PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ 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.

OMB No. 1545-0047

<u> </u>	ror tn	e 2020 calendar year, or tax year beginning	and	enaing		
В	Check if applicab	THE POINTER INSTITUTE FOR MEDIA	STUDIE	ES,	D Employer identi	fication number
Ļ]chan@ □_Name	Je LINC.			F0 1630.	100
늗	chano Initial	/ 501 '' '' ''	Iraaa)	Room/suite	59-16304	
H	return Final	אחו מקס מקס פיים פיים פיים אחו	iress)	Room/suite	E Telephone numb	
_	⊥return termir ated		stal code		G Gross receipts \$	15,572,356.
Г	Amen		otal code		H(a) Is this a group	
Ē	Application				for subordinate	
	pendi	SAME AS C ABOVE			H(b) Are all subordinates	—
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) □	4947(a)(1)	or 527	1	a list. See instructions
_		te: ▶ WWW.POYNTER.ORG			H(c) Group exempt	·
		· ergamization,	Other >	L Year	of formation: 1975	$f M$ State of legal domicile; ${f FL}$
Pa	art I	Summary				
ė	1	Briefly describe the organization's mission or most significant activit	ies: <u>SEE</u>	SCHEDU	LE O	
Activities & Governance	2	Check this box if the organization discontinued its operat	ions or dispos	sed of more	than 25% of its net a	ssets.
Ver	3	Number of voting members of the governing body (Part VI, line 1a)	-		3	1
ဗိ	4	Number of independent voting members of the governing body (Par				
ა	5	Total number of individuals employed in calendar year 2020 (Part V,				61
jŧ.	6				6	10
Çį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			78	547,766.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line	11		71	0.
					Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)			11,568,282	
aun	9	Program service revenue (Part VIII, line 2g)			2,620,256	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			324,505	
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e	e)		390,358	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column			14,903,401	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			76,772	
	14				0.	• • • • • • • • • • • • • • • • • • • •
es	15	Salaries, other compensation, employee benefits (Part IX, column (A			4,087,929	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	100 6	<u> </u>	0 .	0.
ă X	. b	<u> </u>	188,6		4 011 000	F 150 070
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			4,911,222	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line			9,075,923 5,827,478	
	19	Revenue less expenses. Subtract line 18 from line 12				
Net Assets or		Tatal assats (Dart V. line 10)		Ве	ginning of Current Year 46,556,766	
SSE	20	Total assets (Part X, line 16)			176,906	
let /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20			46,379,860	
P	art II	Signature Block			10,313,000	10,000,715.
		alties of perjury, I declare that I have examined this return, including accompa	nvina schedule	s and stateme	ents, and to the best of n	ny knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all in			•	ny miowioago ana bonon, it io
	,	Land Completed Decidence of property (contact than contact) to Decide on an in-		on propers	line any mismissiger	
Sig	n	Signature of officer			Date	
Her		NEIL BROWN, PRESIDENT				
		Type or print name and title				
		Print/Type preparer's name Preparer's signatu	ıre] [Date Check	PTIN
Paid	d	JULIANA KREUL			if self-empl	p01204534
Pre	parer	Firm's name ▶ RSM US LLP			Firm's EIN ▶	
	Only	Firm's address 7351 OFFICE PARK PLACE				
		MELBOURNE, FL 32940-8229			Phone no. 3	21-751-6200
Ma	y the I	RS discuss this return with the preparer shown above? See instruction	ons			X Yes No

Other program services (Describe on Schedule O.)

) (Revenue \$ including grants of \$

10,990,147. Total program service expenses

Form 990 (2020) INC .
Part IV Checklist of Required Schedules Page 3 59-1630423

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		\ _{3,7}
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		₩.
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		₩.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
_	Schedule D, Part III	8	_X_	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_	37	
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_X_	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	^
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Λ	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	- 11	
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,		17		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ''		
		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	,	19		х
20°	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<u>- 1</u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	democra geveniment out art ix, column (x), interess the rest complete scriedules, Parts Fand II	~		ı

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
_	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			. .
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		Х	
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Λ	-
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		Х
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, Part I	31		Х
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		Х
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			
	Part V, line 1	34	X	Щ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	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			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
rai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		_		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С		10	Х	
	(gambling) winnings to prize winners?	1c	22	Щ_

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59-1630423 Form 990 (2020) INC. Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 61			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		_		\
	any contributions that were not tax deductible as charitable contributions?		6a		X
р	If "Yes," did the organization include with every solicitation an express statement that such contribution are expressed as a statement of the	-	Ch		
7	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the payor?	7a	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and send if "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b	X	
D	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required	7.0	21	
·	to file Form 8282?	•	7с		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b		
10	Section 501(c)(7) organizations. Enter:	1			
а	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			
11	Section 501(c)(12) organizations. Enter:				
		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441			
40-	amounts due or received from them.)	11b	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	12b	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.		104		
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	13b			
С	Enter the amount of reserves on hand	13c			
	Did the second of the second o		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	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?	16		Х
	If "Yes," complete Form 4720, Schedule O.				

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

800	tion A. Governing Rody and Management			Δ
Sec	tion A. Governing Body and Management			
		· —	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1		
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 -	ı	
	(This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	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	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? ## Yes. ## describe	120		
·		12c	х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14		14	X	
		14	25	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		150	Х	
_	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Λ	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16-		Х
	, , , , , , , , , , , , , , , , , , , ,	16a		
D	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			
		16h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b	l	
17	List the states with which a copy of this Form 990 is required to be filed ►AK, CA, CO, DC, FL, GA, HI, IA, ID) ₋ TT.	TN	MΔ
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3			
18	for public inspection. Indicate how you made these available. Check all that apply.	jo urily)	avalid	νie
40	(-)	d fina-	oio!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iinan	Jiai	
00	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 JESSICA M. NAVARRO - 727-553-4338			
	801 THIRD STREET, ST. PETERSBURG, FL 33701-4920			
	ONT THIND SIMEEL, SI. LETEVSDOVG, LD 33/AT-427A			

Form 990 (2020) 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 be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization n	1	orga I	nıza			npen	isate			
(A)	(B)			Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per					s both or/trus		compensation	compensation	amount of
	week						T ,	from the	from related organizations	other compensation
	(list any hours for	direct				_		organization	(W-2/1099-MISC)	from the
	related	e or (stee			satec		(W-2/1099-MISC)	(VV 2/ 1000 IVII00)	organization
	organizations	ruste	l trus		yee	m per		(** 2/ 1000 1/1100)		and related
	below	ndividual trustee or director	In stit utio nal tru stee		Key employee	st co	-E			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			Ü
(1) PAUL C. TASH	5.00									
CHAIRMAN	37.50	Х		Х				0.	457,728.	0.
(2) NEIL BROWN	37.50									
PRESIDENT	5.00	Х		Х				290,719.	0.	29,367.
(3) CONAN GALLATY	1.00									
TRUSTEE	37.50	Х						0.	286,610.	15,891.
(4) KELLY B. MCBRIDE	37.50									
SENIOR VP	1.00	Х		Х				187,678.	0.	18,203.
(5) ALAN D. TOMPKINS	37.50								_	
SENIOR FACULTY, BROADCAST						Х		175,441.	0.	24,859.
(6) JESSICA M. NAVARRO	37.50									
VICE PRESIDENT				Х				125,705.	0.	27,255.
(7) CHERYL B. CARPENTER	37.50									
LEADERSHIP FACULTY						Х		117,670.	0.	12,305.
(8) CLARA A. HOLAN	37.50	-						110 550	•	0 000
EDITOR-IN-CHIEF, POLITIFAC						Х		118,753.	0.	9,838.
(9) DORIS TRUONG	37.50									
DIRECTOR OF TRAINING & DIV						Х		118,880.	0.	9,572.
(10) AARON M. SHAROCKMAN	37.50								_	
EXECUTIVE DIRECTOR, POLITI						Х		111,640.	0.	5,261.
(11) ANDREW P. CORTY	0.00									
TRUSTEE (UNTIL 1/12/20)	0.00	Х						0.	30,525.	0.
(12) ANN MARIE LIPINSKI	1.00									
TRUSTEE		Х						5,000.	0.	0.
(13) STEPHEN BUCKLEY	1.00									
TRUSTEE		X						5,000.	0.	0.
(14) PAULA ELLIS	1.00									
TRUSTEE		Х						4,000.	0.	0.
(15) MONICA DAVEY	1.00									
TRUSTEE		Х						3,000.	0.	0.
(16) LORI BERGEN	1.00								_	_
TRUSTEE	1	Х	_				_	3,000.	0.	0.
(17) ROBERT KING	1.00									_
TRUSTEE		Х						2,000.	0.	0.

INC. 59-1630423 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (F) (D) (E) Position Average Name and title Reportable Reportable **Estimated** (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the lighest compensated related nstitutional trustee (W-2/1099-MISC) organization organizations ey employee and related below organizations line) 1,268,486. 774,863. 1b Subtotal 0. 0. c Total from continuation sheets to Part VII, Section A 1,268,486. 774,863. Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 11 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on X 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C)
name and pusiness address	Description of services	Compensation
PRIME AIR CONDITIONING AND REFRIDGERATION,	AIR CONDITIONING	
4595 118TH AVENUE NORTH, CLEARWATER, FL 337	REPLACEMENT AND SERV	288,212.
PRAEKELT PBC, 303 EAST 17TH AVENUE	SOCIAL MEDIA	
SUITE 600, DENVER, CO 80203	SOFTWARE AND APP DEV	157,400.
GREAT PLAINS STRATEGIES, 1720 WYNKOOP	GUEST FACULTY	
STREET UNIT #413, DENVER, CO 80202	TEACHING	147,006.
SMITH, DOUGLAS K.	GUEST FACULTY	
10 OCTOBER CIRCLE, LAGRANGEVILLE, NY 12540	TEACHING AND LICENSI	138,964.
FRIDY ENTERPRISES LLC, 260 FIRST AVENUE		
SOUTH SUITE 200-202, ST PETERSBURG, FL	SOFTWARE DEVELOPMENT	136,961.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization \blacktriangleright 9		
	<u> </u>	

orm	990 ((2020) INC			NSTITUTE	FOR MEDIA	SIUDIES,	59-1630	423 Page
Par	t VII	Statement of Re	venu	ie					
		Check if Schedule O	contair	ns a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 5
ts	1 a	Federated campaigns		1a					
onu	b	Membership dues		1b	799,837.				
Am,	С	0			269,079.				
and Other Similar Amounts	d	Related organizations			15.005				
Ä	е	Government grants (cont			15,985.				
ē	f	, 5 ,			7 220 710				
ð	~	similar amounts not included			7,228,719.				
P	9 h	Noncash contributions included in Total. Add lines 1a-1f				8,313,620.			
0 0		Total. Add lines Ta-11			Business Code	0,313,020.			
.	2 a	TEACHING REVENUE			611710	3,061,033.	3,061,033.		
	2 u b				611600	2,339,026.	2,339,026.		
nge	c					, ,	, ,		
eve	d								
Revenue	е								
:	f	All other program service	revenu	ле					
	g	Total. Add lines 2a-2f				5,400,059.			
	3	Investment income (inclu	-						
		other similar amounts)				230,260.			230,26
	4	Income from investment				22 071			22.07
	5	Royalties	·· ·····		(ii) Personal	22,871.			22,87
	٠.	Owene wente		(i) Real 293,483.	(II) Personal				
		Gross rents Less: rental expenses	6a 6b	138,595.					
	C		6c	154,888.					
		Net rental income or (loss	,		•	154,888.			154,88
		Gross amount from sales of	"——	(i) Securities	(ii) Other	,			,
		assets other than inventory	7a	705,010.					
	b	Less: cost or other basis							
enne		and sales expenses	7b	710,595.	12,804.				
l ken	С	Gain or (loss)	7с	-5,585.	-12,804.				
<u>۾</u>		Net gain or (loss)			<u></u>	-18,389.			-18,38
Other Rev	8 a	Gross income from fundraisi including \$		I					
		contributions reported on		' I					
		Part IV, line 18			19,000.				
		Less: direct expenses			65,424.	15 101			16.10
		Net income or (loss) from			D	-46,424.			-46,42
	9 а	Gross income from gamir	-	I					
	L	Part IV, line 19			 				
		Net income or (loss) from		·····					
		Gross sales of inventory,							
	4	and allowances		I					
	b	Less: cost of goods sold							
		Net income or (loss) from							
Т					Business Code				
Revenue	11 a	POLITIFACT ADVERTIS	ING		541800	452,634.		452,634.	
nue	b			IG	541800	95,132.		95,132.	
3ev	С	CAREER CENTER REVEN			900099	40,287.	40,287.		
1		All other revenue				500 555			
- 1	е	Total. Add lines 11a-11d			🕨	588,053.			

Form 990 (2020) INC . Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor			(0)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	129,705.	129,705.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	69,792.	69,792.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1 560 226	1 560 226		
	individuals. See Part IV, lines 15 and 16	1,760,336.	1,760,336.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	710 507	260 062	242 724	
	trustees, and key employees	712,597.	369,863.	342,734.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2 550 002	2 062 160	220 210	157 505
7	Other salaries and wages	3,558,992.	3,063,169.	338,318.	157,505.
8	Pension plan accruals and contributions (include	52,630.	42,228.	9,403.	000
•	section 401(k) and 403(b) employer contributions)				999. 6,126.
9	Other employee benefits	419,554. 295,498.		69,598. 51,301.	4,273.
10	Payroll taxes	293,490.	239,924.	31,301.	4,2/3.
11	Fees for services (nonemployees):				
	Management	39,343.	14,435.	24,908.	
b	•	51,050.		48,063.	1,972.
	Accounting	31,030.	1,015.	40,005.	1,314.
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	1,889,617.	1,889,365.	204.	48.
12	Advertising and promotion	55,382.			68.
13	Office expenses	104,252.		10,371.	2,818.
14	Information technology	55,161.		6,746.	1,803.
15	Royalties	,	, -	,	,
16	Occupancy	413,557.	395,957.	16,309.	1,291.
17	Travel	207,715.		7,415.	1,540.
18	Payments of travel or entertainment expenses	•			•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	84,794.	80,212.	1,883.	2,699.
20	Interest	8,830.		8,830.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	733,248.	708,926.	22,320.	2,002.
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM DEVELOPMENT	1,058,176.	1,058,176.	0.	0.
b	EQUIPMENT MAINTENANCE	277,200.	256,532.	15,493.	5,175.
c	VISITING PROFESSORS	130,300.	130,300.	0.	0.
d	MISCELLANEOUS EXPENSES	42,057.	42,048.	0.	9.
	A.II I	9,297.		6,372.	340.
25	Total functional expenses. Add lines 1 through 24e	12,159,083.		980,268.	188,668.
26	Joint costs. Complete this line only if the organization	-	-	-	-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
			-	·	Form 990 (2020)

Form 990 (2020) Part X Balance Sheet

		Check if Schedule O contains a response or note	to any	y line in this Part X T			/P\
					(A) Beginning of year		(B) End of year
	_	Cook manimum the suite			329,241.		746,479.
	1				323,241.	1	140,413.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa				_	
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualified	-	· ·	4,988,582.	_	4,988,582.
	_	under section 4958(f)(1)), and persons described			4,900,302.	6 7	4,300,302.
Assets	7	Notes and loans receivable, net			56,145.		56,145.
Ass	8	Inventories for sale or use			30,143.	8 9	30,143.
•	9					9	
	10a	Land, buildings, and equipment: cost or other	40-	21,710,022.			
		basis. Complete Part VI of Schedule D	10a	15,190,797.	6,797,843.	40-	6,519,225.
		Less: accumulated depreciation	מטר		11,151,668.	10c	14,178,112.
	11	Investments - publicly traded securities			22,366,624.	11	22,366,624.
	12	Investments - other securities. See Part IV, line 11			22,300,024.	12	22,300,024.
	13	Investments - program-related. See Part IV, line 1		Г	866,663.	13	799,999.
	14	Intangible assets			000,005.	14	133,333.
	15	Other assets. See Part IV, line 11			46,556,766.	15 16	49,655,166.
	16 17	Total assets. Add lines 1 through 15 (must equal			13,611.	17	37,937.
	17 18	Accounts payable and accrued expenses			13,011.	18	31,331.
	19	Grants payable				19	
	20	Deferred revenue Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P			13,295.	21	14,114.
	22	Loans and other payables to any current or forme			13,233.	21	11,111,
Liabilities	22	trustee, key employee, creator or founder, substa					
Ξ		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated			150,000.	24	737,400.
	25	Other liabilities (including federal income tax, pay	-				,
		parties, and other liabilities not included on lines					
		of Schedule D	•			25	
	26	Total liabilities. Add lines 17 through 25			176,906.	26	789,451.
		Organizations that follow FASB ASC 958, chec	k here	e ▶ X	·		·
es		and complete lines 27, 28, 32, and 33.		<i>′</i> —			
anc	27				36,005,402.	27	37,752,359.
Bal	28				10,374,458.	28	11,113,356.
9		Organizations that do not follow FASB ASC 95					
Ţ		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equ				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			46,379,860.	32	48,865,715.
	33				46,556,766.	33	49,655,166.

Form **990** (2020)

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

INC. 59-1630423 Page 12 Form 990 (2020) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 14,644,938. Total revenue (must equal Part VIII, column (A), line 12) 1 12,159,083. Total expenses (must equal Part IX, column (A), line 25) 2 2 2,485,855. Revenue less expenses. Subtract line 2 from line 1 3 3 46,379,860. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 48,865,715. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accrual X Other INCOME TAX Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х Were the organization's financial statements audited by an independent accountant? 2b

Both consolidated and separate basis

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

Consolidated basis

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2020)

Х

Х

2c

За

consolidated basis, or both: X Separate basis

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.
THE POYNTER INSTITUTE FOR MEDIA STUDIES,

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INC 59-1630423 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		ı				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4		, ,			, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First 5 years. If the Form 990 is for the	•				501(c)(3)	
	organization, check this box and stop	here			•		
Sed	ction C. Computation of Public	Support Per	centage				
14	Public support percentage for 2020 (lin	ne 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	and
	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2019. If the o	rganization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qualit	ies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the facts	-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	t. The organizatio	on qualifies as a pu	ublicly supported o	rganization		>
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	10% or
	more, and if the organization meets the	e facts-and-circun	nstances test, che	eck this box and st	top here. Explain i	in Part VI how the	
	organization meets the facts-and-circu	mstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	▶□
18	Private foundation. If the organization	ı did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	>

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	quality under the tests listed be ction A. Public Support	low, please comp	piete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						>
	ction C. Computation of Public					Т Т	
	Public support percentage for 2020 (lin			column (f))		15	%
						16	%
	ction D. Computation of Invest					T T	
	Investment income percentage for 202					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2020. If the						/ is not
ŀ	more than 33 1/3%, check this box and 33 1/3% support tests - 2019. If the	=	-	•			▶ ☐ I
•	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	rt IV Supporting Organizations (continued)	03042	J P	age 5
Га	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	NO
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	112		
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	tion 6. Type if Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
_	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

Schedule A (Form 990 or 990-EZ) 2020 INC.

59-1630423 Page

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
_1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
_4	Add lines 1 through 3.	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting orga	nization (see	
	instructions).			·	

Schedule A (Form 990 or 990-EZ) 2020

Par	't V │ Type III Non-Functionally Integrated	509(a	ı)(3) Supporting Orga	anizations _{(contin}	ued)	
Section	ion D - Distributions			•	·	Current Year
1	Amounts paid to supported organizations to accomplish	n exem	pt purposes		1	
2	Amounts paid to perform activity that directly furthers ex	xempt	purposes of supported			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt pur	s	3			
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval required	l - prov	vide details in Part VI)		5	
	Other distributions (describe in Part VI). See instruction		,		6	
	Total annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to whi	ich the	organization is responsive	;		
	(provide details in Part VI). See instructions.				8	
9	Distributable amount for 2020 from Section C, line 6				9	
	Line 8 amount divided by line 9 amount				10	
	,		(i)	(ii)		(iii)
Section	ion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason	n-				
	able cause required - explain in Part VI). See instruction	ıs.				
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	From 2016					
С	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result grea	ater				
	than zero, explain in Part VI. See instructions.			I		
	Remaining underdistributions for 2020. Subtract lines 3	h				
	and 4b from line 1. For result greater than zero, explain a					
	Part VI. See instructions.	"'				
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:	\neg				
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

59-163<u>0423 Page 8</u> Schedule A (Form 990 or 990-EZ) 2020 INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

Schedule B

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

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

OMB No. 1545-0047

2020

Name of the organization

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

INC.

Employer identification number

59-1630423

Filers of	i.	Section:
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule. '), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during the literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, hal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
but it m ı	ust answer "No" on F	It isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:local_local_local_local} \text{LHA} \quad \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$_2,785,500.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$1,570,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ <u>205,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	\$135,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
8 8	Name, address, and ZIP + 4	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 91,560.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 11	Hairie, duu ess, diiu Zir + 4	\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Name, audress, and ZIP + 4	\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	Name, address, and ZIP + 4	\$ 61,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 52,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	* 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 17	Name, address, and ZIP + 4	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_	Name, address, and ZIP + 4	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
19		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
20		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
21		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
22	Hame, address, and Zir + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
23		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
24		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 26	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	Hame, address, and Zii + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 29	Name, address, and ZIP + 4	\$ 15,985.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	Name, address, and ZIP + 4	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
31		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
32		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
33		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
34	Name, address, and Zir + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
35		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
36		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization					Employer identification number
THE POYNTER	INSTITUTE	FOR	MEDIA	STUDIES,	
INC.					59-1630423

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
37		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
38		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
39		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 40	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
No. 41	Name, audress, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 42	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$\$	Person X Payroll

Name of organization	Employer identification number
THE POYNTER INSTITUTE FOR MEDIA STUDIES,	
INC.	59-1630423

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
49		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 50	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 51	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 52	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
53	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
54	Name, audiess, and ZIF + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
55		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
56		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
57		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
58		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
59		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
60		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

INC.

Employer identification number

59-1630423

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

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC. 59-1630423 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.

Employer identification number 59-1630423

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 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	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	•		
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	The state of the s	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
_	> \$		0.141/51/0
8	Does each conservation easement reported on line 2(d) abov	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or O	ther Similar Assets
· u	Complete if the organization answered "Yes" on Form		and on mar Addeto.
10	If the organization elected, as permitted under FASB ASC 95		and halance short works
ıa	of art, historical treasures, or other similar assets held for put	·	
	•	, ,	·
h	service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95		
D		•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furti	nerance of public service,
	provide the following amounts relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		1/2 105
•		an una au athau aimilau accata fau financia	
2	If the organization received or held works of art, historical tre		argani, provide
_	the following amounts required to be reported under FASB A		• •
a	Revenue included on Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		

Par	rt III Organizations Maintaining C	collections of Art	, Historical Tre	asures, or O	ther S	imilar Ass	ets (continued)
3	Using the organization's acquisition, accessi	on, and other records	, check any of the fo	ollowing that ma	ke signi	ficant use of	its
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exch	nange program			
b	Scholarly research	е	X Other ED				
С	Preservation for future generations						
4	Provide a description of the organization's control	ollections and explain	how they further the	e organization's	exempt	purpose in F	Part XIII.
5	During the year, did the organization solicit of						
_	to be sold to raise funds rather than to be m						Yes X No
Par	rt IV Escrow and Custodial Arran						
	reported an amount on Form 990, Pa		3			,	,
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ary for contributions	or other assets	not incl	uded	
	on Form 990, Part X?		•				Yes X No
b	If "Yes," explain the arrangement in Part XIII						
	3	ļ,	3				Amount
С	Beginning balance					1c	
	Additions during the year					1d	
е.	Distributions during the year					1e	
f	Ending balance					1f	
	Did the organization include an amount on F						X Yes No
	If "Yes," explain the arrangement in Part XIII.				•		X
	rt V Endowment Funds. Complete	if the organization ans	swered "Yes" on For	m 990. Part IV.	line 10.		
	· ·	(a) Current year	(b) Prior year	(c) Two years ba		Three years b	ack (e) Four years back
1a	Beginning of year balance	1,406,238.	1,420,266.	1,461,4		1,516,20	
b		, ,	, ,	, ,			, ,
c		28,483.	80,972.	38,8	24.	40,24	4,930.
d		,	,	•		,	
e	Other expenditures for facilities						
•	and programs	80,000.	95,000.	80,0	00.	95,00	90,000.
f	Administrative expenses	, ,	, -	,		,	
g	End of year balance	1,354,721.	1,406,238.	1,420,2	66.	1,461,44	1,516,201.
2	Provide the estimated percentage of the cur				- 1	, ,	
a		• 0000	%	ricia ao.			
b	- 7C F000	%					
	22 5000						
Ū	The percentages on lines 2a, 2b, and 2c sho	•					
За	Are there endowment funds not in the posse	•	ion that are held an	d administered t	for the o	rganization	
- Ou	by:	oolon or the organizat	ion that are mora an	a aarminotoroa i	01 1110 0	gamzanom	Yes No
	(i) Unrelated organizations						
	(ii) Related organizations						····
b	If "Yes" on line 3a(ii), are the related organiza						····
4	Describe in Part XIII the intended uses of the						
	rt VI Land, Buildings, and Equipm		rinone fariac.				
	Complete if the organization answere		Part IV. line 11a. Se	ee Form 990. Pa	ırt X. line	e 10.	
	Description of property	(a) Cost or ot				umulated	(d) Book value
	Decemption of property	basis (investm				ciation	(a) Book value
1a	Land	`	,	3,293.			2,273,293.
	Buildings				1.81	1,682.	3,680,643.
	Leasehold improvements			, -	.,	,	-,,
	Equipment		2.00	0,691.	1,43	6,520.	564,171.
	Other					2,595.	1,118.
	II. Add lines 1a through 1e. (Column (d) must e		•	•		_,_,_,	6,519,225.

	INSTITUTE FOR	R MEDIA STUDIES,	4600400
Schedule D (Form 990) 2020 INC.		59	-1630423 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			1 -6
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	1-ot-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) TIMES HOLDING CO STOCK	21,366,624.	COST	
	1,000,000.	COST	
(C) (B) TIMES PUBLISHING CO STOCK	1,000,000	COSI	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	22,366,624.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	5 000 D 1 N/ II - 4	44 L O . E	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1 Description	11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) book value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	2 15)	>	
Part X Other Liabilities.	. 194		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ▼

(7) (8) (9)

Fai	neconcination of nevertide per Addited Financial State		nevellue per ne	turri.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			14 726 024
1	Total revenue, gains, and other support per audited financial statements			1	14,726,024.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما			
a	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
C	Recoveries of prior year grants		140,863.		
d	Other (Describe in Part XIII.)	•			140 062
e	Add lines 2a through 2d			2e	140,863. 14,585,161.
3	Subtract line 2e from line 1			3	14,505,101.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b		59,777.		
b	Other (Describe in Part XIII.)				E0 777
C	Add lines 4a and 4b			4c	59,777. 14,644,938.
5 D 21	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta	tomonte With	Evponence por E	5	
Pai			Expenses per r	veturi	II .
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				12,240,169.
1				1	12,240,169.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses		140 062		
d	Other (Describe in Part XIII.)		140,863.		140 062
е	Add lines 2a through 2d			2e	140,863. 12,099,306.
3	Subtract line 2e from line 1			3	12,099,306.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		FO 777		
b	Other (Describe in Part XIII.)	<u></u>	59,777.		F0 777
С	Add lines 4a and 4b			4c	59,777.
5 Do:	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		5	12,159,083.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			; Part)	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	iy additional inform	ation.		
ד א ד	om ttt time 1.				
PAI	RT III, LINE 4:				
PΩ	NTER'S COLLECTION OF ART DEPICTS IMPORT	איז איט איז איז	יים דא אדפיי	ORV	ΔND
10.	INTER 5 CONDECTION OF ART DEFICES INFORT	ANI MOMEN	IID IN IIIDI	OKI	, AND
GTI	STUDENTS A POINT OF DISCUSSION ON HO	TANSTIOT, WO	TSTS HAVE	COV	ERED THESE
<u> </u>	VID DIODENIO II IOINI OI DIDCODDION ON IIC	ov continu	IIDID IIIIVL	<u> </u>	
EVE	ENTS.				
PAF	RT IV, LINE 2B:				
DEI	POSITS IN ESCROW REPRESENT SECURITY DEPO	SITS RECE	IVED ON LE	ASE	D OFFICES
		JULIU ILLUI			0111025
ΑТ	POYNTER'S HEADQUARTERS AS PART OF A TWE	ELVE MONTH	LEASE. TH	OSE	OFFICES
ARI	E RENTED TO OUTSIDE FOR-PROFIT AND NON-F	PROFIT ORG	ANIZATIONS	AS	PART OF
			- 110		
THE	E INNOVATION DISTRICT.				

Part XIII | Supplemental Information (continued)

DURING 2012, THE INSTITUTE RECEIVED ENDOWMENT FUNDS OF \$1,528,500. THE

INSTITUTE'S ENDOWMENT FUNDS ARE FUNDS RESTRICTED OR DESIGNATED FOR DIGITAL

TRANSFORMATION TRAINING IN THE NEWSPAPER INDUSTRY AND CONSISTS OF VARIOUS

MUTUAL FUNDS.

PART X, LINE 2:

THE INSTITUTE IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE. THE INTERNAL REVENUE SERVICE DETERMINED THAT

THE INSTITUTE AND THE FOUNDATION ARE NOT PRIVATE FOUNDATIONS AND

CONTRIBUTIONS TO THEM QUALIFY AS CHARITABLE CONTRIBUTION DEDUCTIONS.

THE ORGANIZATION RECOGNIZES A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION

ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED

ON EXAMINATION OF THE TAXING AUTHORITIES. MANAGEMENT EVALUATED THE

ORGANIZATIONS TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD NO

MATERIAL UNCERTAINTIES IN INCOME TAXES AS OF DECEMBER 31, 2020 AND 2019.

THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL AUTHORITIES FOR FISCAL YEARS BEFORE 2017.

PART XI. LINE 2D - OTHER ADJUSTMENTS:

TIME AL, BIND AD OTHER ADOUGHDATE.	
RENTAL EXPENSES	138,595.
ADDITIONAL FUNDRAISING EVENT EXPENSES RECLASSED	2,268.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	140,863.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	

59,777.

TUITION WAIVERS

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

Schedule D (Form 990) 2020 INC. Part XIII Supplemental Information (continued)	59-1630423 Page 5
Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	138,595.
ADDITIONAL FUNDRAISING EXPENSES RECLASSED	2,268.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	140,863.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
TUITION WAIVERS	59,777.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.

Employer identification number 59-1630423

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	х	
	SEE PART II	3	21	
4	Does the organization maintain the following?			
+ a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	<u> </u>		
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		<u>X</u>
b	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c		<u>X</u>
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		<u>X</u>
	Athletic programs?	5g 5h		X
"	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	311		21
	Does the organization receive any financial aid or assistance from a governmental agency?	6a		<u>X</u>
b	Has the organization's right to such aid ever been revoked or suspended?	6b		<u>X</u>
_	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through	7	Х	
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Δ	

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

Schedule E (Form 990 or 990-EZ) 2020

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

Schedule E (Form 990 or 990-EZ) 2020 INC. 59-1630423 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:
THE SCHOOL CUSTOMARILY DRAWS A SUBSTANTIAL PERCENTAGE OF ITS
STUDENTS AND SEMINAR PARTICIPANTS NATIONWIDE OR WORLDWIDE AND
FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY AS TO STUDENTS
AND SEMINAR PARTICIPANTS. THE SCHOOL PUBLICIZED ITS
NONDISCRIMINATORY POLICY IN THE TAMPA BAY TIMES ON DECEMBER
10, 2020. A COPY OF THE ANNOUNCEMENT IS AVAILABLE UPON REQUEST.

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

MIDDLE EAST AND

NORTH AFRICA

Statement of Activities Outside the United States

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Name of the organization

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.

59-1630423

SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE

FACT-CHECKING AND

ORGANIZATIONS TO ENHANCE

THETE SKILLS IN

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE CENTRAL AMERICA AND THEIR SKILLS IN GRANTS TO RECIPIENTS LOCATED IN REGION THE CARIBBEAN 0 0 FACT-CHECKING AND 4,350. SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE THEIR SKILLS IN EAST ASTA AND THE GRANTS TO RECIPIENTS PACIFIC 0 0 LOCATED IN REGION FACT-CHECKING AND 180,870. SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE EUROPE (INCLUDING GRANTS TO RECIPIENTS THEIR SKILLS IN LOCATED IN REGION ICELAND & GREENLAND) 0 0 FACT-CHECKING AND 814,997.

SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE GRANTS TO RECIPIENTS THEIR SKILLS IN NORTH AMERICA 0 0 LOCATED IN REGION FACT-CHECKING AND 70,858. SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE GRANTS TO RECIPTENTS THETE SKILLS IN RUSSTA AND NEIGHBORING STATES 0 0 LOCATED IN REGION FACT-CHECKING AND 40,060. SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE GRANTS TO RECIPTENTS THETE SKILLS IN SOUTH AMERICA 0 0 LOCATED IN REGION FACT-CHECKING AND 185,970. SUPPORTED VARIOUS

GRANTS TO RECIPIENTS

LOCATED IN REGION

GRANTS TO RECIPIENTS
THEIR SKILLS IN

SOUTH ASIA

0
0
LOCATED IN REGION
FACT-CHECKING AND
242,278.

3 a Subtotal
0
0
1,565,723.

b Total from continuation sheets to Part I 0 0 194,613.
c Totals (add lines 3a

0

Λ

Schedule F (Form 990) 2020

1,760,336.

26,340.

Schedule F (Form 990)

INC.

59-1630423

Page 1

Schedule F (Form 990)	INC.			59-163042	3 Page 1
			(Schedule F (Form 990), Part I, line 3		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
				SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE	
SUB-SAHARAN AFRICA	0		GRANTS TO RECIPIENTS LOCATED IN REGION	THEIR SKILLS IN FACT-CHECKING AND	194,613.
DOD DAHARAN AFRICA		0	BOCATED IN REGION	FACT CHECKING AND	194,013.
Totals					194,613.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		CENTRAL AMERICA						
		AND THE CARIBBEAN	FACT-CHECKING					
		- ANTIGUA &	INNOVATION INITIVATE					
		BARBUDA, ARUBA,	ROUND 1	30,024.	WIRE TRANSFER	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &	CORONAVIRUS					
		BARBUDA, ARUBA,	FACT-CHECKING GRANT	24,600.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,	FACT-CHECKING					
		BRUNEI, BURMA,	DEVELOPMENTAL GRANT	24,975.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,	CORONAVIRUS					
		BRUNEI, BURMA,	FACT-CHECKING GRANT	19,212.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,	FACT-CHECKING					
		BRUNEI, BURMA,	DEVELOPMENTAL GRANT	24,998.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,	CORONAVIRUS					
		BRUNEI, BURMA,	FACT-CHECKING GRANT	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,	CORONAVIRUS					
		BRUNEI, BURMA,	FACT-CHECKING GRANT	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,	FACT-CHECKING					
		BRUNEI, BURMA,	DEVELOPMENTAL GRANT	19,120.	WIRE TRANSFER	0.		

3 Enter total number of other organizations or entities

59-1630423

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	CORONAVIRUS					
		ALBANIA, ANDORRA,	FACT-CHECKING GRANT	40,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	FACT-CHECKING					
		ALBANIA, ANDORRA,	DEVELOPMENTAL GRANT	25,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &	FACT-CHECKING					
		GREENLAND) -	INNOVATION INITIATIVE					
		ALBANIA, ANDORRA,	ROUND 2	50,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	CORONAVIRUS					
		ALBANIA, ANDORRA,	FACT-CHECKING GRANT	39,840.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	FACT-CHECKING					
		ALBANIA, ANDORRA,	DEVELOPMENTAL GRANT	22,211.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	FACT-CHECKING					
		ALBANIA, ANDORRA,	DEVELOPMENTAL GRANT	15,255.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	CORONAVIRUS					
		ALBANIA, ANDORRA,	FACT-CHECKING GRANT	34,400.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	FACT-CHECKING					
		ALBANIA, ANDORRA,	DEVELOPMENTAL GRANT	24,900.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	FACT-CHECKING					
		ALBANIA, ANDORRA,	DEVELOPMENTAL GRANT	24,300.	WIRE TRANSFER	0.		

Schedule F (Form 990)	INC.			39-1030423 Pa					
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	I ICI REGION	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		EUROPE (INCLUDING							
		ICELAND &							
		GREENLAND) -	FACT-CHECKING						
		ALBANIA, ANDORRA,	DEVELOPMENTAL GRANT	25,000.	WIRE TRANSFER	0.			
		EUROPE (INCLUDING							
		ICELAND &							
		GREENLAND) -	FACT-CHECKING						
		ALBANIA, ANDORRA,	DEVELOPMENTAL GRANT	17,044.	WIRE TRANSFER	0.			
		EUROPE (INCLUDING							
		ICELAND &							
		GREENLAND) -	CORONAVIRUS						
		ALBANIA, ANDORRA,	FACT-CHECKING GRANT	50,000.	WIRE TRANSFER	0.			
		EUROPE (INCLUDING							
		ICELAND &	FACT-CHECKING						
		GREENLAND) -	INNOVATION INITIVATE						
		ALBANIA, ANDORRA,	ROUND 1	47,580.	WIRE TRANSFER	0.			
		EUROPE (INCLUDING							
		ICELAND &							
		GREENLAND) -	CORONAVIRUS						
		ALBANIA, ANDORRA,	FACT-CHECKING GRANT	48,012.	WIRE TRANSFER	0.			
		EUROPE (INCLUDING							
		ICELAND &							
		GREENLAND) -	FACT-CHECKING						
		ALBANIA, ANDORRA,	DEVELOPMENTAL GRANT	23,960.	WIRE TRANSFER	0.			
		EUROPE (INCLUDING							
		ICELAND &							
		GREENLAND) -	CORONAVIRUS						
		ALBANIA, ANDORRA,	FACT-CHECKING GRANT	48,000.	WIRE TRANSFER	0.			
		EUROPE (INCLUDING							
		ICELAND &							
		GREENLAND) -	CORONAVIRUS						
		ALBANIA, ANDORRA,	FACT-CHECKING GRANT	49,530.	WIRE TRANSFER	0.		1	
		EUROPE (INCLUDING							
		ICELAND &	FACT-CHECKING						
		GREENLAND) -	INNOVATION INITIVATE						
		ALBANIA, ANDORRA,	ROUND 1	49,970.	WIRE TRANSFER	0.			

Schedule	F (Form 990)	INC.				59-16	30423		Page 2
Part II	Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Nan	ne of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			EUROPE (INCLUDING						
			ICELAND &						
			GREENLAND) -	FACT-CHECKING					
			ALBANIA, ANDORRA,	DEVELOPMENTAL GRANT	24,070.	WIRE TRANSFER	0.		
			EUROPE (INCLUDING						
			ICELAND &						
			GREENLAND) -	FACT-CHECKING					
			ALBANIA, ANDORRA,	DEVELOPMENTAL GRANT	23,955.	WIRE TRANSFER	0.		
			MIDDLE EAST AND						
			NORTH AFRICA -						
			ALGERIA, BAHRAIN,	CORONAVIRUS					
			DJIBOUTI, EGYPT,	FACT-CHECKING GRANT	24,890.	WIRE TRANSFER	0.		
			NORTH AMERICA -						
			CANADA AND						
			MEXICO, BUT NOT	CORONAVIRUS					
			THE UNITED STATES	FACT-CHECKING GRANT	13,120.	WIRE TRANSFER	0.		
			NORTH AMERICA -						
			CANADA AND						
			MEXICO, BUT NOT	CORONAVIRUS					
			THE UNITED STATES	FACT-CHECKING GRANT	49,728.	WIRE TRANSFER	0.		
			RUSSIA AND						
			NEIGHBORING						
			STATES - ARMENIA,	CORONAVIRUS					
			AZERBIJAN,	FACT-CHECKING GRANT	36,000.	WIRE TRANSFER	0.		
			SOUTH AMERICA -						
			ARGENTINA,						
			BOLIVIA, BRAZIL,	CORONAVIRUS					
			CHILE, COLUMBIA,	FACT-CHECKING GRANT	49,900.	WIRE TRANSFER	0.		
			SOUTH AMERICA -						
			ARGENTINA,	FACT-CHECKING					
			BOLIVIA, BRAZIL,	INNOVATION INITIVATE					
			CHILE, COLUMBIA,	ROUND 1	50,000.	WIRE TRANSFER	0.		
			SOUTH AMERICA -						
			ARGENTINA,						
			BOLIVIA, BRAZIL,	CORONAVIRUS					
			CHILE, COLUMBIA,	FACT-CHECKING GRANT	35,400.	WIRE TRANSFER	0.		

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Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA -						
		ARGENTINA,	FACT-CHECKING					
		BOLIVIA, BRAZIL,	INNOVATION INITIVATE					
		CHILE, COLUMBIA,	ROUND 2	31,750.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	FACT-CHECKING					
		BHUTAN, INDIA,	DEVELOPMENTAL GRANT	25,000.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	FACT-CHECKING					
		BHUTAN, INDIA,	DEVELOPMENTAL GRANT	24,250.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	FACT-CHECKING					
		BHUTAN, INDIA,	DEVELOPMENTAL GRANT	25,000.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,	FACT-CHECKING					
		BANGLADESH,	INNOVATION INITIVATE					
		BHUTAN, INDIA,	ROUND 1	35,098.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	CORONAVIRUS					
		BHUTAN, INDIA,	FACT-CHECKING GRANT	50,000.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,	FACT-CHECKING					
		BANGLADESH,	INNOVATION INITIVATE					
		BHUTAN, INDIA,	ROUND 1	50,000.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	FACT-CHECKING					
		BHUTAN, INDIA,	DEVELOPMENTAL GRANT	15,900.	WIRE TRANSFER	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	FACT-CHECKING					
		BENIN, BOTSWANA,	INNOVATION INITIVATE					
		BURKINA FASO,	ROUND 1	24,958.	WIRE TRANSFER	0.		

Schedule	e F (Form 990)	1110.				Page 2			
Part II	Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	-			
1 (a) Nar	me of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN						
			AFRICA - ANGOLA,						
			BENIN, BOTSWANA,						
			BURKINA FASO,	FACT-FORWARD	25,000.	WIRE TRANSFER	0.		
			SUB-SAHARAN						
			AFRICA - ANGOLA,						
			BENIN, BOTSWANA,						
			BURKINA FASO,	INNOVATION GRANT	24,958.	WIRE TRANSFER	0.		
			SUB-SAHARAN						
			AFRICA - ANGOLA,						
			BENIN, BOTSWANA,	CORONAVIRUS					
			BURKINA FASO,	FACT-CHECKING GRANT	49,728.	WIRE TRANSFER	0.		
			SUB-SAHARAN						
			AFRICA - ANGOLA,						
			BENIN, BOTSWANA,	CORONAVIRUS					
			BURKINA FASO,	FACT-CHECKING GRANT	39,100.	WIRE TRANSFER	0.		
			SUB-SAHARAN						
			AFRICA - ANGOLA,						
			BENIN, BOTSWANA,	FACT-CHECKING					
			BURKINA FASO,	DEVELOPMENTAL GRANT	20,249.	WIRE TRANSFER	0.		

Part III	Grants and Other Assistanc	e to Individuals Outside	the United Sta	tes. Complete i	f the organization answered "Yes" o	on Form 990, Part	IV, line 16.	
	Part III can be duplicated if a	dditional space is needed						
(a) T	ype of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

	·· Torcigit Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? /f "Yes."		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2020

Yes X No

Page 5

59-1630423

Schedule F (Form 990) 2020 INC. Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE INSTITUTE HAS A RIGOROUS APPLICATION, MONITORING AND REPORTING

PROCESS, BASED ON EACH PROGRAM'S SPECIFICATIONS. THE DETAILS OF

EXPECTATIONS, DEADLINES, AND REPORTING CAN BE FOUND IN EACH GRANT

AGREEMENT ISSUED TO THE AWARDED RECIPIENTS, WITH FUNDING OFTEN DIVIDED BY

PHASE AND GRANT ACCOMPLISHMENT MILESTONES.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORTED VARIOUS

ORGANIZATIONS TO ENHANCE THEIR SKILLS IN FACT-CHECKING AND RESEARCH GRANT

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORTED VARIOUS

ORGANIZATIONS TO ENHANCE THEIR SKILLS IN FACT-CHECKING AND RESEARCH GRANT

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORTED VARIOUS

ORGANIZATIONS TO ENHANCE THEIR SKILLS IN FACT-CHECKING AND RESEARCH GRANT

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORTED VARIOUS

ORGANIZATIONS TO ENHANCE THEIR SKILLS IN FACT-CHECKING AND RESEARCH GRANT

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORTED VARIOUS

ORGANIZATIONS TO ENHANCE THEIR SKILLS IN FACT-CHECKING AND RESEARCH GRANT

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. REGION: RUSSIA AND NEIGHBORING STATES (E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE THEIR SKILLS IN FACT-CHECKING AND RESEARCH GRANT REGION: SOUTH AMERICA (E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE THEIR SKILLS IN FACT-CHECKING AND RESEARCH GRANT REGION: SOUTH ASIA (E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE THEIR SKILLS IN FACT-CHECKING AND RESEARCH GRANT REGION: SUB-SAHARAN AFRICA (E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE THEIR SKILLS IN FACT-CHECKING AND RESEARCH GRANT

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.

Employer identification number 59-1630423

Part I Fundraising Activities. required to complete this par	Complete if the organization answet.	ered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais a	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of lonal fo	overnment grants rnment grants events fficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	_		
Total			•			
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SPEAKER NONE (add col. (a) through BOWTIE BALL SERIES col. (c)) (event type) (event type) (total number) 281,802. 6,277. 288,079. Gross receipts 6,277. 262,802. 269,079. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 19,000. 19,000. 11,367. 11,367. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 15,427. 15,427. 7 Food and beverages 13,100. 13,100. 8 Entertainment 25,530. 25,530. Other direct expenses 65,424 **10** Direct expense summary. Add lines 4 through 9 in column (d) -46,424. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

Sch	edule G (Form 990 or 990-EZ) 2020 INC.	59-16	304	23	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y	es	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		<u> </u>		— —
	to administer charitable gaming?	l	Y	es	No
	Indicate the percentage of gaming activity conducted in:	1	ا ءمه		0.4
	a The organization's facility		13a		<u>%</u>
	An outside facility		13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	is:			
	Name ►				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Y	es	☐ No
k	olf "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount of gaming revenue retained by the third party \$\bigs\\$	ount			
ď	of garling revenue retained by the third party \blacktriangleright				
	Name				
	Address >				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
٠	water the state coming licenses	ſ		es	□ No
ŀ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	 in the			
Ī	organization's own exempt activities during the tax year > \$	11 1110			
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	and Part	II. line:	s 9. 9	b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	o	2,,
	· · · · · · · · · · · · · · · · · · ·				
_					
			_		

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

Schedule G	(Form 990 or 990-EZ)	INC.		5	9-1630423	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation _(continued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990.

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

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

2020

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE POYNT:	ER INSTIT	TTE FOR MED	IA STUDIES	3,			Employer identification number $59-1630423$
Part I General Information on Grants ar	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assisted. Describe in Part IV the organization's production. 	tance?				-		on X Yes No
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	ional space is neede	ed.	(s) Made and as	Т	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, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WP COMPANY LLC DBA WASHINGTON POST 1301 K ST NW WASHINGTON, DC 20071-0004	80-0298139		25,000.	0.			FACT-CHECKING DEVELOPMENTAL GRANT
NR8 LLC 3428 TEXAS STREET SAN DIEGO, CA 92104	46-2266969		46,667.	0.			FACT-CHECKING INNOVATION INITIVATE
FAKENETAI, INC. 2150 SHATTUCK AVE, PENTHOUSE, SUITE BERKELEY, CA 94704	85-1595937		49,500.	0.			FACT-CHECKING INNOVATION INITIVATE
2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations			e line 1 table				

INC.

Page 2

59-1630423

Schedule I (Form 990) 2020 INC.					59-1630423	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(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 noncash as	ssistance
					TUITION AID ON ONLINE AN	1D
TUITION WAIVER	6915	59,777.	0.		IN-PERSON COURSES	
					WRITE FIELD AND TRUSTING	NEWS
FELLOWSHIPS	40	2,515.	0.		PROGRAM FELLOWSHIPS	NIND
		,				
RESEARCH AND FACT-CHECKING GRANT	2	7,500.	0.		RESEARCH FACT-CHECKING G	RANTS
ADDIMEN MD THEI CHECKING GRANT		7,300.			REDEFINET THET CHECKING G	JIMIN'I D
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	ne 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
THE INSTITUTE REVIEWS APPLICATIONS	S AND GRAN	ITS SCHOLAF	RSHIPS/WAIV	ERS BASED ON		
INDIVIDUAL NEED AND PROGRAM SPECIF	TCATTONS.					
THE THE THE PARTY OF THE PARTY	1011110110					

SCHEDULE J (Form 990)

Department of the Treasury

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.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

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

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

INC.

Employer identification number 59-1630423

			Yes	No
1 a	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			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	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		
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		
3	Indicate which, if any, of the following the 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.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Independent Compensation Compensati			
	Form 990 of other organizations X Approval by the board or compensation committee			
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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
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		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	a		

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

Schedule J (Form 990) 2020

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) PAUL C. TASH	(i)	0.	0.	0.	0.	0.	0.	0.
CHAIRMAN	(ii)	457,728.	0.	0.	0.	0.		0.
(2) NEIL BROWN	(i)	289,135.	0.	1,584.	2,975.	29,018.	322,712.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CONAN GALLATY	(i)	0.	0.	0.	0.	0.	0.	0.
TRUSTEE	(ii)	286,610.	0.	0.	0.	17,125.		0.
(4) KELLY B. MCBRIDE	(i)	187,126.	0.	552.	1,919.	18,910.	208,507.	0.
SENIOR VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALAN D. TOMPKINS	(i)	148,360.	0.	27,081.	1,540.	25,991.	202,972.	0.
SENIOR FACULTY, BROADCAST	(ii)	0.	0.	0.	0.	0.		0.
(6) JESSICA M. NAVARRO	(i)	125,489.	0.	216.	1,389.	32,284.	159,378.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Name of the organization

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

OMB No. 1545-0047

2020

Open To Public Inspection

Employer identification number

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corre Yes

1,,,,	(b) Relationship between disqualified	(,5	(d)	Corre	cted?
(a) Name of disqualified person	person and organization	(c) Description of transaction	Y	es	No
	y the organization managers or disqualifie	ed persons during the year under			
section 4958		> \$			
3 Enter the amount of tax, if any, on	line 2, above, reimbursed by the organiza	tion S			

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990. Part X. line 5. 6. or 22.

(a) Name of interested person	(b) Relationship with organization	with organization of loan		an to or the zation?	(e) Original principal amount	(f) Balance due (de		(g) In default?		(h) Approved by board or committee?		ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
TIMES PUBLISHIN	RELATED	TO FUND		X	7,000,000.	4,988,582.		Х	Х		Х	
Total					> \$	4,988,582.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2020

	"Yes" on Form 990, Part IV, line 28a, 28		T	(e) Shr	ring o
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing or organization's revenues?	
				Yes	No
				+	
				+	
Part V Supplemental Information.				1	
	onses to questions on Schedule L (see in	nstructions).			
CHEDULE L, PART II, LOANS	TO AND FROM INTERES	TED PERSONS	5:		
A) NAME OF PERSON: TIMES	PUBLISHING COMPANY				
B) RELATIONSHIP WITH ORGA	NIZATION: RELATED OR	GANIZATION			
C) PURPOSE OF LOAN: TO FU					
C) TORTOOL OF LOAN. TO TO	ND WOULTING CALLIAD N				

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.

Employer identification number 59-1630423

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE POYNTER INSTITUTE IS A SCHOOL DEDICATED TO TEACHING AND INSPIRING

JOURNALISTS AND MEDIA LEADERS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE POYNTER INSTITUTE IS A SCHOOL DEDICATED TO TEACHING AND INSPIRING

JOURNALISTS AND MEDIA LEADERS. IT PROMOTES EXCELLENCE AND INTEGRITY IN

THE PRACTICE OF CRAFT AND IN THE PRACTICAL LEADERSHIP OF SUCCESSFUL

BUSINESSES. IT STANDS FOR A JOURNALISM THAT INFORMS CITIZENS AND

ENLIGHTENS PUBLIC DISCOURSE. IT CARRIES FORWARD NELSON POYNTER'S BELIEF

IN THE VALUE OF INDEPENDENT JOURNALISM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

(CONTINUED FROM 990, PART III, LINE 4A) THESE COURSES ARE OFFERED AT

MANY LOCATIONS, INCLUDING POYNTER'S HEADQUARTERS, NOTABLE CONFERENCE

LOCATIONS IN MAJOR CITIES, AND CLIENT LOCATIONS AS CUSTOM PROGRAMS

DESIGNED FOR SPECIFIC AUDIENCES.

POYNTER'S CURRICULUM, BOTH IN CONTENT AND DELIVERY, EMPHASIZES THE NEW

AND THE TIMELESS. AT THE HEART OF POYNTER'S CURRENT COURSE LIST ARE

PROGRAMS FOR MASTERING THE TOOLS REQUIRED IN TODAY'S FAST-CHANGING

MEDIA WORLD. ITS ON-CAMPUS SEMINAR LIST INCLUDES TITLES LIKE THESE:

ESSENTIAL SKILLS FOR NEW MANAGERS, LEADERSHIP ACADEMY, AND REPORTING &

EDITING SUMMIT. POYNTER CONTINUES TO STRESS JOURNALISTIC ESSENTIALS

BLENDED WITH EXAMPLES THAT FIT THE MODERN NEWSROOM ROLES AND STRUCTURE.

ETHICAL

Name of the organization $\begin{array}{c} {\bf THE} & {\bf I} \\ {\bf INC.} \end{array}$	POYNTER INSTITUTE FO	OR MEDIA STUDIES,	Employer identification number 59-1630423
DECISION-MAKING; DI	VERSITY; MANAGEMENT	AND LEADERSHIP; AND	DIGITAL
JOURNALISM.			
IN ADDITION TO ITS	COURSES, POYNTER AL	SO LEADS EFFORTS TO	HELP
GUARANTEE THAT THE	PRACTICE OF JOURNAL	ISM WILL BE SUSTAINE	D IN THE
FUTURE. FOR EXAMPLE	!:		
- THE CREATION OF T	HE CRAIG NEWMARK CE	NTER FOR ETHICS AND	LEADERSHIP TO
EXPAND POYNTER'S RO	LE IN ETHICS AND LE	ADERSHIP TRAINING, I	NCLUDING TO
PROVIDE CUSTOM ADVI	CE AND TRAINING TO	PROFESSIONAL NEWSROOM	MS ON STORIES
AND POLICIES, ADVAN	CE THE ETHICAL STAN	DARDS THAT GUIDE PRO	FESSIONAL
NEWS ORGANIZATIONS,	HOST GATHERINGS WH	ERE JOURNALISTS AND	EXPERTS CAN
EXCHANGE IDEAS AND	SPONSOR RESEARCH IN	TO BUILDING TRUST IN	NEWS AND THE
DEMOCRATIC PROCESS.			
- TOPICAL REPORTING	SEMINARS, SUPPORTE	D BY THE MACARTHUR F	OUNDATION AND
OTHER FUNDERS, MEET	THE GROWING NEED T	O PROVIDE JOURNALIST	S AND OTHERS
WITH SUBJECT-SPECIE	'IC EXPERTISE AND PR	ACTICAL REPORTING TR	AINING ON
ISSUES OR TOPICS IN	THE NEWS.		
- AN ENDOWMENT TRAN	SFERRED TO POYNTER	FROM THE NEWSPAPER A	SSOCIATION OF
AMERICA (LATER AMER	ICAN PRESS INSTITUT	E) RECEIVED FROM THE	KNIGHT
FOUNDATION TRACKS T	HE DIGITAL TRANSFOR	MATION OF NEWS MEDIA	AND ENABLES
POYNTER TO EXTEND T	HE PRACTICAL TRAINI	NG OF DIGITAL TOOLS.	
IN 2020, 87,396 STU	DENTS PARTICIPATED	IN 333 REGULAR OR CU	STOM COURSES
AND PUBLIC PROGRAMS	. MANY OF THEM RECE	IVED SCHOLARSHIPS OR	OTHER
ASSISTANCE WITH TIL	TTON AND/OR TRAVEL	EXPENSES, POYNTER UN	DERWRITES A

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization THE POYNTER INSTITUTE FOR MEDIA STUDIES, **Employer identification number** 59-1630423 INC. PORTION OF PROGRAM COSTS FOR ALL STUDENTS. THOUSANDS OF STUDENTS, PROFESSORS, AND OTHER PROFESSIONALS RECEIVED ASSISTANCE WITH TUITION OR ATTENDED VARIOUS POYNTER PROGRAMS FREE OF CHARGE. IN ADDITION TO THEIR WORK AT THE INSTITUTE, POYNTER FACULTY MEMBERS PROVIDE PRO BONO INSTRUCTIONAL SERVICE TO JOURNALISM ORGANIZATIONS, PARTICULARLY THOSE INTENDED TO SERVE MEMBERS OF MINORITY GROUPS. IN 2020, IN PARTNERSHIP WITH THE TAMPA BAY RAYS, THE CITY OF ST. PETERSBURG, AND THE WELLS FARGO FOUNDATION, POYNTER CONTINUED ITS COMMITMENT TO THE "WRITE FIELD" PROGRAM TO TEACH AT-RISK MIDDLE SCHOOL BOYS IN ITS HOME COMMUNITY THE VALUE OF WRITING AND JOURNALISM THROUGH THE CONTEXT OF A ONE-YEAR WRITING AND LIFE SKILLS PROGRAM. POYNTER ENJOYS A GLOBAL REPUTATION. MORE THAN 612 DOMESTIC AND 102 FOREIGN NEWS ORGANIZATIONS HAVE SENT THEIR EMPLOYEES TO POYNTER TEACHING, INCLUDING ORGANIZATIONS IN SOUTH AFRICA, INDONESIA, TURKEY AND THROUGHOUT EUROPE. THE MOST RECENT COURSE OFFERINGS CAN BE LOCATED ON THE WEB AT WWW.POYNTER.ORG. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: (CONTINUED FROM 990, PART III, LINE 4B) POLITIFACT PROVIDES DAILY FACT-CHECKING AND RESOURCES TO BOTH JOURNALISTS AND THE PUBLIC. IN ADDITION, POLITIFACT TRAINS AND EDUCATES OTHER FACT-CHECKERS AS WELL AS HOLDS CITIZEN TRAINING EVENTS.

FORM 990, PART VI, SECTION A, LINE 6:

THE INSTITUTE HAS FOUR MEMBERS PLUS AN ALTERNATE FOR PURPOSES OF ELECTING THE BOARD OF TRUSTEES AND ANY OTHER CORPORATE MATTERS PRESENTED TO THE

Schedule O (Form 990 or 990-EZ) 2020 Page 2 THE POYNTER INSTITUTE FOR MEDIA STUDIES, Name of the organization **Employer identification number** 59-1630423 INC. MEMBERSHIP. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS, BY MAJORITY VOTE, MAY AT ANY TIME INCREASE OR DECREASE THE NUMBER OF MEMBERS AS THEY DEEM APPROPRIATE. THE NUMBER OF MEMBERS CANNOT BE LESS THAN THREE AND THERE SHOULD ALWAYS BE AN ALTERNATE. THE MEMBERS HAVE THE RESPONSIBILITY OF REVIEWING AND APPOINTING THE BOARD OF TRUSTEES ON AN ANNUAL AND AS NEEDED BASIS. FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERS MAY ALSO VOTE ON CERTAIN GOVERNING DECISIONS WHEN PRESENTED TO THE MEMBERS BY THE BOARD OF TRUSTEES. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. AN INITIAL DRAFT OF THE FORM IS PROVIDED TO THE AUDIT COMMITTEE, LEGAL REPRESENTATION, AND MANAGEMENT FOR REVIEW. THE REVIEW COMMENTS, IF ANY, ARE CONSIDERED AND, IF APPLICABLE, REFLECTED ON THE FINAL VERSION OF THE RETURN. ALL BOARD MEMBERS RECEIVE A COPY OF THE 990 PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE TRUSTEES OF THE BOARD REPORT ANY CONFLICTS OF INTEREST TO THE CHAIRMAN.

THE CHAIRMAN AND POYNTER'S PRESIDENT PROVIDE REVIEW AND CAN MAKE DETERMINATIONS ABOUT SUCH CONFLICTS.

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

COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION FOR KEY PEOPLE IS DETERMINED BY AN ANNUAL REVIEW. THE

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.	Employer identification number 59-1630423
PRESIDENT IS REVIEWED BY THE CHAIRMAN OF THE BOARD.	
COMPENSATION PROCESS FOR OFFICERS	
COMPENSATION FOR KEY PEOPLE IS DETERMINED BY AN ANNUAL REV	VIEW. THE ANNUAL
REVIEWS BY A SUPERVISOR ARE WRITTEN AND ORAL. THE REVIEW I	NCLUDES AN
EXAMINATION OF PREVIOUS WORK. FOR KEY PEOPLE THE CONVERSAT	CION IS OFTEN LED
BY THE PRESIDENT.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AK, CA, CO, DC, FL, GA, HI, IA, ID, IL, IN, MA, MD, MT, ND, NH, NJ, NY, OR, F	PA,RI,SC,WA,WI
FORM 990, PART VI, SECTION C, LINE 19:	
NO GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	1,889,365.
MANAGEMENT AND GENERAL EXPENSES	204.
FUNDRAISING EXPENSES	48.
TOTAL EXPENSES	1,889,617.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,889,617.
PART XII, LINE 1	
THE ORGANIZATION USES THE INCOME TAX METHOD OF ACCOUNTING.	
FORM 990, PART XII, LINE 2C:	
THE POYNTER INSTITUTE FOR MEDIA STUDIES INC DID NOT CHANGE	I ITS
OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR	.

Schedule O (Form 990 or 9	990-EZ) 2	020				Page 2
Schedule O (Form 990 or 9 Name of the organization	THE INC	POYNTER	INSTITUTE	FOR MEDI.	A STUDIES,	Employer identification number 59-1630423
						_
						_

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 59-1630423

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controllin entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
				501(c)(3))		Yes	No
TAMPA BAY TIMES FUND, INC - 59-6142547							
490 FIRST AVE S							
ST. PETERSBURG, FL 33701	CHARITABLE	FLORIDA	501(C)(3)	PF	N/A		X
THE POYNTER INSTITUTE FOUNDATION -					THE POYNTER		
45-5630160, 801 THIRD ST S, ST. PETERSBURG,					INSTITUTE FOR		
FL 33701	SUPPORTING	FLORIDA	501(C)(3)	LINE 12A, I	MEDIA STUDIES,	X	

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	l	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income			ortionate itions?	Code V-UBI amount in box 20 of Schedule	managir partner	or Percentage ownership
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes N	0

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	end-of-year	(h) Percentage ownership	512(l conti	tion b)(13) rolled tity?
		country)		or trust)		assets		Yes	_
TIMES HOLDING COMPANY - 59-6068199			THE POYNTER						
490 FIRST AVE S			INSTITUTE FOR						
ST. PETERSBURG, FL 33701	HOLDING CO	FL	MEDIA STUDIES,	C CORP	84,086,101.	33,454,599.	100%	X	
TIMES PUBLISHING COMPANY - 59-0482470									
490 FIRST AVE S			TIMES HOLDING						
ST. PETERSBURG, FL 33701	MEDIA CO	FL	COMPANY	C CORP	0.	0.	100%	X	
TREND MAGAZINES INC - 59-1057320			TIMES						
490 FIRST AVE S			PUBLISHING						
ST. PETERSBURG, FL 33701	PERIODICAL	FL	COMPANY	C CORP	0.	0.	100%	Х	
TAMPA BAY NEWSPAPERS INC - 59-3447974									
9911 SEMINOLE BLVD	1		TIMES HOLDING						
SEMINOLE, FL 33772	NEWSPAPERS	FL	COMPANY	C CORP	0.	0.	100%	Х	
TIMES MEDIA SERVICES INC - 26-2792852									
490 FIRST AVE S			TIMES HOLDING						
ST. PETERSBURG, FL 33701	PERIODICAL	FL	COMPANY	C CORP	0.	0.	100%	Х	

Schedule R (Form 990) INC. 59-1630423

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	tion o)(13) olled ity?
		country)		or trusty		455515		Yes	No
TAMPA MEDIA GROUP LLC - 46-2419106	_		TIMES						
202 SOUTH PARKER STREET			PUBLISHING						
TAMPA, FL 33606	MEDIA CO	FL	COMPANY	C CORP	0.	0.	100%	X	
	7								
	7								
	7								
-									
-	7								
	7								
									<u> </u>
-	┪								
-	┪								
	+								
	\dashv								
	\dashv								
	+								
	\dashv								
	\dashv								
	-								
	4								
	4								
	4								
	_								
-	_								

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TIMES PUBLISHING CO	D	7,263,366.	LOAN GUARANTEE
(2) TIMES PUBLISHING CO	N	310,106.	POLITIFACT ADS AND CONTENT
(3) TIMES PUBLISHING CO	L	230,563.	FISCAL SPONSORSHIP
(4) TIMES PUBLISHING CO	L	59,846.	CONTRIBUTING EDITOR
(5) TIMES PUBLISHING CO	М	163,318.	ADVERTISING PROMOTION
<u>(6)</u>			

INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Al or Percentage ging ownership
									000) 0000

Page 4

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

59-1630423 Page 5 INC. Schedule R (Form 990) 2020 Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: NAME OF RELATED ORGANIZATION: THE POYNTER INSTITUTE FOUNDATION DIRECT CONTROLLING ENTITY: THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC. PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST: NAME OF RELATED ORGANIZATION: TIMES HOLDING COMPANY DIRECT CONTROLLING ENTITY: THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.

Schedule R (Form 990) 2020

EXTENDED TO NOVEMBER 15, 2021 Form **990-T Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2020 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Check box if Name of organization (Check box if name changed and see instructions.) address changed. THE POYNTER INSTITUTE FOR MEDIA STUDIES, **B** Exempt under section Print INC. 59-1630423 Group exemption number (see instructions) X 501(c)(3 or Number, street, and room or suite no. If a P.O. box, see instructions. Type 220(e) 801 3RD STREET S 408(e) 408A]530(a) City or town, state or province, country, and ZIP or foreign postal code]529(a) [ST. PETERSBURG, FL 33701-4920 529S Check box if 49,655,166. C Book value of all assets at end of year an amended return. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if filing only to Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. 727-553-4338 The books are in care of ▶ JESSICA M. NAVARRO Telephone number **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see -1,050,968. instructions) 2 Reserved 2 050,968. 3 3 Add lines 1 and 2 4 Charitable contributions (see instructions for limitation rules) 4 1,050,968. Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 0. Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 1,050,968. Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 9 **Trusts.** Section 199A deduction. See instructions 1,000 10 Total deductions. Add lines 8 and 9 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 enter zero 11 **Tax Computation** Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041) Part I, line 11 from: 2 Proxy tax. See instructions 3 3 4 Other tax amounts. See instructions 4 Alternative minimum tax (trusts only) 5 5 6 Tax on noncompliant facility income. See instructions 6

Form 990-T (2020)

LHA

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020) Page 2 **Tax and Payments** Part III Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a Other credits (see instructions) 1b b General business credit. Attach Form 3800 (see instructions) 1c Credit for prior year minimum tax (attach Form 8801 or 8827) 1d Total credits. Add lines 1a through 1d Subtract line 1e from Part II, line 7 0. 2 2 Other taxes. Check if from: Form 4255 | Form 8611 | Form 8697 3 Other (attach statement) 3 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 4 5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5 Payments: A 2019 overpayment credited to 2020 6a 2020 estimated tax payments. Check if section 643(g) election applies _____ > __ b 6b Tax deposited with Form 8868 6c Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) 6e Credit for small employer health insurance premiums (attach Form 8941) 6f Other credits, adjustments, and payments: Form 2439 Form 4136 U Other Total ▶ Total payments. Add lines 6a through 6g 7 7 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2021 estimated tax 11 Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a Х If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year _____ > \$ 3 Х Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V Part V Supplemental Information Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return with Here PRESIDENT the preparer shown below (see Signature of officer Date instructions)? X Yes Print/Type preparer's name Preparer's signature Date if PTIN Check self- employed Paid P01204534 JULIANA KREUL **Preparer** Firm's name ► RSM US LLP 42-0714325 Firm's EIN ▶ **Use Only** 7351 OFFICE PARK PLACE

Firm's address ► MELBOURNE, FL 32940-8229

Form 990-T (2020)

Phone no. 321 - 751 - 6200

1

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

	i neveriue service	,		- Jan		<i>,</i> -	501(c)(3) Organizations Only
A N	lame of the organization THE POYNTER INSTITUTE I	FOR	MEDIA STU	DIES	B Employer i		
<u>c</u> ւ	Unrelated business activity code (see instructions) > 54180	0			D Sequence	: :	1 of 1
<u>E [</u>	Describe the unrelated trade or business >ADVERTISING						
Pa	t I Unrelated Trade or Business Income		(A) Income		(B) Expenses	s	(C) Net
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)) (see instructions)	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement) STMT 1	12	547,8	22.			547,822.
13	Total. Combine lines 3 through 12	13	547,8	22.			547,822.
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	come			, 		s must be
1	Compensation of officers, directors, and trustees (Part X)					1	1,010,399.
2	Salaries and wages					2	1,010,333.
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement) (see instructions)					5	74,747.
6	Taxes and licenses		1 _		9,254.	6	/4,/4/•
7	Depreciation (attach Form 4562) (see instructions)				9,234.		0 254
8	Less depreciation claimed in Part III and elsewhere on return					8b	9,254.
9	Depletion					9	14 207
10	Contributions to deferred compensation plans					10	14,207.
11	Employee benefit programs					11	95,049.
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	205 124
14	Other deductions (attach statement)					14	395,134.
15	Total deductions. Add lines 1 through 14					15	1,598,790.
16	Unrelated business income before net operating loss deduction. Su column (C)					16	-1,050,968.
17	Deduction for net operating loss (see instructions)					17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16					18	-1,050,968.

Part	III Cost of Goods Sold Fnter met	nod of inventory valua	tion		Page Z
1	Inventory at beginning of year	-		1	
2	Purchases				
3	Cost of labor				_
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter I			_	
9	Do the rules of section 263A (with respect to property	produced or acquired	for resale) apply to the	e organization?	Yes No
Part	IV Rent Income (From Real Property and	Personal Prope	rty Leased with F	Real Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Checl	t if a dual-use (see inst	ructions)	
	A				
	В				
	c				
	D		1		
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4 5	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er	iter here and on Part I	line 6, column (B)	 	0.
Part		ee instructions)			
1	Description of debt-financed property (street address, of	city, state, ZIP code).	Check if a dual-use (se	e instructions)	
	A				
	В 🔲				
	c 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	9	6 %	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6			1	
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	art I, line 7, column (A)	>	0.
_		Γ	I	 	
9	Allocable deductions. Multiply line 3c by line 6		des Berries E	(D)	
10 11	Total allocable deductions. Add line 9, columns A thr Total dividends-received deductions included in line		a on Paπ I, line /, coli	muu (R) 🟲	0.
	uvuenus receiveu veurchons mandel mille	137			\ / A

Part	VI Interest, Annu	uities, R	oyalties, and Re	ents fror	n Control	led Or	ganizations	S (se	e instruct	ions)	Page 3
	,	· ·	<u> </u>				Exempt Contro	,			
	Name of controlle organization	d	2. Employer identification number	incon	unrelated ne (loss) structions)	4. Tota	al of specified ments made	5. Pathat is control	ort of colur included olling orga gross inc	mn 4 in the aniza-	Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)			No	navamat C	Controlled O	raenizeti	iono				
	. Taxable Income	۰	Net unrelated	1	Controlled Or otal of specif	-		of colu	mn Q	11 [Deductions directly
	. Taxable income	ir	ncome (loss) e instructions)		yments mad		10. Part of column 9 that is included in the controlling organization's gross income			С	connected with ome in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and on	Part I,	Enter	columns 6 and 11. here and on Part I, le 8, column (B)
Totals						•			0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgai	nization (s	ee insti	ructions)		
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connumber (attach state)	ected	4. Set- (attach st	asides tatement	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amou	ınte in					Add amounts in
Totals				•	column 2 here and or line 9, colu	. Enter n Part I,					column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income	Other 1	han Adve		g Income	see ins	structions)		
1	Description of exploite								,		
2	Gross unrelated busin			ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,			
	line 10, column (B)									3	
4	Net income (loss) from lines 5 through 7	unrelated	I trade or business.	Subtract lir	ne 3 from line	e 2. If a	gain, complete	!		4	
5	Gross income from ac	tivity that	is not unrelated busi	iness incor	ne					5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12							7	

Schedule A (Form 990-T) 2020

Schedule A (Form 990-T) 2020

	ule A (Form 990-T) 2020				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a	consolidated basi	S.	
	Α				
	В				
	с				
	D				
Enter 1	amounts for each periodical listed above in the c	orresponding column			
Linter	amounts for each periodical listed above in the c	_	В	С	D
•	Our and and continue in a con-	A	В В		
2	Gross advertising income				0.
	Add columns A through D. Enter here and on F	Part I, line 11, column (A)		▶	
а			ı		
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on F	Part I, line 11, column (B)		▶	0.
4	Advertising gain (loss). Subtract line 3 from line	e			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
,		_			
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain or	I			
	line 4, enter the lesser of line 4 or line 7	· · · · · · · · · · · · · · · · · · ·			
а	Add line 8, columns A through D. Enter the gre	eater of the line 8a, columns to	tal or zero here ar	nd on	_
	Part II, line 13			<u></u>	0.
Part	X Compensation of Officers, Dire	ectors, and Trustees (s	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
				%	
(4)	L.			70	
Total	Enter here and on Part II, line 1				0.
Part		·			<u> </u>
Fait	Supplemental information (see	e instructions)			

FORM 990-T (A)	OTHER	INCOME	STATEMENT 1
DESCRIPTION			AMOUNT
CAREER CENTER ADVERTISING POLITIFACT ADVERTISING			95,188. 452,634.
TOTAL TO SCHEDULE A, PART I, L	INE 12		547,822.
FORM 990-T (A)	OTHER	DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
NEWS SYNDICATION IT SUPPORT OCCUPANCY TRAVEL ADVERTISING OTHER PROFESSIONAL FEES OFFICE EXPENSES INFORMATION TECHNOLOGY CONFERENCES INSURANCE EQUIPMENT TELEPHONE MEMBERSHIPS POSTAGE MISCELLANEOUS			123,819. 49,991. 58,137. 25,185. 47,893. 84,301. 257. 67. 75. 2,085. 3,074. 158. 75. 15.
TOTAL TO SCHEDULE A, PART II,	LINE 14		395,134.

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STATE COPY

TAXABLE YEAR **2020**

California Exempt Organization Annual Information Return

028941 12-22-20 FORM

199

Calendar Year	2020 or fiscal year beginning (mm/dd/yyyy)			, and ending (n	nm/dd/yyy	ry)			
Corporation/Org	anization name				Cali	fornia corpo	oration r	number	
THE PO	YNTER INSTITUTE FOR MEDI	A STUDIES	5,						
INC.						9802	<u>661</u>		
Additional inform	ation. See instructions.				FE				
						59-1	<u>630</u>	423	
Street address (s						PMB no.			
	O STREET S			1.	0	710 1			
City]	State	ZIP code	1 1	0.00	
	rersburg	oreign province/state/co			FL	3370			
Foreign country	name F	oreign province/state/col	unty			Foreign po	osiai co	de	
A First retu	n	Yes X No I	Did the or	ganization have	any chang	nee to ite	nuidali	nge	
B Amended								• Yes X	Nο
	on 4947(a)(1) trust	Yes X No J							NO
	mation return?			n political activi					No
	Dissolved Surrendered (Withdrawn) Merge	ed/Reorganized K						701g? • Yes X	
Enter date:	(mm/dd/yyyy) •			iter the gross re					
E Check ac	counting method: (1) Cash (2) Accrual	(3) X Other L		anization a limit					No
F Federal re	turn filed? (1) • X 990T (2) • 990PF (3) • □	Sch H (990) M	Did the or	ganization file F	orm 100 d	r Form 10	09 to		
	Other 990 series		report taxa	able income?				• X Yes	No
	roup filing? See instructions		Is the orga	anization under	audit by th	ne IRS or	has th	e	
H Is this or	ganization in a group exemption							• Yes X	
If "Yes," v	hat is the parent's name?	0						Yes X	No
			Date filed	with IRS					
Part I 0	omplete Part I unless not required to file this form.	Soo Gonoral Inform	ation D and	1.0					
Tarti	1 Gross sales or receipts from other sources. Fr					•	1	7,258,736	Τοο
	2 Gross dues and assessments from members a						2	799,837	
	3 Gross contributions, gifts, grants, and similar	amounts received		1	STMT	1 •	3	7,513,783	
	4 Total gross receipts for filing requirement test				T			.,,	100
Receipts	This line must be completed. If the result is I			nformation B		•	4	15,572,356	00
and	5 Cost of goods sold		•	5		00			
Revenues	6 Cost or other basis, and sales expenses of ass			6 7	23,3	99 00			
	7 Total costs. Add line 5 and line 6						7	723,399	
	8 Total gross income. Subtract line 7 from line 4						8	14,848,957	
Expenses	9 Total expenses and disbursements. From Side	2, Part II, line 18				•	9	12,363,102	00
	10 Excess of receipts over expenses and disburse						10	2,485,855	_
	11 Total payments						11		00
	12 Use tax. See General Information K	40				····· •	12		00
Filiaa Faa	13 Payments balance. If line 11 is more than line						13		00
Filing Fee	14 Use tax balance. If line 12 is more than line 1115 Penalties and Interest. See General Informatio	- 1					14 15		00
									00
	16 Balance due. Add line 12 and line 15. Then st Under penalties of perjury, I declare that I have examined this it is true, correct, and complete. Declaration of preparer (other	return, including accomp	anying schedi	ules and statemen	ts, and to the	e best of my	y knowle	edge and belief,	100
Sign	it is true, correct, and complete. Declaration of preparer (other		itle	ion of which prepa	Date	Kilowieuge.		Telephone	
Here	Signature of officer		RESID:	ENT	Date			727-821-9494	
	5. dined.		Date		Check	if		● PTIN	
	Preparer's signature					nployed		P01204534	
Paid	Firm's name		•		-			Firm's FEIN	
Preparer's	(or yours, if self-							42-0714325	
Use Only	employed) 7351 OFFICE PARK I							Telephone	
	MELBOURNE, FL 329	40-8229						<u>321-751-6200</u>	
	May the FTB discuss this return with the preparer sl	hown above? See ins	structions		<u></u>	● X	Yes	No	

028951 12-22-20

Part II	Organizations with gross receipts of more than \$50,000 and private foundations regardless of
	amount of gross receipts - complete Part II or furnish substitute information.

Receipt from Other Sources Expense	3	2 3 4 5 6 7 8 9 10 11 12 13 14	Total gross sales or receipts from Contributions, gifts, grants, and Disbursements to or for member Compensation of officers, direct Other salaries and wages	e of assets (See Instructions) m other sources. Add line 1 th similar amounts paid rs ors, and trustees	SEE \$ rough line 7. Enter here	STA and o	ATEMENT 2 TEMENT 3 n Side 1, Part I, line 1 TEMENT 4	1 2 3 4 5 6 7 8 9 10 11 12 13 14	19,000 00 230,260 00 293,483 00 22,871 00 705,010 00 5,988,112 00 7,258,736 00 1,959,833 00 712,597 00 3,558,992 00 8,830 00 295,498 00
Disburs ments	e-	15 16	Rents Depreciation and depletion (See	instructions)			•	15 16	413,557 00 733,248 00
			Other expenses and disbursement	nts	SEE S	STA	TEMENT 5 •	17	4,680,547 00
		18	Total expenses and disbursemen	nts. Add line 9 through line 17	. Enter here and on Side	1, Pa	rt I, line 9	18	12,363,102 00
Sche	dule	e L	Balance Sheet	Beginning of				ftax	able year
Assets	. 1.			(a)	(b) 329,2	11	(c)		(d) • 746,479
1 Cas			roogiyahla		349,4	41			140,419
2 Net	note	o rac	receivable STMT 6		4,988,5	82			• 4,988,582
			Scivable D 1111 0		56,1				• 56,145
			state government obligations						•
			in other bonds						•
			in stock						•
8 Mo									•
			ments STMT 7	40.000.004	33,518,2	92	10 106 50		• 36,544,736
10 a [Depre	ciabl	le assets	19,080,231	4 504 5		19,436,72		4 045 020
			mulated depreciation	(14,555,681)			(15,190,797		4,245,932
11 Lan	1d				2,273,2 866,6				2,273,293799,999
12 Util	er as	sets	STMT 8		46,556,7				49,655,166
Liabiliti			at worth		40,330,7	00			47,033,100
			/able		13,6	11			• 37,937
			s, gifts, or grants payable						•
			otes payable STMT 9		13,2	95			• 14,114
17 Mo	rtgag	es pa	ayable						•
			ayable es STMT 10		150,0	00			737,400
			or principal fund						•
			al surplus. Attach reconciliation		46 270 0				40.065.715
			nings or income fund		46,379,8 46,556,7				• 48,865,715 40,655,166
Sche			es and net worth	aar baaka with inaama narras		00			49,655,166
JU1161	auit	J 1VI		per books with income per redule if the amount on Schedule		is les	s than \$50.000.		
1 Net	inco	me n	per books	0.405	a = = I		on books this year		
			ne tax		not included				•
			pital losses over capital gains				s return not charged		
			ecorded on books this year				me this year		•
			corded on books this year not		9 Total. Add li				
			his return		10 Net income	-			
6 Tot	al. Ac	dd lin	ne 1 through line 5	2,485,	855 Subtract line	e 9 fro	om line 6		2,485,855

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT AMOUNT
FACEBOOK, INC.	1 HACKER WAY MENLO PARK, CA 94025	2,785,500.
GOOGLE, INC.	1600 AMPHITHEATER PARKWAY MOUNTAIN VIEW, CA 94043	1,570,000.
JOHN & JAMES L KNIGHT FOUNDATION	200 S. BISCAYNE BLVD MIAMI, FL 33131	757,540.
CHARLES KOCH FOUNDATION	1320 N. COURTHOUSE ROAD, SUITE 500 ARLINGTON, VA 22201	500,000.
MACARTHUR FOUNDATION	140 S DEARBORN ST, SUITE 1100 CHICAGO, IL 60603	205,000.
CRAIG NEWMARK PHILANTHROPIES	235 MONTGOMERY STREET, SUITE 1158 SAN FRANCISCO, CA 94104	135,000.
NEWTON & ROCHELLE BECKER CHARITABLE TRUST	700 LARKSPUR LANDING CIR., STE. 199 LARKSPUR, CA 94393	108,000.
GILL FOUNDATION	1550 WEWATTA STREET, SUITE 720 DENVER, CO 80202	100,000.
ROBERT R. MCCORMICK FOUNDATION	205 N MICHIGAN AVE, STE 4300 CHICAGO, IL 60601	100,000.
NATIONAL ENDOWMENT FOR DEMOCRACY	1025 F STREET NW, STE 800 WASHINGTON, DC 20004	91,560.
LUMINA FOUNDATION	30 S. MERIDIAN ST., SUITE 700 INDIANAPOLIS, IN 46204	90,000.
DEMOCRACY FUND	1200 17TH STREET NW SUITE 300 WASHINGTON, DC 20036	75,000.
INSTITUTE FOR WAR AND PEACE REPORTING	1156 15TH STREET, NW SUITE 329 WASHINGTON, DC 20005	73,287.

THE POYNTER INSTITUTE FOR	MEDIA STUDIES,	59-1630423
FOUNDATION TO PROMOTE OPEN SOCIETIES	224 WEST 57TH STREET NEW YORK, NY 10019	61,000.
BRIAN COMMUNICATIONS	123 SOUTH BROAD STREET, SUITE 2700 PHILADELPHIA, PA 19109	52,500.
ENVIRONMENTAL DEFENSE FUND	257 PARK AVENUE SOUTH NEW YORK, NY 10010	50,000.
RITA ALLEN FOUNDATION	92 NASSU STREET PRINCETON, NJ 08542	50,000.
AARP	601 E STREET NW WASHINGTON, DC 20049	30,000.
RAYS BASEBALL FOUNDATION, INC.	ONE TROPICANA DRIVE ST. PETERSBURG, FL 33701	30,000.
THE MIAMI FOUNDATION	40 NW 3RD STREET, SUITE 305 MIAMI, FL 33128	30,000.
FOX MEDIA	1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036	25,000.
HEARST	300 WEST 57TH STREET NEW YORK, NY 10019	25,000.
RED APPLE GROUP	800 THIRD AVENUE, 5TH FLOOR NEW YORK, NY 10022	25,000.
TEGNA FOUNDATION	7950 JONES BRANCH DRIVE MCLEAN, VA 22107	25,000.
WASHINGTON POST	1301 K STREET NW WASHINGTON, DC 20071	25,000.
FRITT ORD FOUNDATION	URANIENBORGVEIEN 2, 0258 OSLO NORWAY 0258	21,560.
CNN	1 CNN CENTER ATLANTA, GA 30303	20,000.
COMMON CAUSE	805 FIFTEENTH ST, NW, SUITE 800 WASHINGTON, DC 20005	20,000.

THE POYNTER INSTITUTE FOR	MEDIA STUDIES,	59-1630423
CITY OF ST. PETERSBURG	PO BOX 2842 ST. PETERSBURG, FL 33731	15,985.
	165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINSTOWN, PA 19046	15,000.
SCRIPPS HOWARD FOUNDATION	312 WALNUT STREET, 28TH FLOOR CINCINNATI, OH 45202	15,000.
FRANK E. DUCKWALL FOUNDATION	2914 PONDEROSA TRAIL WIMAUMA, FL 33598	12,500.
BOBBI BOWMAN	1505 AUDMAR DR MCLEAN, VA 22101	10,000.
COMMUNITY INITIATIVES FOUNDATION	1000 BROADWAY, SUITE 480 OAKLAND, CA 94607	10,000.
GREGORY S. & ELIZABETH SEMBLER PHILANTHROPIC FUND C/O TOP JEWISH FOUNDATION	13009 COMMUNITY CAMPUS DRIVE TAMPA, FL 33625	10,000.
	1300 17TH STREET NO. 17TH FLOOR ARLINGTON, VA 22209	10,000.
RAMON BOSQUEZ	450 COFFEE POT RIVIERA NE ST. PETERSBURG, FL 33704	10,000.
RAYMOND JAMES AND ASSOCIATES, INC.	880 CARILLON PARKWAY ST. PETERSBURG, FL 33716	10,000.
STELLAR SR. FAMILY FOUNDATION, INC.	12157 W. LINEBAUGH AVE., #355 TAMPA, FL 33626	10,000.
STERNBERG CHARITABLE TRUST	555 5TH AVENUE NE UNIT 1043 ST. PETERSBURG, FL 33701	10,000.
SANIBEL CAPTIVA TRUST	2460 PALM RIDGE ROAD SANIBEL, FL 33957	7,500.
BRIAN BRACCO	12601 CEDAR STREET LEAWOOD, KS 66209	7,169.

THE POYNTER INSTITUTE FOR	MEDIA STUDIES,	59-1630423
BLOOMBERG PHILANTHROPIES	25 EAST 78TH STREET NEW YORK, NY 10075	5,000.
CALIFORNIA COMMUNITY FOUNDATION	221 S. FIGUEROA ST, STE 400 LOS ANGELES, CA 90012	5,000.
CHARLES AND PHYLLIS WESTON C/O RAYMOND JAMES	880 CARILLON PARKWAY ST. PETERSBURG, FL 33716	5,000.
COMMUNITY FOUNDATION OF NEW JERSEY	PO BOX 338 MORRISTOWN, NJ 07963	5,000.
CRISTINA TARDAGUILA	11020 LONGBOAT KEY LANE, #304 TAMPA, FL 33626	5,000.
DUKE ENERGY	299 FIRST AVE NORTH, FRH-163 ST. PETERSBURG, FL 33701	5,000.
EDWARD HENNING	2610 SOUTHERN OAKS PL PLANT CITY, FL 33566	5,000.
GOBIOFF FOUNDATION	501 SILVERSIDE ROAD, SUITE 123 WILMINTON, DE 19809	5,000.
HANCOCK WHITNEY BANK	2202 NORTH WESTSHORE BLVD, SUITE 150 TAMPA, FL 33607	5,000.
	201 WASHINGTON ST, SUITE 0024-0062 BOSTON, MA 02108	5,000.
NEW YORK TIMES	620 EIGHTH AVENUE NEW YORK, NY 10018	5,000.
PAUL C. AND KARYN K. TASH	300 BEACH DRIVE NE STE 2701 ST. PETERSBURG, FL 33701	5,000.
REVOLUTION SYSTEMS, LLC	2205 KILLARNEY CT LAWRENCE, KS 66047	5,000.
SUNCOAST CREDIT UNION FOUNDATION	P.O. BOX 11904 TAMPA, FL 33680	5,000.

THE POYNTER INSTITUTE FOR	MEDIA STUDIES,	59-1630423
THE BESSIE RATTNER FOUNDATION INC.	125 BLACK BIRCH TRAIL FLORENCE, MA 01062	5,000.
THE JOHN AND ANNE DICKERSON FUND	323 WEST 74TH, APARTMENT 5 NEW YORK, NY 10023	5,000.
TUCKER HALL	1308 E 7TH AVE TAMPA, FL 33605	5,000.
WELLS FARGO FOUNDATION	550 S 4TH ST, MAC N9310-074 MINNEAPOLIS, MN 55415	5,000.
TOTAL INCLUDED ON LINE 3		7,324,101.

CA 199 GROSS A	AMOUNT FROM SAI	E OF ASSETS	S	TATEMENT 2
DESCRIPTION		ATE DA'		THOD UIRED
			PUR	CHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	710,595.	0.	0.	705,010.
DESCRIPTION		ATE DA'		THOD UIRED
			PUR	CHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	44,268.	31,464.	0.	0.
TOTAL TO FORM 199, PAGE 2, LN 6	754,863.	31,464.	0.	705,010.

CA 199	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
POLITIFACT ADVERTISING CAREER CENTER ADVERTISING CAREER CENTER REVENUE TEACHING REVENUE LICENSING REVENUE		452,634. 95,132. 40,287. 3,061,033. 2,339,026.
TOTAL TO FORM 199, PART II, LINE	E 7	5,988,112.

CA 199 COMPENSATION OF OFFICERS	, DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
NEIL BROWN 801 3RD STREET S ST. PETERSBURG, FL 33701-4920	PRESIDENT 37.50	322,712.
CONAN GALLATY 801 3RD STREET S ST. PETERSBURG, FL 33701-4920	TRUSTEE 1.00	0.
KELLY B. MCBRIDE 801 3RD STREET S ST. PETERSBURG, FL 33701-4920	SENIOR VP 37.50	208,507.
JESSICA M. NAVARRO 801 3RD STREET S ST. PETERSBURG, FL 33701-4920	VICE PRESIDENT 37.50	159,378.
ANN MARIE LIPINSKI 801 3RD STREET S ST. PETERSBURG, FL 33701-4920	TRUSTEE 1.00	5,000.
STEPHEN BUCKLEY 801 3RD STREET S ST. PETERSBURG, FL 33701-4920	TRUSTEE 1.00	5,000.
PAULA ELLIS 801 3RD STREET S ST. PETERSBURG, FL 33701-4920	TRUSTEE 1.00	4,000.
MONICA DAVEY 801 3RD STREET S ST. PETERSBURG, FL 33701-4920	TRUSTEE 1.00	3,000.
LORI BERGEN 801 3RD STREET S ST. PETERSBURG, FL 33701-4920	TRUSTEE 1.00	3,000.
ROBERT KING 801 3RD STREET S ST. PETERSBURG, FL 33701-4920	TRUSTEE 1.00	2,000.
TOTAL TO FORM 199, PART II, LINE 11		712,597.

CA 199 OTF	IER EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
PROGRAM DEVELOPMENT		1,058,176.
EQUIPMENT MAINTENANCE		277,200.
VISITING PROFESSORS		130,300.
MISCELLANEOUS EXPENSES		42,057.
RENTAL EXPENSES		138,595.
DIRECT EXPENSES OF FUNDRAISING EVENT	rs	65,424.
PENSION PLAN CONTRIBUTIONS	-	52,630.
OTHER EMPLOYEE BENEFITS		419,554.
LEGAL FEES		39,343.
ACCOUNTING FEES		51,050.
OTHER PROFESSIONAL FEES		1,889,617.
ADVERTISING AND PROMOTION		55,382.
OFFICE EXPENSES		104,252.
INFORMATION TECHNOLOGY		55,161.
TRAVEL		207,715.
CONFERENCES AND CONVENTIONS		84,794.
ALL OTHER EXPENSES		9,297.
TOTAL TO FORM 199, PART II, LINE 17		4,680,547.
CA 199 NET NO	DTES RECEIVABLE	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER NOTES AND LOANS RECEIVABLE	4,988,582.	4,988,582.
TOTAL TO FORM 199, SCHEDULE L, LINE	3 4,988,582.	4,988,582.
CA 199 OTHE	ER INVESTMENTS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
TIMES HOLDING CO STOCK	21,366,624.	21,366,624.
TIMES PUBLISHING CO STOCK	1,000,000	
OTHER INVESTMENT	11,151,668.	
OTHER THEFTHE		
TOTAL TO FORM 199, SCHEDULE L, LINE	9 33,518,292.	36,544,736.

CA 199 OTHER ASSET	S	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INTANGIBLE ASSETS	866,663.	799,999.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	866,663.	799,999.
CA 199 BONDS AND NOTES	PAYABLE	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ESCROW ACCOUNT LIABILITIES	13,295.	14,114.
TOTAL TO FORM 199, SCHEDULE L, LINE 16	13,295.	14,114.
CA 199 OTHER LIABILI	TIES	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNSECURED NOTES AND LOANS PAYABLE	150,000.	737,400.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	150,000.	737,400.

Date Accepted

Date Ac	cepted								DO	NO I IV	IAIL I	піз гс	ו ואוחל	OTHER	ID
	_E YEAR)20			-file Ret janizatio		thor	izatio	on fo	or					FORM 8453-	
Exempt Or	ganization name											Identifying	number		
THE	POYNTE	R TNSTT	יייד דייניי	OR MED	TA STUD	TES.									
INC.		111011	1011	011 1111	5105	,						59-1	6304	23	
Part I		Return Info	rmation (w	hole dollars o	nlv)							<u> </u>	0001		
		eipts (Form 19			,,							1	15	5,572,3	356
	J	ome (Form 19												,848,9	
	J	•	, ,	m 199, line 9)									12	, 363, 1	102
			(, ,										· · ·	
Part II	Settle Yo	ur Account E	lectronical	ly for Taxable	Year 2020										
4	Electronic	funds withdra	awal 4	a Amount				4b Wit	hdrawal o	date (mi	n/dd/yy	yy)			
Part III	Banking I	nformation (Have you ve	erified the exe	mpt organizat	ion's ba	anking in	formatio	on?)						
5 Rou	ıting number	·													
6 Acc	ount numbe	r					7 Ty	pe of ac	count:	Cr	ecking		Savings	3	
Part IV	Declaration	on of Officer													
I authoriz		organization's a	account to be	settled as desi	gnated in Part II	l. If I che	eck Part II,	Box 4,	authorize	an electr	onic fun	ds withdr	awal for	the amount I	isted
a balance organizat statemen	e due return, l tion will remai its be transmit	understand tha n liable for the f ted to the FTB t	t if the Franc fee liability ar by the ERO, t	vledge and belie hise Tax Board id all applicable ransmitter, or ir O or intermedia	(FTB) does not interest and pentermediate serv	receive f nalties. I vice prov	full and tin l authorize vider. If th e reason(s	nely payi the exe e proces	ment of the mpt organi ssing of th delay.	e exempt zation re	organiza turn and	ation's fee accompa	e liability. Inying so	, the exempt chedules and	
Here	Signatu	e of officer		I	Date	_ *	Title								
- · · ·	.	.=		<u> </u>	20) 12:1										
am only a accuratel provided 1345, 20 the exem I declare	that I have rea an intermediat by reflects the the organizati 20 Handbook apt organizatio that I have ex	viewed the above e service provious data on the retu on officer with a for Authorized on return is filed amined the abo	ve exempt org der, I underst irn.) I have ol a copy of all e-file Provide , whichever is ve exempt or	Originator (E ganization's retu and that I am no otained the orga forms and infor rs. I will keep fo so later, and I will ganization's ret based on all info	rn and that the ot responsible funication officer' mation that I will brm FTB 8453-EI make a copy aurn and accomp	entries for reviev 's signat ill file wi O on file available panying	on form F wing the e cure on for th the FTB e for four to the FTE schedules	xempt of m FTB 8 , and I h years fro 3 upon ro and stat	rganization 453-EO be ave followo om the due equest. If I	's return fore tran ed all oth date of am also	. I declar smitting er requir the retur the paid	e, howeve this retur rements d n or four preparer,	er, that f in to the lescribed years fro under p	orm FTB 845 FTB; I have I in FTB Pub. om the date enalties of pe	3-E0 erjury,
ERO	ERO's-signature						Date		Check if also paid preparer	X	Check if self- employe	ed	ERO's P'	TIN 204534	
Must	Firm's name (o	r yours F	RSM US	LLP										071432	25
Sign	if self-employe and address	d) 7	7351 0	FFICE P.	ARK PLA	CE									
		M	(ELBOU	RNE, FL								ZIP code	3294	0-8229	9
		ury, I declare th	at I have exa	mined the abov ake this declara	•			. , .			tements,	and to th	e best o	f my knowled	lge
Paid	, ,	, oon oot, and t	ompioto. i III	iano iiiio uobiala	aon basoa on a				avo miloviit	Ü		1.0-11		o DTINI	
	Paid prepare							Date		Check if self-	—		l preparer'	SPIIN	
Prepa		ame (or yours								employ	ea [
Must Sign		mployed)	—									Firm's FE	IN		

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

ZIP code

TAXABLE YEAR
2020

California Exempt Organization Business Income Tax Return

028961 12-21-20

FORM **109**

	r 2020 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)						
Corporation INC.	Organization name THE POYNTER INSTITUTE FOR MEDIA STUDIES,	California corporation number 9802661					
Additional	nformation. See instructions.	FEIN 59-1630423					
	PMB r STREET S	•	1030123				
	prporation has a foreign address, see instructions.) State ZIP code in the co		- 1-4920				
		n postal					
R&TC So C Is the or audited in D Final retripo Enter da E Amende F Account	described in IRC Section 4947(a)(1)? Is this organization claiming any former; I list this organization claim	Enterprise Fargeted 1 Fofit-shari 01(a)? • 541	Yes X No. 2 Zone (EZ), Local Agency Fax Area (TTA), or Yes X No. 1 Yes X No.				
Taxable Corporation	1 Unrelated business taxable income from Side 2, Part II, line 30 2 Mult. In 1 by the avg. apport. pctg	• 3	-1,050,968 00 0 00 -1,050,968 00				
Tax Compu- tation	5 Unrelated business taxable income from line 3 or line 4 6 EZ, LAMBRA, or TTA NOL carryover deduction 7 Net Operating Loss deduction. See General Information N 8 Add line 6 and line 7 9 Net unrelated business taxable income. Subtract line 8 from line 5 10 Tax 8 · 8 4 % x line 9. See General Information J 11 Tax credits from Schedule B. See instructions	• 5 • 6 • 7 • 8 • 9 • 10	5 -1,050,968 oo 6 oo 7 oo 8 oo 9 -1,050,968 oo 10 oo				
Total Tax	12 Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0- 13 Alternative minimum tax. See General Information 0 14 Total tax. Add line 12 and line 13	• 12 • 13 • 14	00 00 00 00				
Payments	15Overpayment from a prior year allowed as a credit• 15162020 estimated tax payments. See instructions• 1617Withholding (Form 592-B and/or 593). See instructions• 1718Amount paid with extension (form FTB 3539)• 18	00 00 00 00 00	100				
Use Tax/ Tax Due/ Overpay-	19 Total payments and credits. Add line 15 through line 18 20 Use tax. See instructions 21 Payments balance. If line 19 is more than line 20, subtract line 20 from line 19 22 Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20 23 Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	 19 20 21 22 23 	00 00 00 00 00				
ment	 Overpayment. Subtract line 14 from line 21. See instructions Enter amount of line 24 to be applied to 2021 estimated tax 	• 24 • 25	00				

		26	Refund. If line 25 is less than line 24, then subtract line 25 from line 24			•	26		00
D - 4			a Fill in the account information to have the refund directly deposited. Routing	number	● 26a				
Amo	nd or		b Type: Checking • Savings • C Account Number						
Due	uiit		Penalties and interest. See General Information M				27		00
		28	Check if estimate penalty computed using Exception B or C and attach f	orm FTB 5806					
			Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24				29		00
		ed B	Susiness Taxable Income						
Par	tΙυ	Inrela	ted Trade or Business Income					_	
			ots or gross sales b Less returns and allowances				1c		00
			s sold and/or operations (Schedule A, line 7)				2		00
3	Gross _I	profit.	Subtract line 2 from line 1c			•	3		00
			n net income. See Specific Line Instructions - Trusts attach Schedule D (541)				4a		00
			oss) from Part II, Schedule D-1			•	4b		00
(00							
		,	oss) from partnerships, limited liability companies, or S corporations. See Specific						
			dule K-1 (565, 568, or 100S) or similar schedule				5		00
6	Rental	incom	ne (Schedule C)		•	6		00	
			bt-financed income (Schedule D)			7		00	
			ncome of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)				8		00
			uities, Royalties and Rents from controlled organizations (Schedule F)				9		00
			empt activity income (Schedule G)				10		00
11 /	Adverti	sing i	ncome (Schedule H, Part III, Column A)	CMAMEM	TENTIN 11	•	11	547,822	00
12	Utner I	ncome	e. Attach schedule SEE	DIALER	CMI II	•	12 13	547,822	
Par	10tai u + II	Dedu	ed trade or business income. Add line 3 through line 12	v connected wit	h the unrelated	huein			100
			on of officers, directors, and trustees from Schedule I				14		00
							15	1,010,399	
			wages			•	16	1,010,333	00
						•	17		00
						•	18		00
19	Taxes		SEE	STATEM	ENT 12	•	19	74,747	
			S			•	20	,	00
			on (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)		9,254	00			100
			eciation claimed on Schedule A		<u> </u>	00	21	9,254	T00
	Depleti					•	22		00
			ons to deferred compensation plans				23a	14,207	00
	b Emp	loyee	benefit programs				23b		
24	Other c	leduct	ions SEE	STATEM	ENT 13	•	24	395,134	00
25	Total d	educti	ions. Add line 14 through line 24				25	1,598,790	
26	Unrelat	ted bu	siness taxable income before allowable excess advertising costs. Subtract line 25	from line 13		. •	26	-1,050,968	00
27	Excess	adver	tising costs (Schedule H, Part III, Column B)			•	27		00
28	Unrelat	ted bu	siness taxable income before specific deduction. Subtract line 27 from line 26			. •	28	-1,050,968	
	Specifi						29	1,000	
30	Unrelat	ed bu	siness taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line arn about your privacy rights, how we may use your information, and the consequences for not pro earch for 1131. To request this notice by mail, call 800.852.5711.	28	dinformation as t		30	_1,050,968	00
Sign		and s	ari about your privacy fights, flow we may use your mior matter, and the consequences for hot pro- earch for 1131. To request this notice by mail, call 800.852.5711. r penalties of perjury, I declare that I have examined this return, including accompanying schedules	and statements a	nd to the best of m	y knov	vledge	and halief it is true correct	
Here		and c	omplete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	r has any knowledg	e.	iy Kilov			
		Sign	ature Title		Date			• Telephone	
			ficer PRESIDENT				_	<u> 27-821-9494</u>	
Paid			arer's Dat	е	Check if self	- 		PTIN	
Prep	arer's		ature		employed			01204534	
Use	Unly		's name (or yours,					• Firm's FEIN	
			f-employed) RSM US LLP 7351 OFFICE PARK PLACE					12-0714325	
		and a	MELBOURNE, FL 32940-8229					● Telephone 321–751–6200	
		May	the FTB discuss this return with the preparer shown above? See instructions					• X Yes No	
		iviay	THE TIP GISCUSS THIS LETTELL MITH THE PLENALEL SHOWN ADDACT SEE HISTINGHOUS					- Law 100 100	

Schedule A Cost of Goods Sold and/or Operations.			NT / 7					
Method of inventory valuation (specify)			N/A			T . T		Too
1 Inventory at beginning of year						1		00
2 Purchases						3		00
3 Cost of labor 4 a Additional IRC Section 263A costs. Attach schedule						4a		00
t. Other costs. Attack coloral de					_	4b		00
						5		00
5 Total. Add line 1 through line 4b						6		00
6 Inventory at end of year	n line 5. Enter here and on 9	Side 2 Par	rt I line 2			7		00
Do the rules of IRC Section 263A (with respect to proper) Schedule B Tax Credits.						[Yes X No	
1 Enter credit name	code ●	•	1		00			
2 Enter credit name		•	2		00			
3 Enter credit name	code ●	•	3		00			
4 Total. Add line 1 through line 3. If claiming more than 3 c	redits, enter the total of all o	- claimed cre	dits		•			П
on line 4. Enter here and on Side 1, line 11						4		oc
Schedule K Add-On Taxes or Recapture of Tax.								
1 Interest computation under the look-back method for con	npleted long-term contracts	. Attach foi	rm FTB 38	34	•	1		OC
2 Interest on tax attributable to installment: a Sales of ce						2a		oc
	non-dealer installment obli					2b		oc
3 IRC Section 197(f)(9)(B)(ii) election to recognize gain on	3		oc					
4 Credit recapture. Credit name	4		oc					
						5		00
Schedule R Apportionment Formula Worksheet. Us	e only for unrelated trade or	business a	amounts.					
Part A. Standard Method - Single-Sales Factor Formula. Co	mplete this part only if the	corporation		single-		ì.		
		Tota	(a) I within an	d	(b) Total withir	1	(C) Percent within	
			de Californ	nia	California		California [(b) ÷ (a)] x 10	30
1 Total sales		•	547,	<u>822</u>	•	0		
2 Apportionment percentage. Divide total sales column (b) by total sales column (a)							
and multiply the result by 100. Enter the result here and o	on Form 109, Side 1, line 2.						• .0000	용
Part B. Three Factor Formula. Complete this part only if the	corporation uses the three-f	actor form			(1-)		(-)	
			(a) I within an de Californ		(b) Total withir California	1	(c) Percent within California [(b) ÷ (a)] x 10	00
1 Property factor:		•			•		•	
2 Payroll factor: Wages and other compensation of employ	rees	•			•		•	
3 Sales factor: Gross sales and/or receipts less returns and	d allowances	•			•		•	
4 Total percentage: Add the percentages in column (c)								
5 Average apportionment percentage: Divide the factor of	n line 4 by 3 and enter the							
result here and on Form 109, Side 1, line 2. See instruction	ons for exceptions							
Schedule C Rental Income from Real Property and I	Personal Property Leased v	vith Real P	roperty					
For rental income from debt-financed property, use Schedule D, R&TC Sec	ction 23701g, Section 23701i, and	d Section 237	01n organiz	ations. S	See instructions for exce	eptions.		
1 Description of property				2 Ren	t received or accrued		rcentage of rent attributable rsonal property	to
								%
								%
4. Complete if any item in column 2 is seen than 500/ or far and item.		1						%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	.	5 Comple	te if any item	in colur	nn 3 is more than 10%,	but not n	nore than 50%	
(a) Deductions directly connected	(b) Income includible, column 2 less column 4(a)		come repor 2 x column		(b) Deductions directly co with personal property	nnected	(c) Net income includible, column 5(a) less colum	ın 5(b
		ļ						
Add columns 4(b) and column 5(c). Enter here and on Side 2,	Part I, line 6							

59-1630423 028991 12-21-20

Schedule D Unrelated I	Debt-Finance	d Income										
Description of debt-financed proper	ty				2 Gross income f	rom or	. 3 Deducti	ons directly o	connected v	vith or allocable t	to debt-fir	nanced property
					allocable to del property	ot-finance		nt-line dep	reciation	(b)	Other de	eductions
Amount of average acquisition indebtedness on or allocable to debt-financed property	5 Average adji of or allocab debt-finance	le to	percentage		7 Gross income reportable, column 2 x column	umn 6	8 Allocal column column	ns 3(a) and	deductions, total of (a) and 3(b) x		9 Net income (or loss) includible, column 7 less column 8	
				%								
				%								
				%								
Total. Enter here and on Side 2,	Part I. line 7				•							
		R&TC Section	on 23701a.	Section 2	23701i, or Section	on 23701	In Organizat	ion				
1 Description		2 Amount					Net investment income column 2 less column				0	Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2,	Part I, line 8											
Enter gross income from memb												
Schedule F Interest, Ar	nuities, Roya	Ilties and Re	nts from Co	ntrolled (Organizations							
					Exempt Contro	lled Orga	anizations					
1 Name of controlled organizations			2 Employer identification number		3 Net unrelated income (loss)		Total of spendary payments		5 Part of column (4) that is included in the controlling organization's gross income			6 Deductions directly connected with income in column (5)
1												
2												
3												
Nonexempt Controlled Organiza	ations											
7 Taxable income					8 Net unrelated income (loss)	!		payments made that the org		art of column (9) at is included in e controlling ganization's oss income		11 Deductions directly connected with income in column (10)
1												
2									1			
3												
4 Add columns 5 and 10												
5 Add columns 6 and 11				<u></u>								
6 Subtract line 5 from line 4. E	nter here and	on Side 2, Pa	ırt I, line 9									
	xempt Activit				-							T .
schedule if more than one unrelated activity busin is exploiting the same exempt activity) from		aross unrelated usiness income om trade or usiness	s unrelated ness income trade or Expenses di connected vi production di		4 Net income from unrelated trade or business, column 2 less column 3	from is r	oss income m activity that not unrelated siness income	attribu	attributable to exp column 5 6 le		empt column umn 5 ore than	8 Net income includible, column 4 less column 7 but not less than zero
												-
												-
												-
												-
Total. Enter here and on Side 2,	line 10											

Schedule H Advertising Income an											
Part I Income from Periodicals Report Name of periodical	2 Gross advertising income		3 Direct advertising		4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circuinco	ulation me	6 Readership costs		col shi col gre the col col En	column 5 is greater than lumn 6, enter the income own in column 4, in Part III, lumn A(b). If column 6 is eater than column 5, subtract e sum of column 6 and lumn 3 from the sum of lumn 5 and column 2. ter amount in Part III, lumn A(b). If the amount less than zero, enter -0
Tatala											
Totals	rtod on	Conorato	Paoia Paoia							ш	
Part II Income from Periodicals Repo	iteu on a	a Separate	Dasis		I					$\overline{}$	
						-				\vdash	
						-				 	
Don't III					Don't III	<u> </u>				Щ	
Part III Column A - Net Advertising In					 		xcess Advertis	ing Co			attana Dari Lagina A
(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals		(b) Enter total amount from Part I, columns 4 or 7, and amount listed Part II, columns 4 or 7			(a) Enter "consolidate names of non-cons	ed periodio solidated	cal" and/or periodicals				nt from Part I, column 4, ted in Part II, column 4
	_										
Enter total here and on Side 2, Part I, line 11					Enter total here and	d on Sid	e 2, Part II, line	27			
Schedule I Compensation of Office	ers, Dire	ctors, and	Trustees								
1 Name of officer		2 SSN or IT	TIN 3 Title		e		devoted to				6 Expense account allowances
							C	%			
							C	%			
								%			
								%			
								%			
Total Enter have and an Cide O Dort II line	1.1							/0			
Total. Enter here and on Side 2, Part II, line Schedule J Depreciation (Corporat			no only True	to 1100	form ETD 200EE \						
Group and guideline class or description of property	0 [Pate acquired mm/dd/yyyy)	3 Cost o		1 5	allowable	5 Method of computing depreciation		Life or rate	7	Depreciation for this year
1 Total additional first-year depreciation (do not ir	nclude in ite	ms below)		•		•				
2 Other depreciation: Buildings											
Furniture and fixtures										T	
Transportation equipment										\top	
Machinery and other equipment										\top	
										+	
Other (specify)								+		+	
Other depresenting								_		+	
3 Other depreciation										+	
4 Total			L							+	
5 Amount of depreciation claimed elsewh	ere on re	PTIITN								- 1	

6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a

3645204 Form 109 2020 **Side 5**

THE FOUNTER INSTITUTE FOR	MEDIA SIUDIES,	39-1030423
CA 109	OTHER INCOME	STATEMENT 11
DESCRIPTION		AMOUNT
CAREER CENTER ADVERTISING POLITIFACT ADVERTISING		95,188. 452,634.
TOTAL TO FORM 109, PAGE 2	, LINE 12	547,822.
CA 109	TAXES PAID	STATEMENT 12
DESCRIPTION		AMOUNT
PAYROLL TAXES		74,747.
TOTAL TO FORM 109, PAGE 2	, LINE 19	74,747.
CA 109	OTHER DEDUCTIONS	STATEMENT 13
DESCRIPTION		AMOUNT
NEWS SYNDICATION IT SUPPORT OCCUPANCY TRAVEL ADVERTISING OTHER PROFESSIONAL FEES OFFICE EXPENSES INFORMATION TECHNOLOGY CONFERENCES INSURANCE EQUIPMENT TELEPHONE MEMBERSHIPS POSTAGE MISCELLANEOUS		123,819. 49,991. 58,137. 25,185. 47,893. 84,301. 257. 67. 75. 2,085. 3,074. 158. 75.
TOTAL TO FORM 109, PAGE 2	, LINE 24	395,134.

2020

Control corporation number Control composition (Control composition number) See Composition (Composition (Composi	Attach to For	m 100. Form 100	DW, Form 100S,	or Form 109.				
THE POYNTER INSTITUTE FOR MEDIA STUDIES, Uniting the tabable year the corporation incurred the NDL, the corporation was a(n): © C corporation FEN Surporporation ST Summer or agentation ST S			, ···· ·,					California corporation number
Scriptoration © X Exempt organization © Limited liability company (electing to be taxed as a corporation) Sp-1630423 Interest the corporation previously flied California tax returns under another corporate name, enter the corporation name and California corporation number:		YNTER I	NSTITUTI	E FOR MEDIA	STUDIES,			9802661
If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number: Part Current year NOL. The corporation does not have a current year NOL, go to Part II.								
the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting. Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II. 1 Net loss from Prom 100, line 18; Form 100W, line 19; Form 1		-				-		
Part		ition previously f	iled California ta	x returns under another o	corporate name, enter the	corporation name and Ca	llifornia corporatio	n number:
1	If the corpora	ation is included	in a combined r	report of a unitary group	, see instructions, Genera	al Information C, Combi	ned Reporting.	
Enter as a positive number	Part I Curr	ent year NOL. If	the corporation	does not have a current y	year NOL, go to Part II.			
2 2020 disaster loss included in line 1. Finter as a positive number 2 3 1, 050, 968 00 4 a Enter the amount of the loss incurred by a neighble small business included in line 3 40 00 5 General NOL. Subtract line 4 from line 1. If zero or less, enter -0- and see instructions 40 00 5 General NOL. Subtract line 4 from line 3 5 1,050,968 00 6 Current year NOL diline 2, line 4c, and line 5. See instructions. 1 Net income - Enter the amount of the loss incurred by an eligible small business included in line 3 40 00 6 Current year NOL deduction 1 1,050,968 00 Prior Year NOLS (a) Available balance (b) Available balance (c) Availa			•					
4 a Enter the amount of the loss incurred by a net business included in line 3 4b	Enter as	a positive numbe	er				1 _	1,050,968 00
4 a Enter the amount of the loss incurred by a net business included in line 3 4b							2 <u> </u>	1 050 060
Description of the loss incurred by an eligible small business included in line 3 4b								1,050,968 00
Control Con								
5 6 Current year NOL. Add line 2, time 4c, and line 5. See instructions Part II NOL carryover and disaster loss carryover limitations. See instructions. 1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or form 109, line 2; (but not less than -0-). If the corporation taxable income is \$1,000,000 or more, see inst Prior Year NOLs (a) Cod ^(b) See Instructions (b) SEE STATEMENT 14 (a) Cod ^(c) See Instructions SEE STATEMENT 14 (b) SEE STATEMENT 14 (c) Current Year NOLS Cur				-				امم
Current year NOL. Add line 2, line 4c, and line 5. See instructions. ● 6 1,050,968 00								
Part II NOL carryover and disaster loss carryover limitations. See instructions. 1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). If the corporation taxable income is \$1,000,000 or more, see inst O Prior Year NOLS (a) Code See Instructions Type of NOL - See below * SEE STATEMENT 14 SEE STATEMENT								1 050 968 00
1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). If the corporation taxable income is \$1,000,000 or more, see inst (a) Code - See Instructions Type of NOL - See below * See instructions See below * See instructions See instructions See instructions See instructions See instructions See STATEMENT 14 SEE STATEMENT 14 Current Year NOLs SEE STATEMENT 14 Current Year NOLs Current Year NOLs See instructions See instruction	o Guirein	year NOL. Add III	ie z, iiie 40, aiiu	iiile J. See iiisti uctioiis				1,030,300,00
1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). If the corporation taxable income is \$1,000,000 or more, see inst (a) Code - See Instructions Type of NOL - See below * See instructions See below * See instructions See instructions See instructions See instructions See instructions See STATEMENT 14 SEE STATEMENT 14 Current Year NOLs SEE STATEMENT 14 Current Year NOLs Current Year NOLs See instructions See instruction	Part II NOL	carryover and d	lisaster loss car	rvover limitations. See i	nstructions.			
1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; [but not less than -0-]. If the corporation taxable income is \$1,000,000 or more, see inst O Prior Year NOLS (a) Code - See Instructions Type of NOL - Initial loss - See below * See instructions See STATEMENT 14 S		,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	non detroite.		(a) Available bal	lance
or Form 109, line 2; (but not less than -0-). If the corporation taxable income is \$1,000,000 or more, see inst O	1 Net inco	me - Enter the ar	mount from Form	n 100, line 18; Form 100\	N, line 18; Form 100S, line	e 15 less line 16;		
(a) Year of Code - See instructions Type of NOL - See below * Initial loss - See instructions Carryover from 2019 Amount used in 2020 Col. (e) minus col. (f) ② ● SEE STATEMENT 14 ② ② ③ ② ② ② ② ③ ② ③ ③ ③ ③ ② ③ ③ ③ ③ ② ② ② ③ ③ ③ ③ ② ② ② ② ② ③ ③ ③ ③ ③ ③ ③ ② ② ② ③	or Form	109, line 2; (but	not less than -0-). If the corporation taxa	able income is \$1,000,000	O or more, see inst		0
See Instructions Type of NOL See Delow * See Instructions See Delow * S	Prior Year N	DLs						
See Instructions Type of NOL See Delow * See Instructions See Delow * S	(a)	(b)	(c)	(d)	(e)	(f)		(h)
2 ● SEE STATEMENT 14 ● ● Current Year NOLs Current Year NOLs Current Year NOLs Current Year NOLs Col. (d) minus col. (f) See instructions. Col. (d)								
● SEE STATEMENT 14 ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●	1088		See below *	See mstructions	110111 20 19	III 2020		cor. (e) minus cor. (i)
● SEE STATEMENT 14 ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●	a 📵							
● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●	20			SEE S	татемемт 14			
© Current Year NOLs Cod. (d) minus col. (f) See instructions.	•			522 .	l_			•
© Current Year NOLs Cod. (d) minus col. (f) See instructions.	•				•			
Current Year NOLs 3 2020 DIS 4 2020 GEN 1,050,968 1,050,968 2020 *Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS). Part III 2020 NOL deduction 1 Total the amounts in Part II, line 2, column (f) 1 00 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; or Form 100W, line 21; or Form 100W, line 19. Form 109 filers enter -0- 2 000 3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S,								
3 2020 DIS 4 2020 GEN 1,050,968 1,050,968 2020 *Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS). Part III 2020 NOL deduction 1 Total the amounts in Part II, line 2, column (f) ① 1 ② 00 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 2 00 3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100S,	<u> </u>				(•
3 2020 DIS 4 2020 GEN 1,050,968 1,050,968 2020 *Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS). Part III 2020 NOL deduction 1 Total the amounts in Part II, line 2, column (f)	Current Year	NOLs	1					col. (d) minus col. (f)
2020 * Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS). Part III 2020 NOL deduction 1 Total the amounts in Part II, line 2, column (f) 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S,	3 2020		DIS					
2020 * Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS). Part III 2020 NOL deduction 1 Total the amounts in Part II, line 2, column (f) 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S,	4 2020		GEN	1,050,968				1,050,968
2020 * Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS). Part III 2020 NOL deduction 1 Total the amounts in Part II, line 2, column (f) 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100S,				, ,				, ,
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1 Total the amounts in Part II, line 2, column (f) 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S,			•		, ,,	,		
2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S,				n (f)			① 1	00
3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S,				, ,				
3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S,	Form 10	0W, line 21; or F	orm 100S, line 1	9. Form 109 filers enter -	-0-		2 _	00
line 17; or Form 109, line 7	3 Subtract	line 2 from line		•	line 19; Form 100W, line	19; Form 100S,		
	line 17; d	or Form 109, line	7				◎ 3 _	00

CA 38	05Q		PRIOR YEAR	NOLS	STATEMENT 1			
(A) YEAR	(B) CODE (D) LOSS	(C)TYPE OF NOL (E)C/O AMOUNT	(F) AMOUNT I	USED YEAR	(G)AVAILABLE BALANCE	(H) CARRYOVER TO NEXT YEAR		
2011		GEN						
2012	201,517.	128,521.		0.	0.	128,521.		
2012	124,955.	GEN 124,955.		0.	0.	124,955.		
2013	-	GEN						
2014	218,782.			0.	0.	218,782.		
2014	384,311.	384,311.		0.	0.	384,311.		
2015	-	GEN						
2016	182,501.	•		0.	0.	182,501.		
2010	143,202.	143,202.		0.	0.	143,202.		
2017	04 500	GEN		•	•	01 500		
2018	81,703.	-		0.	0.	81,703.		
2010	681,162.	681,162.		0.	0.	681,162.		
2019	021 010	GEN		•	0	021 010		
	831,010.	831,010.		U •	0.	831,010.		
TOTAL	S	2,776,147.		0.		2,776,147.		
2014 2015 2016 2017 2018 2019	182,501. 143,202. 81,703. 681,162. 831,010.	218,782. GEN 384,311. GEN 182,501. GEN 143,202. GEN 81,703. GEN 681,162. GEN 831,010.		0. 0. 0. 0.	0. 0. 0.	384,31 182,50 143,20 81,70 681,16 831,01		

DEPARTMENT OF JUSTICE PAGE 1 of 5

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored. (For Registry Use Only)

THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC. Name of Organization List all DBAs and names the organization uses or has used		ange of address ended report								
801 3RD STREET S	State Cha	arity Registration Number CT 0177659								
Address (Number and Street)										
ST. PETERSBURG, FL 33701-4920 City or Town, State, and ZIP Code	Corporation or Organization No. 9802661									
727-821-9494 JNAVARRO@POYNTER.ORG E-mail Address	Federal E	mployer ID No. <u>59-1630423</u>								
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice										
Gross Annual Revenue Fee Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	Fe	<u>e</u>						
Less than \$25,000 0 Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$1							
Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million	n \$75	Between \$10,000,001 and \$50 million Greater than \$50 million	\$22 \$30							
PART A - ACTIVITIES		areater trial to the first trial tr								
For your most recent full accounting period (beginning $\frac{01/01/2020}{}$ ending $\frac{12/31/2020}{}$) list:										
Gross Annual Revenue \$14,644,938 Noncash Contributions \$ Program Expenses \$10,990,147		0 Total Assets \$ 49,65 enses \$ 12,159,083	5,1	<u>66</u>						
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD C										
Note: All questions must be answered. If you answer "yes" to any of the ques	tions below	v. vou must attach a separate page								
providing an explanation and details for each "yes" response. Please re			Yes	No						
During this reporting period, were there any contracts, loans, leases or other fi and any officer, director or trustee thereof, either directly or with an entity in will any financial interest?				x						
During this reporting period, was there any theft, embezzlement, diversion or r or funds?	nisuse of the	e organization's charitable property		х						
3. During this reporting period, were any organization funds used to pay any pen-	alty, fine or j	judgment?		Х						
During this reporting period, were the services of a commercial fundraiser, fundamental coventurer used?	draising cou	nsel for charitable purposes, or		х						
5. During this reporting period, did the organization receive any governmental fur	nding?	SEE STATEMENT 15	Х							
6. During this reporting period, did the organization hold a raffle for charitable pu	rposes?			Х						
7. Does the organization conduct a vehicle donation program?				Х						
Did the organization conduct an independent audit and prepare audited finance generally accepted accounting principles for this reporting period?	cial statemer	nts in accordance with		х						
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?										
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.										
NEIL BROWN		PRESIDENT								
Signature of Authorized Agent Printed Name	117	tle Date								

CA RRF-1 INFORMATION REGARDING GOVERNMENTAL FUNDING STATEMENT 15
PART B, LINE 5

GRANTS RECEIVED:

CITY OF ST. PETERSBURG - \$15,985.34 175 FIFTH STREET NORTH, ST. PETERSBURG, FL 33701

STATEMENT(S) 15

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

OMB No. 1545-0047

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or THE POYNTER INSTITUTE FOR MEDIA STUDIES, print 59-1630423 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 801 3RD STREET S return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 33701-4920 ST. PETERSBURG, FL Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Code Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 06 Form 990-T (trust other than above) Form 8870 12 JESSICA M. NAVARRO The books are in the care of ► 801 THIRD STREET - ST. PETERSBURG, FL 33701-4920 Telephone No. ► 727-553-4338 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2020 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2020)

instructions

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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OMB No. 1545-0047

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Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2020)

instructions

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ 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.

OMB No. 1545-0047

<u> </u>	ror tn	e 2020 calendar year, or tax year beginning	and	enaing					
В	Check if applicab	THE POINTER INSTITUTE FOR MEDIA	STUDIE	ES,	D Employer identi	fication number			
change LINC.						100			
늗	chano Initial	/ 501 '' '' ''	Room/suite	59-16304					
H	return Final	אחו מקס מקס פיים פיים פיים אחו	iress)	Room/suite	E Telephone numb				
_	⊥return termir ated		stal code		G Gross receipts \$	15,572,356.			
Г	Amen		otal code		H(a) Is this a group				
Ē	Application				for subordinate				
	pendi	SAME AS C ABOVE			H(b) Are all subordinates	—			
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) □	4947(a)(1)	or 527	1	a list. See instructions			
_		te: ▶ WWW.POYNTER.ORG			H(c) Group exempt	·			
		· ergamization,	Other >	L Year	of formation: 1975	$f M$ State of legal domicile; ${f FL}$			
Pa	art I	Summary							
ė	1	Briefly describe the organization's mission or most significant activit	ies: <u>SEE</u>	SCHEDU	LE O				
Activities & Governance	2	Check this box if the organization discontinued its operat	ions or dispos	sed of more	than 25% of its net a	ssets.			
Ver	3	Number of voting members of the governing body (Part VI, line 1a)	-		3	1			
ဗိ	4	Number of independent voting members of the governing body (Par							
<u>ფ</u>	5	Total number of individuals employed in calendar year 2020 (Part V,				61			
jŧ.	6				6	10			
Çį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			78	547,766.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line	11		71	0.			
					Prior Year	Current Year			
Φ	8	Contributions and grants (Part VIII, line 1h)			11,568,282				
aun	9	Program service revenue (Part VIII, line 2g)			2,620,256				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			324,505				
<u> </u>	11	Other revenue (Part VIII, column (A), lines $5, 6d, 8c, 9c, 10c,$ and $11e$	e)		390,358				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column			14,903,401				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			76,772				
	14				0.	• • • • • • • • • • • • • • • • • • • •			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A			4,087,929				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	100 6	<u> </u>	0 .	0.			
ă X	. b	<u> </u>	otal fundraising expenses (Part IX, column (D), line 25) 188,668.						
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			4,911,222				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line			9,075,923 5,827,478				
	19	Revenue less expenses. Subtract line 18 from line 12							
Net Assets or		Tatal assats (Dart V. line 10)		Ве	ginning of Current Year 46,556,766				
SSE	20	Total assets (Part X, line 16)			176,906				
let /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20			46,379,860				
P	art II	Signature Block			10,313,000	10,000,715.			
		alties of perjury, I declare that I have examined this return, including accompa	nvina schedule	s and stateme	ents, and to the best of n	ny knowledge and helief it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all in			•	ny miowioago ana bonon, it io			
	,	Land Completed Decidence of property (contact than contact) to Decide on an in-		on propers	line any mismissiger				
Sig	n	Signature of officer			Date				
Her		NEIL BROWN, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name Preparer's signatu	ıre] [Date Check	PTIN			
Paid	d	JULIANA KREUL			if self-empl	p01204534			
Pre	parer	Firm's name ▶ RSM US LLP			Firm's EIN ▶				
	Only	Firm's address 7351 OFFICE PARK PLACE							
		MELBOURNE, FL 32940-8229			Phone no. 3	21-751-6200			
Ma	y the I	RS discuss this return with the preparer shown above? See instruction	ons			X Yes No			

Other program services (Describe on Schedule O.)

) (Revenue \$ including grants of \$

10,990,147. Total program service expenses

Form 990 (2020) INC .
Part IV Checklist of Required Schedules Page 3 59-1630423

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		\ _{3,7}
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		₩.
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		₩.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
_	Schedule D, Part III	8	_X_	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_	37	
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_X_	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	^
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Λ	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	- 11	
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,		17		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ''		<u> </u>
		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	,	19		х
20°	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<u>- 1</u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	democra geveniment out art ix, column (x), into 1: II Tes, complete scriedule I, Parts I and II	~		ı

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
_	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			. .
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		Х	
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Λ	-
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		Х
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, Part I	31		Х
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		Х
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			
	Part V, line 1	34	X	Щ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	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			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
rai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		_		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С		10	Х	
	(gambling) winnings to prize winners?	1c	22	Щ_

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59-1630423 Form 990 (2020) INC. Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 61							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
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)?								
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 Ac	counts (FBAR).							
5a			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		_		\ 				
	any contributions that were not tax deductible as charitable contributions?		6a		X				
р	If "Yes," did the organization include with every solicitation an express statement that such contribution are expressed as a statement of the	-	Ch						
7	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the payor?	7a	Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and send if "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b	X					
D	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required	7.0	21					
·	to file Form 8282?	•	7с		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70						
e	Did the constitution of the design of the de								
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g									
h									
8									
	sponsoring organization have excess business holdings at any time during the year?								
9									
а									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b						
10	Section 501(c)(7) organizations. Enter:	1							
а	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							
11	Section 501(c)(12) organizations. Enter:								
		11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441							
40-	amounts due or received from them.)	11b	10-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	12b	12a						
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120							
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.		104						
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	13b							
С	Enter the amount of reserves on hand	13c							
	Did the second of the second o	•	14a		Х				
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14b						
	excess parachute payment(s) during the year?		15		Х				
	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?	16		Х				
	If "Yes," complete Form 4720, Schedule O.								

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

800	tion A. Governing Rody and Management			Δ
Sec	tion A. Governing Body and Management			
		· —	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1		
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 -	ı	
	(This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	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	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? ## Yes. ## describe	120		
·		12c	х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14		14	X	
		14	25	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		150	Х	
_	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Λ	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16-		Х
	, , , , , , , , , , , , , , , , , , , ,	16a		
D	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			
		16h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b	l	
17	List the states with which a copy of this Form 990 is required to be filed ►AK, CA, CO, DC, FL, GA, HI, IA, ID) ₋ TT.	TN	MΔ
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3			
18	for public inspection. Indicate how you made these available. Check all that apply.	jo urily)	avalid	NI C
40	(-)	d fina-	oio!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iinan	Jiai	
00	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 JESSICA M. NAVARRO - 727-553-4338			
	801 THIRD STREET, ST. PETERSBURG, FL 33701-4920			
	ONT THIND SIMEEL, SI. LETEVSDOVG, LD 33/AT-427A			

Form 990 (2020) 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 be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization n	1	orga I	nıza		con C)	npen	isate			
(A)	1 ' '	(B)						(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per		box, unless persor officer and a direc					compensation	compensation	amount of
	week						T ,	from the	from related organizations	other compensation
	(list any hours for	direct				_		organization	(W-2/1099-MISC)	from the
	related	e or (stee			satec		(W-2/1099-MISC)	(VV 2/ 1000 IVII00)	organization
	organizations	ruste	l trus		yee	m per		(** 2/ 1000 1/1100)		and related
	below	ndividual trustee or director	In stit utio nal tru stee		Key employee	st co	-E			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			Ü
(1) PAUL C. TASH	5.00									
CHAIRMAN	37.50	Х		Х				0.	457,728.	0.
(2) NEIL BROWN	37.50									
PRESIDENT	5.00	Х		Х				290,719.	0.	29,367.
(3) CONAN GALLATY	1.00									
TRUSTEE	37.50	Х						0.	286,610.	15,891.
(4) KELLY B. MCBRIDE	37.50									
SENIOR VP	1.00	Х		Х				187,678.	0.	18,203.
(5) ALAN D. TOMPKINS	37.50								_	
SENIOR FACULTY, BROADCAST						Х		175,441.	0.	24,859.
(6) JESSICA M. NAVARRO	37.50									
VICE PRESIDENT				Х				125,705.	0.	27,255.
(7) CHERYL B. CARPENTER	37.50									
LEADERSHIP FACULTY						Х		117,670.	0.	12,305.
(8) CLARA A. HOLAN	37.50	-						110 550	•	0 000
EDITOR-IN-CHIEF, POLITIFAC						Х		118,753.	0.	9,838.
(9) DORIS TRUONG	37.50									
DIRECTOR OF TRAINING & DIV						Х		118,880.	0.	9,572.
(10) AARON M. SHAROCKMAN	37.50								_	
EXECUTIVE DIRECTOR, POLITI						Х		111,640.	0.	5,261.
(11) ANDREW P. CORTY	0.00									
TRUSTEE (UNTIL 1/12/20)	0.00	Х						0.	30,525.	0.
(12) ANN MARIE LIPINSKI	1.00									
TRUSTEE		Х						5,000.	0.	0.
(13) STEPHEN BUCKLEY	1.00									
TRUSTEE		X						5,000.	0.	0.
(14) PAULA ELLIS	1.00									
TRUSTEE		Х						4,000.	0.	0.
(15) MONICA DAVEY	1.00									
TRUSTEE		Х						3,000.	0.	0.
(16) LORI BERGEN	1.00								_	_
TRUSTEE	1	Х	_				_	3,000.	0.	0.
(17) ROBERT KING	1.00									_
TRUSTEE		Х						2,000.	0.	0.

INC. 59-1630423 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (F) (D) (E) Position Average Name and title Reportable Reportable **Estimated** (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the lighest compensated related nstitutional trustee (W-2/1099-MISC) organization organizations ey employee and related below organizations line) 1,268,486. 774,863. 1b Subtotal 0. 0. c Total from continuation sheets to Part VII, Section A 1,268,486. 774,863. Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 11 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on X 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C)
name and pusiness address	Description of services	Compensation
PRIME AIR CONDITIONING AND REFRIDGERATION,	AIR CONDITIONING	
4595 118TH AVENUE NORTH, CLEARWATER, FL 337	REPLACEMENT AND SERV	288,212.
PRAEKELT PBC, 303 EAST 17TH AVENUE	SOCIAL MEDIA	
SUITE 600, DENVER, CO 80203	SOFTWARE AND APP DEV	157,400.
GREAT PLAINS STRATEGIES, 1720 WYNKOOP	GUEST FACULTY	
STREET UNIT #413, DENVER, CO 80202	TEACHING	147,006.
SMITH, DOUGLAS K.	GUEST FACULTY	
10 OCTOBER CIRCLE, LAGRANGEVILLE, NY 12540	TEACHING AND LICENSI	138,964.
FRIDY ENTERPRISES LLC, 260 FIRST AVENUE		
SOUTH SUITE 200-202, ST PETERSBURG, FL	SOFTWARE DEVELOPMENT	136,961.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization \blacktriangleright 9		
	<u> </u>	

orm	990 ((2020) INC			NSTITUTE	FOR MEDIA	SIUDIES,	59-1630	423 Page
Par	t VII	Statement of Re	venu	ie					
		Check if Schedule O	contair	ns a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 5
ts	1 a	Federated campaigns		1a					
onu	b	Membership dues		1b	799,837.				
Am,	С	0			269,079.				
and Other Similar Amounts	d	Related organizations			15.005				
Ä	е	Government grants (cont			15,985.				
ē	f	, 5 ,			7 220 710				
ð	~	similar amounts not included			7,228,719.				
P	9 h	Noncash contributions included in Total. Add lines 1a-1f				8,313,620.			
0 0		Total. Add lines Ta-11			Business Code	0,313,020.			
.	2 a	TEACHING REVENUE			611710	3,061,033.	3,061,033.		
	2 u b				611600	2,339,026.	2,339,026.		
nge	c					, ,	, ,		
eve	d								
Revenue	е								
:	f	All other program service	revenu	ле					
	g	Total. Add lines 2a-2f				5,400,059.			
	3	Investment income (inclu	-						
		other similar amounts)				230,260.			230,26
	4	Income from investment				22 071			22.07
	5	Royalties	·· ·····		(ii) Personal	22,871.			22,87
	٠.	Owene wente		(i) Real 293,483.	(II) Personal				
		Gross rents Less: rental expenses	6a 6b	138,595.					
	C		6c	154,888.					
		Net rental income or (loss	,		•	154,888.			154,88
		Gross amount from sales of	"——	(i) Securities	(ii) Other	,			,
		assets other than inventory	7a	705,010.					
	b	Less: cost or other basis							
enne		and sales expenses	7b	710,595.	12,804.				
l ken	С	Gain or (loss)	7с	-5,585.	-12,804.				
<u>۾</u>		Net gain or (loss)			<u></u>	-18,389.			-18,38
Other Rev	8 a	Gross income from fundraisi including \$		I .					
		contributions reported on		' I					
		Part IV, line 18			19,000.				
		Less: direct expenses			65,424.	15 101			16.10
		Net income or (loss) from			D	-46,424.			-46,42
	9 а	Gross income from gamir	-	I					
	L	Part IV, line 19			 				
		Net income or (loss) from		·····					
		Gross sales of inventory,							
	4	and allowances		I					
	b	Less: cost of goods sold							
		Net income or (loss) from							
Т					Business Code				
Revenue	11 a	POLITIFACT ADVERTIS	ING		541800	452,634.		452,634.	
nue	b			IG	541800	95,132.		95,132.	
3ev	С	CAREER CENTER REVEN			900099	40,287.	40,287.		
1		All other revenue				500 555			
- 1	е	Total. Add lines 11a-11d			🕨	588,053.			

Form 990 (2020) INC . Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).				
	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	129,705.	129,705.					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	69,792.	69,792.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign	1 560 226	1 560 226					
	individuals. See Part IV, lines 15 and 16	1,760,336.	1,760,336.					
4	Benefits paid to or for members							
5	Compensation of current officers, directors,	710 507	260 062	242 724				
	trustees, and key employees	712,597.	369,863.	342,734.				
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
_	persons described in section 4958(c)(3)(B)	2 550 002	2 062 160	220 210	157 505			
7	Other salaries and wages	3,558,992.	3,063,169.	338,318.	157,505.			
8	Pension plan accruals and contributions (include	52,630.	42,228.	9,403.	000			
•	section 401(k) and 403(b) employer contributions)				999. 6,126.			
9	Other employee benefits	419,554. 295,498.		69,598. 51,301.	4,273.			
10	Payroll taxes	293,490.	239,924.	31,301.	4,2/3.			
11	Fees for services (nonemployees):							
	Management	39,343.	14,435.	24,908.				
b	•	51,050.		48,063.	1,972.			
	Accounting	31,030.	1,015.	40,003.	1,314.			
	Lobbying Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g								
9	column (A) amount, list line 11g expenses on Sch O.)	1,889,617.	1,889,365.	204.	48.			
12	Advertising and promotion	55,382.			68.			
13	Office expenses	104,252.		10,371.	2,818.			
14	Information technology	55,161.		6,746.	1,803.			
15	Royalties	,	, -	,	,			
16	Occupancy	413,557.	395,957.	16,309.	1,291.			
17	Travel	207,715.		7,415.	1,540.			
18	Payments of travel or entertainment expenses	•			•			
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	84,794.	80,212.	1,883.	2,699.			
20	Interest	8,830.		8,830.				
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	733,248.	708,926.	22,320.	2,002.			
23	Insurance							
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)							
а	PROGRAM DEVELOPMENT	1,058,176.	1,058,176.	0.	0.			
b	EQUIPMENT MAINTENANCE	277,200.	256,532.	15,493.	5,175.			
c	VISITING PROFESSORS	130,300.	130,300.	0.	0.			
d	MISCELLANEOUS EXPENSES	42,057.	42,048.	0.	9.			
	A.II I	9,297.		6,372.	340.			
25	Total functional expenses. Add lines 1 through 24e	12,159,083.		980,268.	188,668.			
26	Joint costs. Complete this line only if the organization	-	-	-	-			
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)							
				·	Form 990 (2020)			

Form 990 (2020) Part X Balance Sheet

		Check if Schedule O contains a response or note	to any	y line in this Part X T			/P\
					(A) Beginning of year		(B) End of year
	_	Cook manimum the suite			329,241.		746,479.
	1				323,241.	1	140,413.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa				_	
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualified	-	· ·	4,988,582.	_	4,988,582.
	_	under section 4958(f)(1)), and persons described			4,900,302.	6 7	4,300,302.
Assets	7	Notes and loans receivable, net			56,145.		56,145.
Ass	8	Inventories for sale or use			30,143.	8 9	30,143.
•	9					9	
	10a	Land, buildings, and equipment: cost or other	40-	21,710,022.			
		basis. Complete Part VI of Schedule D	10a	15,190,797.	6,797,843.	40-	6,519,225.
		Less: accumulated depreciation	מטר		11,151,668.	10c	14,178,112.
	11	Investments - publicly traded securities			22,366,624.	11	22,366,624.
	12	Investments - other securities. See Part IV, line 11			22,300,024.	12	22,300,024.
	13	Investments - program-related. See Part IV, line 1		Г	866,663.	13	799,999.
	14	Intangible assets			000,005.	14	133,333.
	15	Other assets. See Part IV, line 11			46,556,766.	15 16	49,655,166.
	16 17	Total assets. Add lines 1 through 15 (must equal			13,611.	17	37,937.
	17 18	Accounts payable and accrued expenses			13,011.	18	31,331.
	19	Grants payable		19			
	20	Deferred revenue Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete P			13,295.	21	14,114.
	22	Loans and other payables to any current or forme			13,233.	21	11,111,
Liabilities	22	trustee, key employee, creator or founder, substa					
Ξ		controlled entity or family member of any of these		22			
Lia	23	Secured mortgages and notes payable to unrelate			23		
	24	Unsecured notes and loans payable to unrelated		150,000.	24	737,400.	
	25	Other liabilities (including federal income tax, pay	-				,
		parties, and other liabilities not included on lines					
		of Schedule D	•			25	
	26	Total liabilities. Add lines 17 through 25			176,906.	26	789,451.
		Organizations that follow FASB ASC 958, chec	k here	e ▶ X	·		·
es		and complete lines 27, 28, 32, and 33.		<i>′</i> —			
anc	27			36,005,402.	27	37,752,359.	
Bal	28	Net assets with donor restrictions	10,374,458.	28	11,113,356.		
9		Organizations that do not follow FASB ASC 95					
Ţ		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equ				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			46,379,860.	32	48,865,715.
	33				46,556,766.	33	49,655,166.

Form **990** (2020)

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

INC. 59-1630423 Page 12 Form 990 (2020) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 14,644,938. Total revenue (must equal Part VIII, column (A), line 12) 1 12,159,083. Total expenses (must equal Part IX, column (A), line 25) 2 2 2,485,855. Revenue less expenses. Subtract line 2 from line 1 3 3 46,379,860. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 48,865,715. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accrual X Other INCOME TAX Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х Were the organization's financial statements audited by an independent accountant? 2b

Both consolidated and separate basis

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

Consolidated basis

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2020)

Х

Х

2c

За

consolidated basis, or both: X Separate basis

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.
THE POYNTER INSTITUTE FOR MEDIA STUDIES,

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INC 59-1630423 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

69-1630423 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		ı				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4		, ,			, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First 5 years. If the Form 990 is for the	•				501(c)(3)	
	organization, check this box and stop	here			•		
Sec	ction C. Computation of Public	Support Per	centage				
14	Public support percentage for 2020 (lin	ne 6, column (f), d	livided by line 11,	column (f))		14	%
15							%
16a	Ga 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2019. If the o	rganization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qualit	ies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the facts	-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	t. The organizatio	on qualifies as a pu	ublicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	10% or
	more, and if the organization meets the	e facts-and-circun	nstances test, che	eck this box and st	top here. Explain i	in Part VI how the	
	organization meets the facts-and-circu	mstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	▶□
18	Private foundation. If the organization	ı did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	>

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.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						>
	ction C. Computation of Public					Т Т	
	Public support percentage for 2020 (lin			column (f))		15	%
						16	%
	ction D. Computation of Invest					T T	
	Investment income percentage for 202					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2020. If the						/ is not
ŀ	more than 33 1/3%, check this box and 33 1/3% support tests - 2019. If the	=	-	•			▶ ☐ I
•	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
j			
	2		
}	2		
- }	3a		
Ĺ	3b		
	3с		
ı			
	4a		
- 1	44		
Ļ	4b		
	4c		
ı			
ŀ	5a		
Ĺ	5b		
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	rt IV Supporting Organizations (continued)	03042	J P	age 5
Га	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	NO
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	112		
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	tion 6. Type it Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
_	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

Schedule A (Form 990 or 990-EZ) 2020 INC.

59-1630423 Page

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		ed Type III supporting orga	nization (see
	instructions).			·

Schedule A (Form 990 or 990-EZ) 2020

Par	't V │ Type III Non-Functionally Integrated	509(a	ı)(3) Supporting Orga	anizations _{(contin}	ued)	
Section	ion D - Distributions			•	·	Current Year
1	Amounts paid to supported organizations to accomplish	n exem	pt purposes		1	
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt pur	rposes	of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval required	l - prov	vide details in Part VI)		5	
	Other distributions (describe in Part VI). See instruction		,		6	
	Total annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to whi	ich the	organization is responsive	;		
	(provide details in Part VI). See instructions.				8	
9	Distributable amount for 2020 from Section C, line 6				9	
	Line 8 amount divided by line 9 amount				10	
	,		(i)	(ii)		(iii)
Section	ion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason	n-				
	able cause required - explain in Part VI). See instruction	ıs.				
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	b From 2016					
С	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result grea	ater				
	than zero, explain in Part VI. See instructions.			I		
	Remaining underdistributions for 2020. Subtract lines 3	h				
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.	"'				
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:	\neg				
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

59-163<u>0423 Page 8</u> Schedule A (Form 990 or 990-EZ) 2020 INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

Schedule B

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

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

OMB No. 1545-0047

2020

Name of the organization

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

INC.

Employer identification number

59-1630423

Filers of	i.	Section:				
Form 990 or 990-EZ		X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule. '), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it m ı	ust answer "No" on F	It isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$_2,785,500.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$1,570,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ <u>205,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	\$135,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
8 8	Name, address, and ZIP + 4	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 91,560.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 11	Hairie, duu ess, diiu Zir + 4	\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Name, audress, and ZIP + 4	\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	Name, address, and ZIP + 4	\$ 61,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 52,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	* 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 17	Name, address, and ZIP + 4	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_	Name, address, and ZIP + 4	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
19		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
20		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
21		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
22	Hame, address, and Zir + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
23		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
24		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 26	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	Hame, address, and Zii + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 29	Name, address, and ZIP + 4	\$ 15,985.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	Name, address, and ZIP + 4	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
31		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
32		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
33		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
34	Name, address, and zir + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
35		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
36		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization					Employer identification number
THE POYNTER	INSTITUTE	FOR	MEDIA	STUDIES,	
INC.					59-1630423

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
37		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
38		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
39		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 40	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
No. 41	Name, audress, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 42	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$\$	Person X Payroll

Name of organization	Employer identification number
THE POYNTER INSTITUTE FOR MEDIA STUDIES,	
INC.	59-1630423

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
49		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
50	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 51	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 52	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
53	ivalite, audi ess, aliu ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
54	Hamo, and 655, and an TT	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on .
55		Person X Payroll Noncash (Complete Part II for noncash contributions.)	;.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	 on
56		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
57		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	—— on
58		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	n
59		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on_
60		Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

INC.

Employer identification number

59-1630423

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

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC. 59-1630423 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.

Employer identification number 59-1630423

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 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	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	•		
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	The state of the s	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
_	> \$		0.141/51/0
8	Does each conservation easement reported on line 2(d) abov	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Δrt Historical Treasures or Ω	ther Similar Assets
· u	Complete if the organization answered "Yes" on Form		and on mar Addeto.
10	If the organization elected, as permitted under FASB ASC 95		and halance short works
ıa	of art, historical treasures, or other similar assets held for put	·	
	•	, ,	·
h	service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95		
D		•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furti	nerance of public service,
	provide the following amounts relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		1/2 105
•		an una au athau aimilau accata fau financia	
2	If the organization received or held works of art, historical tre		argani, provide
_	the following amounts required to be reported under FASB A		• •
a	Revenue included on Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		

Par	rt III Organizations Maintaining C	collections of Art	, Historical Tre	asures, or O	ther S	imilar Ass	ets (continued)
3	Using the organization's acquisition, accessi	on, and other records	, check any of the fo	ollowing that ma	ke signi	ficant use of	its
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exch	nange program			
b	Scholarly research	е	X Other ED				
С	Preservation for future generations						
4	Provide a description of the organization's control	ollections and explain	how they further the	e organization's	exempt	purpose in F	Part XIII.
5	During the year, did the organization solicit of						
_	to be sold to raise funds rather than to be m						Yes X No
Par	rt IV Escrow and Custodial Arran						
	reported an amount on Form 990, Pa		3			,	,
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ary for contributions	or other assets	not incl	uded	
	on Form 990, Part X?		•				Yes X No
b	If "Yes," explain the arrangement in Part XIII						
	3	ļ,	3				Amount
С	Beginning balance					1c	
	Additions during the year					1d	
е.	Distributions during the year					1e	
f	Ending balance					1f	
	Did the organization include an amount on F						X Yes No
	If "Yes," explain the arrangement in Part XIII.				•		X
	rt V Endowment Funds. Complete	if the organization ans	swered "Yes" on For	m 990. Part IV.	line 10.		
	· ·	(a) Current year	(b) Prior year	(c) Two years ba		Three years b	ack (e) Four years back
1a	Beginning of year balance	1,406,238.	1,420,266.	1,461,4		1,516,20	
b		, ,	, ,	, ,			, ,
c		28,483.	80,972.	38,8	24.	40,24	4,930.
d		,	,	•		,	
e	Other expenditures for facilities						
•	and programs	80,000.	95,000.	80,0	00.	95,00	90,000.
f	Administrative expenses	, ,	, -	,		,	
g	End of year balance	1,354,721.	1,406,238.	1,420,2	66.	1,461,44	1,516,201.
2	Provide the estimated percentage of the cur				- 1	, ,	
a		• 0000	%	ricia ao.			
b	- 7C F000	%					
	22 5000						
Ū	The percentages on lines 2a, 2b, and 2c sho	•					
За	Are there endowment funds not in the posse	•	ion that are held an	d administered t	for the o	rganization	
- Ou	by:	oolon or the organizat	ion that are mora an	a aarminotoroa i	01 1110 0	gamzanom	Yes No
	(i) Unrelated organizations						
	(ii) Related organizations						····
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as require	ed on Schedule R?				····
4	Describe in Part XIII the intended uses of the						
	rt VI Land, Buildings, and Equipm		rinone fariac.				
	Complete if the organization answere		Part IV. line 11a. Se	ee Form 990. Pa	ırt X. line	e 10.	
	Description of property	(a) Cost or ot				umulated	(d) Book value
	Decemption of property	basis (investm				ciation	(a) Book value
1a	Land	`	,	3,293.			2,273,293.
	Buildings				1.81	1,682.	3,680,643.
	Leasehold improvements			, -	.,	,	-,,
	Equipment		2.00	0,691.	1,43	6,520.	564,171.
	Other					2,595.	1,118.
	II. Add lines 1a through 1e. (Column (d) must e		•	•		_,_,_,	6,519,225.

	INSTITUTE FOR	R MEDIA STUDIES,	4600400
Schedule D (Form 990) 2020 INC.		59	-1630423 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			1 -6
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	1-ot-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) TIMES HOLDING CO STOCK	21,366,624.	COST	
	1,000,000.	COST	
(C) (B) TIMES PUBLISHING CO STOCK	1,000,000	COSI	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	22,366,624.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	5 000 D 1 N/ II - 4	44 L O . E	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1 Description	11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) book value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	2 15)	>	
Part X Other Liabilities.	. 194		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ▼

(7) (8) (9)

Fai	neconcination of nevertide per Addited Financial State		nevellue per ne	turri.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			14 726 024
1	Total revenue, gains, and other support per audited financial statements			1	14,726,024.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما			
a	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
C	Recoveries of prior year grants		140,863.		
d	Other (Describe in Part XIII.)	•			140 062
e	Add lines 2a through 2d			2e	140,863. 14,585,161.
3	Subtract line 2e from line 1			3	14,505,101.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b		59,777.		
b	Other (Describe in Part XIII.)				E0 777
C	Add lines 4a and 4b			4c	59,777. 14,644,938.
5 D 21	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta	tomonte With	Evponence por E	5	
Pai			Expenses per r	veturi	II .
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				12,240,169.
1				1	12,240,169.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses		140 062		
d	Other (Describe in Part XIII.)		140,863.		140 062
е	Add lines 2a through 2d			2e	140,863. 12,099,306.
3	Subtract line 2e from line 1			3	12,099,306.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		FO 777		
b	Other (Describe in Part XIII.)	<u></u>	59,777.		F0 777
С	Add lines 4a and 4b			4c	59,777.
5 Do:	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		5	12,159,083.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			; Part)	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	iy additional inform	ation.		
ד א ד	om ttt time 1.				
PAI	RT III, LINE 4:				
PΩ	NTER'S COLLECTION OF ART DEPICTS IMPORT	איז איט איז איז	יים דא אדפיי	ORV	ΔND
10.	INTER 5 CONDECTION OF ART DEFICES INFORT	ANI MOMEN	IID IN IIIDI	OKI	, AND
GTI	STUDENTS A POINT OF DISCUSSION ON HO	TANSTIOT, WO	TSTS HAVE	COV	ERED THESE
<u> </u>	VID DIODENIO II IOINI OI DIDCODDION ON IIC	ov continu	IIDID IIIIVL	<u> </u>	
EVE	ENTS.				
PAF	RT IV, LINE 2B:				
DEI	POSITS IN ESCROW REPRESENT SECURITY DEPO	SITS RECE	IVED ON LE	ASE	D OFFICES
		JULIU ILLUI			0111025
ΑТ	POYNTER'S HEADQUARTERS AS PART OF A TWE	ELVE MONTH	LEASE. TH	OSE	OFFICES
ARI	E RENTED TO OUTSIDE FOR-PROFIT AND NON-F	PROFIT ORG	ANIZATIONS	AS	PART OF
			- 110		
THE	E INNOVATION DISTRICT.				

Part XIII | Supplemental Information (continued)

DURING 2012, THE INSTITUTE RECEIVED ENDOWMENT FUNDS OF \$1,528,500. THE

INSTITUTE'S ENDOWMENT FUNDS ARE FUNDS RESTRICTED OR DESIGNATED FOR DIGITAL

TRANSFORMATION TRAINING IN THE NEWSPAPER INDUSTRY AND CONSISTS OF VARIOUS

MUTUAL FUNDS.

PART X, LINE 2:

THE INSTITUTE IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE. THE INTERNAL REVENUE SERVICE DETERMINED THAT

THE INSTITUTE AND THE FOUNDATION ARE NOT PRIVATE FOUNDATIONS AND

CONTRIBUTIONS TO THEM QUALIFY AS CHARITABLE CONTRIBUTION DEDUCTIONS.

THE ORGANIZATION RECOGNIZES A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION

ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED

ON EXAMINATION OF THE TAXING AUTHORITIES. MANAGEMENT EVALUATED THE

ORGANIZATIONS TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD NO

MATERIAL UNCERTAINTIES IN INCOME TAXES AS OF DECEMBER 31, 2020 AND 2019.

THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL AUTHORITIES FOR FISCAL YEARS BEFORE 2017.

PART XI. LINE 2D - OTHER ADJUSTMENTS:

TIME AL, BIND AD OTHER ADOUGHDATE.	
RENTAL EXPENSES	138,595.
ADDITIONAL FUNDRAISING EVENT EXPENSES RECLASSED	2,268.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	140,863.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	

59,777.

TUITION WAIVERS

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

Schedule D (Form 990) 2020 INC. Part XIII Supplemental Information (continued)	59-1630423 Page 5
Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	138,595.
ADDITIONAL FUNDRAISING EXPENSES RECLASSED	2,268.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	140,863.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
TUITION WAIVERS	59,777.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.

Employer identification number 59-1630423

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	х	
	SEE PART II	3	21	
4	Does the organization maintain the following?			
+ a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	<u> </u>		
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		<u>X</u>
b	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c		<u>X</u>
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		<u>X</u>
	Athletic programs?	5g 5h		X
"	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	311		21
	Does the organization receive any financial aid or assistance from a governmental agency?	6a		<u>X</u>
b	Has the organization's right to such aid ever been revoked or suspended?	6b		<u>X</u>
_	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through	7	Х	
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Δ	

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

Schedule E (Form 990 or 990-EZ) 2020

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

Schedule E (Form 990 or 990-EZ) 2020 INC. 59-1630423 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:
THE SCHOOL CUSTOMARILY DRAWS A SUBSTANTIAL PERCENTAGE OF ITS
STUDENTS AND SEMINAR PARTICIPANTS NATIONWIDE OR WORLDWIDE AND
FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY AS TO STUDENTS
AND SEMINAR PARTICIPANTS. THE SCHOOL PUBLICIZED ITS
NONDISCRIMINATORY POLICY IN THE TAMPA BAY TIMES ON DECEMBER
10, 2020. A COPY OF THE ANNOUNCEMENT IS AVAILABLE UPON REQUEST.

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

MIDDLE EAST AND

NORTH AFRICA

Statement of Activities Outside the United States

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Name of the organization

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.

59-1630423

SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE

FACT-CHECKING AND

ORGANIZATIONS TO ENHANCE

THETE SKILLS IN

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE CENTRAL AMERICA AND THEIR SKