	zation qualifies as	a publicly suppor	ted organization	▶□
<u>.O F</u>	Private foundation. If the organization	did not check a b	ox on line 14, 19a.	or 19h, check this	hay and see inst	gan	

Schedule A (Form 990 or 990 EZ) 2018 INVESTIGATIVE REPORTERS & EDITORS, INC. 51-0166741 Page 4

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EN 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 dass 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 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

		Ye	s	ı	No
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9b	_				_
9c		-	Tage.	149	
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40			-		
10a	-				7
10b			0	_	_

Sch	nedule A (Form 990 or 990 EZ) 2018 INVESTIGATIVE REPORTERS & EDITORS, INC. 51-0	16674	11) ane
	art IV Supporting Organizations (continued)			age
			Yes	N
11	Has the organization accepted a gift or contribution from any of the following persons?	-		T
85	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	100		
	below, the governing body of a supported organization?	11a		T
	A family member of a person described in (a) above?	11b		Т
60	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		
36	ction B. Type I Supporting Organizations	3	100	1001
1	Did the directors to the second of the secon		Yes	N
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		
	controlled the organization's activities. If the organization had more than one supported organization,		l	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	200		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		3
_	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	1	100	١.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. ction C. Type II Supporting Organizations	_ 2		
	Action of Type in Supporting Organizations	20 20 20 E		
1	Were a majority of the organization's diseases as the state of the organization's		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	all s		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		10.	İ
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	tion D. All Type III Supporting Organizations	1		
	The state of the s			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
SER	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	1	X 18	
	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	1		
	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			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's		. 3	P.
	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 recard.	-		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	21		
а	The organization satisfied the Activities Test. Complete line 2 below.	>).		
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins			
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
	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,	ľ		
	how the organization was responsive to those supported organizations, and how the organization determined		7	
	that these activities constituted substantially all of its activities.	2a		_
b	Did the activities described in(a) constitute activities that, but for the organization's involvement, one or more	24	\neg	
	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.	2h		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
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? Provide details in Part VI.	3a	\dashv	_
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Sa	-	
7	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b	_	

Sch	edule A (Form 990 or 990-EZ) 2018 INVESTIGATIVE REPORTERS	S & ED	ITORS, INC. 5	51-0166741 Page 6
1	13pc iii Non-r unctionally integrated 509(a)(3) Supporting	ng Organ	izations	
	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated appropriate accompanies.	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
Sec	other Type III non-functionally integrated supporting organizations must cotion A - Adjusted Net Income	omplete Se	(A) Prior Year	(B) Current Year
1	Net short-term capital gain			(optional)
2	Recoveries of prior-year distributions	1		
3	Other gross income (see instructions)	2		
4	Was attack to the control of the con	3 4		
5	800	5		
6	Portion of operating expenses paid or incurred for production or	+ 3 +		-
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)			
7		6		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	7 8	<u> </u>	
		_ 1 8		
_	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
19	instructions for short tax year or assets held for part of year):			
	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		
е	Discount claimed for blockage or other			
-	factors (explain in detail in Part VI):		2009	
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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7 7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1 1		
2	Enter 85% of line 1	12		
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-functionally	v integrates	Tuna III cumparting	
	instructions).	y integrated	i Type iii supporting organi	zation (see

Schedule A (Form 990 or 990-EZ) 2018

Sch Pa	edule A (Form 990 or 990 EZ) 2018 INVESTIGATIVE	REPORTERS & E	DITORS, INC.	51-0166741 Page 7
20 85	irt V Type III Non-Functionally Integrated 509 tion D - Distributions	(a)(3) Supporting Orga	anizations (continued)	<u></u>
1				Current Year
	Amounts paid to supported organizations to accomplish exe	empt purposes		<u> </u>
_	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
3	organizations, in excess of income from activity			
4	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	s	
5	Amounts paid to acquire exempt-use assets			
6	Qualified set aside amounts (prior IRS approval required)			
7	Other distributions (describe in Part VI). See instructions.		N 5000 29	
8	Total annual distributions. Add lines 1 through 6.			
0	Distributions to attentive supported organizations to which t	he organization is responsive	•	
9	(provide details in Part VI). See instructions.			
	Distributable amount for 2018 from Section C, line 6	<u> </u>		
10	Line 8 amount divided by line 9 amount			
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.	S _E		
3	Excess distributions carryover, if any, to 2018			
а	From 2013			1 100 111
b	From 2014			
С	From 2015			:: .
d	From 2016	· · · · · · · · · · · · · · · · · · ·		
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7:			
_a	Applied to underdistributions of prior years		-	
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h		······································	
	and 4b from line 1. For result greater than zero, explain in		12	
	Part VI. See instructions.		8	1
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.		#	11
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			n***
	Excess from 2017		· · · · · · · · · · · · · · · · · · ·	<u> </u>
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Dort VII	Supplemental Property State of the Property	Α.
Part VI	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 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 C, lines 1, 2a, 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 C, lines 1, 2a, 2b, 3a, and 3b; Part IV, Section D, lines 2 and 3; Part IV, Section C, lines 1, 2a, 2b, 3a, and 3b; Part IV, Section D, lines 2 and 3c, Part IV, Section C, lines 1, 2a, 2b, 3a, and 3b; Part IV, Section D, lines 2 and 3c, Part IV, Section C, lines 1, 2a, 2b, 3a, and 3b; Part IV, Section D, lines 2 and 3c, Part IV, Section C, lines 1, 2a, 2b, 3a, and 3b; Part IV, Section D, lines 2 and 3c, Part IV, Section C, lines	_
	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.)	
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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.

2018 Open to Public Inspection

Name of the organization

INVESTIGATIVE REPORTERS & EDITORS, INC.

Employer identification number 51 – 01 66 741

P	ort I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
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 v	vriting that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose conf	ferring
Do	impermissible private benefit? rt II Conservation Easements, Complete if the organization		Yes No
	Complete if the org	anization answered "Yes" on Form 990, Part	IV, line 7.
1	The state of the s		1
	Preservation of land for public use (e.g., recreation or ed	was consisted the second consistency and the second consistency are second consistency and the second consistency are second consistency and the second consistency are second consistency and the second consistency and the second consistency are second consistency and the second consistency are second consistency and	
	Protection of natural habitat	Preservation of a certified	f historic structure
222	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tay Veer
a	Total number of conservation easements		2a
D	Total acreage restricted by conservation easements		2b
C	The second of th	cture included in (a)	. 2c
a	Number of conservation easements included in (c) acquired af	fter 7/25/06, and not on a historic structure	
3	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele year	ased, extinguished, or terminated by the orga	anization during the tax
4			
5	Number of states where property subject to conservation ease	ement is located	
_	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it is		
6			Yes No
-	Staff and volunteer hours devoted to monitoring, inspecting, h	ariding of violations, and enforcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforming assessed	
	S	ing of violations, and enforcing conservation e	easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of acction 170/h//4/	DVS
	and section 170(h)(4)(B)(ii)?	satisfy the requirements of section (70(n)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation	2 easements in its revenue and evponse state	Yes No
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	roopization's association for
	conservation easements.	or a manage of the control of the co	rgamzation's accounting for
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC		and halance sheet works of ort
	historical treasures, or other similar assets held for public exhibit	oition, education, or research in furtherance of	of Dublic service, provide in Bort VIII
	the text of the footnote to its financial statements that describe	es these items.	public service, provide, in Part XIII,
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement and	halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of public se	ervice provide the following amounts
	relating to these items:	, , , , , , , , , , , , , , , , , , ,	or vice, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial cain	provide
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:	1 10.41140
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		·· []

Sch	nedule D (Form 990) 2018 INVESTI	GATIVE REP	ORTERS & F	DITORS,	INC		51-01	16674	11	Page '
	Organizations Maintaining (collections of Ai	t, Historical Tr	easures, or	Other	r Simila	r Asset	· 2		0
3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	following that	are a sig	gnificant	use of its	collectio	n item	กร
	(oneck all that apply).					≅ 8)55 .73 .3
-	Public exhibition		Loan or ex	change progra	ms					
t	====,,									
	Preservation for future generations			-			·	-85	**	T. 1000
4	Provide a description of the organization's o	ollections and explai	n how they further t	he organization	n's exen	nat purpo	se in Parl	XIII		
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	isures or other	similar	assets	**************************************			
	<u>to be sold to raise funds rather than to be made and the magnitude of the</u>	aintained as part of t	he organization's o	Montion?				Yes	1	□ No
Pa	Escrow and Custodial Arran	gements. Compl	ete if the organization	on answered "\	es" on	Form 990) Part IV	line 9 o		
	Toportos an amount off rollin 390, Fa	rt A, iine 21.					-,,			
1a	Is the organization an agent, trustee, custod	an or other intermed	iary for contribution	s or other asse	ets not i	ncluded	-		ti.	
	on Form 990, Part X?		•		,,,			Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	lowing table:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			—	163	-	140
			9 :					Amour		
C	Beginning balance					1c		Amour	и	
d	Additions during the year					14				-
е	Distributions during the year					1e		-	-	
f	Ending balance					1f			10.00	
2a	Did the organization include an amount on F	orm 990, Part X, line	21. for escrow or a	istodial accoun	nt liabilit	. <u> </u>		Yes		٦
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on D	ad VIII			_ res	H	No
Pa	rt V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990 Part IV	/ line 1	Λ				
		(a) Current year	(b) Prior year							
1a	Beginning of year balance	4,073,653.	3,938,639.	(c) Two years 3,670,	Dack (Toronto Marie Marie Company	200		
ь	ACCOUNT OF THE PROPERTY OF THE	131,868.	78,949.	100 to 100 to 100			60,526.	3		,520,
С	Net investment earnings, gains, and losses	251,751,			473.		39,295.			,050.
d	Grants or scholarships	231,731.	-6,262.	233,	149.	1	70,196.		-19	,044.
-	Other expenditures for facilities								100	,000.
٠							3			
						20 mm			50,	,000.
	Administrative expenses		20,000.			<u> </u>				
g	***************************************	4,457,272.	3,991,326.	3,963,	639.	3,6	70,017.	3	460	,526.
2	Provide the estimated percentage of the curre		(line 1g, column (a)) held as:						
a	Board designated or quasi-endowment	00	_%							
b	Permanent endowment ► 78.00	%								
C	Temporarily restricted endowment ▶ 22									
	The percentages on lines 2a, 2b, and 2c should	ild equal 100%.								
за	Are there endowment funds not in the posses	sion of the organizat	ion that are held an	d administered	for the	organiza	tion			
	by:							ſ	Yes	No
	(i) unrelated organizations	•••••••••••••••••••••••••••••••	• · · · · · · · · · · · · · · · · · · ·					3a(i)		X
	(ii) Tolatod Organizations							3a(ii)		X
b	ii 165 Off life Sa(ii), are the related organizat	ions listed as require	d on Schedule R?			•••••••		3b		- 41
	Describe in Part XIII the Intended uses of the o	organization's endov	ment funds.	1			•••••	30		
Par	t VI Land, Buildings, and Equipme	ent.		·				_	·	
	Complete if the organization answered	"Yes" on Form 990,	Part IV. line 11a. Se	ee Form 990 P	art X lir	na 10				
	Description of property	(a) Cost or ot		100 mm	Courselectors (49)			(4) D===		_
		basis (investme			120000000000000000000000000000000000000	cumulated reciation	4	(d) Book	value	Э
1a	Land		, 24013 (1	-	achi	CCIALIUI				
b	Buildings	•		—— ——	_					
C	Leasehold improvements	*			-					
d	Equipment		100	5 521		04 50	, -			
_	Other		103	9,531.		94,52	1.	15	, 01	10.
		er Ber	column (B), line 10				ľ			

rait viii investments - Other Sec					200		<u>166741</u>	Page
Complete if the organization an (a) Description of security or category (including re	swered "Yes" on F	orm 990, Part	IV, line 11	o. See Form 990	, Part X, line 12	2.		
(4) Einopoiel designation		(b) Book valu	ie	(c) Method of	valuation: Cos	t or end-of-y	ear market	/alue
(2) Closely-held equity interests		-						
3) Other					and the same of th		_	
(A)		<u> </u>						
(B)					* * * * * * * * * * * * * * * * * * * *			
(C)								
(D)				8 8				
(E)			-	- <u> </u>	-			3
(F)						<u> </u>		
(G)					- · · · · · · · · · · · · · · · · · · ·		-	
(H)		, 'k .						
otal. (Col. (b) must equal Form 990, Part X, col. (l Part VIII Investments - Program F	B) line 12.) Related.							_
Complete if the organization ans (a) Description of investment		orm 990, Part I	V, line 11c	. See Form 990,	Part X, line 13.			
(1)		(b) Book value	9	(c) Method of	/aluation: Cost	or end-of-ye	ear market v	alue
(2)		_						
(3)	 -							-
(4)					2000			
(5)					-			
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(9) otal. (Col. (b) must equal Form 990, Part X, col. (E Part IX Other Assets.	•							12 12 23
(9) Otal. (Col. (b) must equal Form 990, Part X, col. (B	wered "Yes" on Fo	orm 990, Part IV	/, line 11d.	See Form 990,	Part X, line 15.			
otal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization ans	•	orm 990, Part IV	/, line 11d.	See Form 990,	Part X, line 15.		(b) Book va	ue
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	t XI Reconciliation of Revenue per Audited Financial State	& EDITORS	, INC.	51-	01667 4 1 Page
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	orende per ru	- tui ii.	
1	Total revenue, gains, and other support per audited financial statements		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	T 1	3,007,519
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		*****************************	+	3,001,313
а	Net unrealized gains (losses) on investments	2a			8
b	Donated services and use of facilities	2b	12,000.	1	
С	Recoveries of prior year grants	2c	12,000	+	
d	Other (Describe in Part XIII.)	2d		- 1	
е	Add lines 2a through 2d Subtract line 2a from line 1				12 000
3	Subtract line 2e from line 1 Amounts included on Form 200 Pers VIII in 10 in	***************************************		2e	12,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	2,995,519.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22 726	1	
b	Other (Describe in Part XIII.)	4a 4b	22,726.	1	
С	Add lines 4a and 4b	40		1	00 506
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		***************************************	4c	22,726.
Par	t XII Reconciliation of Expenses per Audited Financial State	amonto With E	VD00000 000	5	3,018,245.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	anciirə Aaifii C	xpenses per i	retur	1.
1	Total expenses and losses per guidted financial attachments	128.			0 115 105
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	2,415,105.
77.	Donated services and use of facilities	1 . 1	10 000	1	
b	Donated services and use of facilities Prior year adjustments	2a	12,000.		
c	Prior year adjustments Other losses	2b		1 1	
ď	Other losses	2c		1 1	
u	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	12,000.
3 4	Subtract line 2e from line 1		***************************************	3	2,403,105.
	, another included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,726.		
D	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	22,726.
Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.). XIII Supplemental Information.			5	2,425,831.
Part 100000000		·			1877
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a T V, LINE 4:	art IV, lines 15 and	d 2b; Part V, line 4; ion.	; Part X	, line 2; Part XI,
	PURPOSES OF ENDOWMENT FUNDS ARE: RESOUR				
TIVV	ESTIGATIVE REPORTING TRAINING, AND GENER	AL SUPPOR	T OF IRE	OPER	ATIONS.
PAR'	Y XI, LINE 4B - OTHER ADJUSTMENTS:				
COS	OF GOODS SOLD				
PART	XII, LINE 2D - OTHER ADJUSTMENTS:				
COSI	OF GOODS SOLD				
PART	V, COLUMN A, LINE 1A				
PHE	BEGINNING ENDOWMENT FUND BALANCE OF FISC	CAL YEAR I	ENDED 6/30	/19	HAS BEEN

Schedule D	Form Sup	990) 2018 plement	al Info	IN	VESTIGAT on _(continued)	riv.	E REPO	RTER	S &	EDITORS	, I	NC. 5	1-0166741	Page 5
				Milia U	(continued)			-	-			_		
ADJUST	ED.	THE	OPE	NING	BALANCE	CI	IANGED	DUE	TO	CHANGES	IN	FUNDS	DISCOVERE	D
DURING	AN	AUDIT	OF	THE	FINANCI	AL	STATE	MENT	s.					
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·			_36	<u> </u>						****				
	A	<u> </u>		- 17										_

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

OMB No. 1545-0047

Open to Public Inspection

Port Constant Cons	TIVE REPO	ιờ	EDITORS, INC.				51-0166741
1 Does the organization maintain records +	ind Assistance		AND AND AND AND AND AND AND AND AND AND				
criteria used to award the grants or assistance, and the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance.	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant	funds in the I trites	Chatan			X Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Example 1.1 (1) 100 (1)	Domestic Organia	zations and Domestic	Governments,	Complete if the ords	" herewered "	too Doo mad no asy	NA time of the s
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if additi	ional space is need	ed.		ies on rolli 390, Par	IV, IINE 21, TOF any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					8.		
				1			
					3		
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other proprietions is at the construction of the co	d government orga	anizations listed in the	listed in the line 1 table				
۔ ا	recently included	rable					A
	see the Insulucion	ns for rorm yyu.					Schedule (Form 990) (2018)

Schedule | (Form 990) (2018)

INC INVESTIGATIVE REPORTERS & EDITORS,

Page 2

51-0166741

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2018)

Part

(f) Description of noncash assistance REGISTRATION FEE TO IRE REGISTRATION FEE TO IRE REGISTRATION FER TO IRE RGISTRATION FEE TO IRE REGISTRATION FER TO IRE YEAR MEMBERSHIP AND YEAR MEMBERSHIP AND YEAR MEMBERSHIP AND YEAR MEMBERSHIP AND L YEAR MEMBERSHIP AND PRAINING EVENT RAINING EVENT TRAINING EVENT TRAINING EVENT TRAINING EVENT (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information, Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PMV PMV PMV 375 FMV 385 FMV 1,925. (d) Amount of non-cash assistance 570. 11,490. 6,098. 750. 1,194 1,220. 8,037 (c) Amount of cash grant 2 10 ч 1 (b) Number of recipients (a) Type of grant or assistance PHILIP L. GRAHAM DIVERSITY FELLOWSHIP NICHOLAS OTTAWAY MINORITY FELLOWSHIPS HOLLY WHISENHUNT STEPHEN FELLOWSHIP GODFREY WELLS STANCILL FELLOWSHIPS JENNIFER LEONARD SCHOLARSHIPS Part IV

~ PART I, LINE

EXECUTIVE DIRECTOR AND THE FOR FELLOWSHIPS ONLINE. APPLICANTS APPLY

MEMBERSHIP COORDINATOR REVIEW THE APPLICATIONS AND MAKE THE SELECTION BASED

OF DIFFICULTY AND TIME ON CONTENT OF WORK EXAMPLES SUBMITTED, DEGREE

INVOLVED WITH SUBMISSION, REFERENCES, AND COVER LETTER AND CAREER GOALS

THE GRANT FUNDS ARE HELD IN AN OPPENHEIMER INVESTMENT ACCOUNT AND INTEREST

THE EXECUTIVE DIRECTOR AND FINANCIAL OFFICER MEET IS APPLIED MONTHLY.

MONTHLY TO DISCUSS AVAILABILITY AND USE OF FUNDS.

Schedule I (Form 990) INVESTIGATIVE REPORTERS & EDITORS, INC. Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	EPORTERS	& EDITORS	INC.	î	51-0166741 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
JAMES RICHARD BENNETT SCHOLARSHIPS	,	2,059.	250.	PMV	1 YEAR MEMBERSHIP AND REGISTRATION FEE TO IRE TRAINING EVENT
TOTAL NEWSROOM TRAINING PELLOWSHIP	'n	6,090.	5,850.	РМУ	1 YEAR MEMBERSHIP AND REGISTRATION FEE TO IRE TRAINING EVENT
DAVID DIETZ PELLOWSHIP	1.	1,220.	385.	PMV	1 YEAR MEMBERSHIP AND REGISTRATION FEE TO IRE TRAINING EVENT
DAVID DONALD FELLOWSHIP	1	1,120,	1,170. PMV	FMV	1 YEAR MEMBERSHIP AND REGISTRATION FEE TO IRE TRAINING EVENT
NAPOLI SCHOLARSHIP	i	1,220.	385.	PMV	1 YEAR MEMBERSHIP AND REGISTRATION FEE TO IRE FRAINING EVENT
BOB GREENE FUND	i	1,220.	385.	PMV	1 YEAR MEMBERSHIP AND REGISTRATION PEE TO IRE TRAINING EVENT
ERIC SAGER SCHOLARSHIP	N.	2,498.	770, PMV		1 YEAR MEMBERSHIP AND REGISTRATION FEE TO IRE TRAINING EVENT

REGISTRATION FEE TO IRE TRAINING EVENT

5,645.

I YEAR MEMBERSHIP AND

1 YEAR MEMBERSHIP AND REGISTRATION FEE TO IRE

PRAINING EVENT

11,620.

19,794.

LOVELADY/ANDERSON FELLOWSHIPS

KNIGHT TV DATA FELLOWSHIPS

51-0166741 Page 2	(e) Method of (f) Description of non-cash assistance appraisal, other)	1 YEAR MEMBERSHIP AND REGISTRATION FEE TO IRE FMV IRAINING EVENT	1 YEAR MEMBERSHIP AND REGISTRATION FEE TO IRE FMV TRAINING EVENT				
INC.	(d) Amount of non- cash assistance	1,190.	5,850, FMV				
& EDITORS,	(c) Amount of cash grant	1,050.	16,154.				
REPORTERS	(b) Number of recipients	2.	13.				
Schedule I (Form 990) INVESTIGATIVE REPORTERS & EDITORS, INC. Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 601) Bott III)	(a) Type of grant or assistance	R-CAR PRLLOWSHIP	DIVERSITY FELLOWSHIPS				

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

INVESTIGATIVE REPORTERS & EDITORS, INC.

Questions Regarding Compensation

Employer identification number 51-0166741

121		76 X	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use	Ι		
	Travel for companions Payments for business use of personal residence	1		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			18
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
21				
þ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		3,00
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		-
_				233
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	:		
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study	94		
	X Form 990 of other organizations X Approval by the board or compensation committee			
	Division Alba annual distriction of the second seco			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		<u> </u>
D	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		12	
	Only section 501(a)(2) 501(a)(4) and 501(a)(00) and in the section 501(a)(2) 501(a)(4) and 501(a)(00) and in the section 501(a)(2) 501(a)(4) and 501(a)(4)(a)(4) and 501(a)(4)(a)(4)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)	**		
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		est.	
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	Thomas and the Control of the Contro			
b	The organization? Any related organization?	5a		X
127599	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		^
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	337		
	contingent on the net earnings of:		18	10
а	The organization?	6a	- 22	X
b	Any related organization?	6b		$\frac{\mathbf{x}}{\mathbf{x}}$
	If "Yes" on line 6a or 6b, describe in Part III.	00		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	\dashv	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		$\neg \neg$	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		-	<u></u>
	Demulations posting 50 4050 c/s/0		-	

51-0166741 INC. INVESTIGATIVE REPORTERS & EDITORS,

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(A) Montantia	(F) Take 1.4	į
					other deferred	benefit	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other	compensation	Sile	(a)(a)	in column (B) reported as deferred
			compensation	compensation				on prior Form 990
(1) JAMES DOUGLAS HADDIX	8	124,104.	0	0.	0	41.492.	165 596	
EXECUTIVE DIRECTOR	Ξ	0.	• 0	0	0	0		٥
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Schedule J (Form 990) 2018

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 18 Open to Public Inspection

Name of the organization

INVESTIGATIVE REPORTERS & EDITORS, INC. Employer identification number 51-0166741

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROFESSIONAL STANDARDS, PROTECTING THE RIGHTS OF INVESTIGATIVE
JOURNALISTS, AND ENSURING THE FUTURE OF IRE.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CREATE AND ACCUMULATE REFERENCE DATA AND ASSOCIATED SERVICES BY MEMBERS
IN INVESTIGATIVE JOURNALISM.
EXPENSES \$ 60,739. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,003.
WEB SERVICES: FUNDING OPERATION OF THE WEBSITE, INCLUDING RESOURCES,
WORKSHOPS, CONFERENCES, JOB ADS, AND OTHER ONLINE CONTENT.
EXPENSES \$ 65,473. INCLUDING GRANTS OF \$ 0. REVENUE \$ 35,177.
AWARDS
EXPENSES \$ 8,835. INCLUDING GRANTS OF \$ 5,376. REVENUE \$ 41,910.
GRANT AWARDED TO CREATE A COMPREHENSIVE, OPEN DATABASE OF ELECTION
RESULTS IN THE UNITED STATES.
EXPENSES \$ 26,023. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
NET SALES OF PROGRAM RELATED ITEMS.
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 52,890.
PROVIDE RESEARCH AND TRAINING SERVICES FOR A PILOT PROGRAM WITH PROJECT
WORD THAT PROVIDES FREELANCE INVESTIGATIVE JOURNALISTS WITH REPORTING
TOOLS AND RESOURCES INCLUDING THE HELP DESK RESOURCE AND THE VIRTUAL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832212 10-10-18

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

Name of 1 and 500 of 500 E27 (2010)	Page
Name of the organization INVESTIGATIVE REPORTERS & EDITORS, INC.	Employer identification number 51-0166741
NEWSROOM IN-DEPTH RESEARCH ASSISTANCE INCLUDING LEGAL RE	VIEW,
PROFESSIONAL TRAINING SESSIONS AND ACCESS TO EXPERIENCED	FREELANCE
EDITORS.	
REVENUES SHOWN ABOVE DO NOT INCLUDE \$5,540 OF CONTRIBUTION	ONS THAT WERE
RESTRICTED BY DONORS FOR USE IN FUNDING PROJECT WORD EXPI	ENSES SHOWN
ABOVE. THE REQUIREMENTS FOR CLASSIFYING REVENUES IN THE I	FORM 990 DO NOT
PERMIT CONTRIBUTIONS TO BE REPORTED ABOVE AS PROGRAM SERV	VICE REVENUE,
BUT INSTEAD THEY ARE REPORTED ELSEWHERE AS CONTRIBUTION I	REVENUE.
EXPENSES \$ 5,540. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
FORM 990, PART VI, SECTION A, LINE 6:	
CLASSES OF MEMBERSHIP. THE CORPORATION SHALL HAVE FIVE C	CLASSES OF
MEMBERSHIP. THE CLASSES OF MEMBERSHIP SHALL BE ENTITLED	"PROFESSIONAL",
"ACADEMIC", "RETIRED", "ASSOCIATE" AND "STUDENT" RESPECTI	VELY. THE
PROFESSIONAL CLASS SHALL BE LIMITED TO PERSONS SUBSTANTIA	ALLY ENGAGED IN
REPORTING AND/OR EDITING. THE ACADEMIC CLASS SHALL BE LI	MITED TO PERSONS
ENGAGED FULL-TIME IN RESEARCH OR TEACHING IN THE FIELD OF	JOURNALISM. THE
RETIRED CLASS SHALL BE LIMITED TO PERSONS WHO FORMERLY BE	LONGED TO THE
PROFESSIONAL AND OR ACADEMIC CLASS BUT HAVE RETIRED FROM	THEIR OCCUPATION.
"ASSOCIATE" MEMBERSHIP WILL BE AVAILABLE TO FORMER PROFES	SIONAL OR ACADEMIC
MEMBERS WHO ARE NOT RETIRED, INDIVIDUALS ENGAGED PART-TIM	E IN REPORTING OR
EDITING, PLUS INDIVIDUALS RECOGNIZED BY THE BOARD OF DIRE	CTORS FOR THEIR
CONTRIBUTIONS TO THIS CORPORATION TO THE FIELD OF INVESTI	GATIVE REPORTING
AND EDITING. THE CORPORATION SHALL RECOGNIZE AS "STUDENT"	MEMBERS THOSE
COLLEGE STUDENTS PURSUING A DEGREE, WHO SUBSCRIBE TO THE	CORPORATION, IN
ORDER TO BE ENTITLED TO RECEIVE THE BENEFITS OF ITS EDUCA	TIONAL ACTIVITIES.
NEITHER ASSOCIATE OR STUDENT MEMBERS SHALL BE ELIGIBLE FO	R THE VOTING

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization Employer identification number INVESTIGATIVE REPORTERS & EDITORS, INC. 51-0166741 RIGHTS WHICH ARE RESERVED TO THE OTHER CLASSES OF MEMBERS. (AMENDMENT ADOPTED 6/7/08.) EACH PROFESSIONAL, ACADEMIC OR RETIRED MEMBER OF THE CORPORATION WHO IS PRESENT IN PERSON SHALL BE ENTITLED TO ONE (1) VOTE UPON EACH QUESTION VOTED UPON AT ALL MEETINGS OF THE MEMBERS WITHOUT REGARD TO HIS OR HER CLASS OF MEMBERSHIP. FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS IS ELECTED BY THE MEMBERSHIP. VACANCIES ON THE BOARD OF DIRECTORS SHALL OCCUR UPON THE DEATH, RESIGNATION, INCAPACITATION OR REMOVAL FOR STATED CAUSE BY TWO-THIRDS VOTE OF THE BOARD OF ANY MEMBER OF THE BOARD OF DIRECTORS, AND THE BOARD MAY FILL SUCH VACANCIES WITH THE NEXT QUALIFIED HIGHEST VOTE RECIPIENTS AMONG NOMINEES AT THE LAST PREVIOUS ELECTION, TO SERVE UNTIL THE NEXT MEETING OF THE MEMBERSHIP, WHICH SHALL THEN ELECT A PERSON TO FILL THE BALANCE OF THAT UNEXPIRED TERM. FORM 990, PART VI, SECTION A, LINE 7B: THE BOARD OF DIRECTORS IS ELECTED BY THE MEMBERSHIP. ANY CHANGES PROPOSED TO THE ARTICLES OF INCORPORATION REQUIRE APPROVAL BY A TWO-THIRDS VOTE OF THE MEMBERSHIP. THOSE ELIGIBLE TO VOTE IN SUCH CASES INCLUDE ALL MEMBERS EXCEPT ASSOCIATE OR STUDENT MEMBERS. FORM 990, PART VI, SECTION B, LINE 11B: FIRST THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND FINANCIAL

THEN A COPY OF THE FORM 990 IS E-MAILED TO ALL MEMBERS OF THE OFFICER. EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW. IT IS REVIEWED INDIVIDUALLY AND ANY QUESTIONS OR COMMENTS ARE DIRECTED TO THE EXECUTIVE DIRECTOR.

RESTRICTED IN ONE COLUMN WHEN RECEIVED AND THEN MATCHED WITH THE EXPENSES IN A DIFFERENT COLUMN IN THE NEXT FISCAL YEAR WHEN THOSE

FINANCIAL STATEMENTS, SUCH CONTRIBUTIONS ARE PRESENTED AS TEMPORARILY

832212 10-10-18

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

Name of the organization Employer identification number INVESTIGATIVE REPORTERS & EDITORS, INC. 51-0166741 EXPENSES ARE RECOGNIZED. WITHOUT THE BENEFIT OF THE DISPLAY OF THE SEPARATE COLUMNS, LINE 19 IN PART I OF THE 990, "REVENUE LESS EXPENSES" WILL INCLUDE THE EXPENSES FOR THE EVENT IN THE CURRENT YEAR WHEREAS THE CONTRIBUTED REVENUE WILL BE REPORTED IN THE RESPECTIVE LINE FOR THE PRIOR YEAR. THEREFORE, A READER OF IRE'S FORM 990 CANNOT DRAW AN ACCURATE CONCLUSION ABOUT THE SUCCESS OF IRE IN COVERING THE EXPENSES OF ITS VARIOUS PROGRAMS AND EVENTS FOR A PARTICULAR FISCAL YEAR FROM THE AMOUNT DISPLAYED AS "REVENUE LESS EXPENSES" ON LINE 19 OF PART I. FORM 990, PART V, LINE 2A PURSUANT TO AN AGREEMENT WITH THE UNIVERSITY OF MISSOURI, THE UNIVERSITY EMPLOYS INDIVIDUALS FROM TIME TO TIME AS INVESTIGATIVE REPORTERS & EDITORS, INC. (IRE) REQUESTS. THESE EMPLOYEES SHALL PERFORM THE FUNCTIONS DUTIES AND OBLIGATIONS OF IRE. SUCH INDIVIDUALS WILL BE DEEMED TO BE UNIVERSITY EMPLOYEES, SUBJECT TO ALL RULES AND REGULATIONS OF THE UNIVERSITY AND ALL PERSONNEL POLICIES AND BENEFITS PERTAINING TO UNIVERSITY EMPLOYEES. FORM 990, PART VI, LINE 15A THE CURRENT EXECUTIVE DIRECTOR'S COMPENSATION WAS DETERMINED BY A COMMITTEE CREATED BY THE ORGANIZATION'S BOARD OF DIRECTORS. THE COMMITTEE GATHERED COMPARABLE SALARY DATA TO USE IN MAKING THEIR DECISION. FORM 990, PART VII COMPENSATION INFORMATION IN PART VII IS BASED ON THE PORTION OF COMPENSATION PAID BY IRE PURSUANT TO AN AGREEMEENT WITH THE UNIVERSITY OF MISSOURI AS DESCRIBED IN THE EXPLANATION RELATING TO FORM 990, PART

Sch	edule O (F	orm 990 or	990-EZ) (2018)				Page 2
Nan	ne of the o	rganization	INVESTIGATIVE	REPORTERS	& EDITORS,	INC.	Employer identification number 51 - 0166741
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2018 DEPRECIATION AND AMORTIZATION REPORT

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8281	828111 04-01-18	-01-18						Ġ	(D) - Asset disnosed	pas		*	TIT Solving				

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* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone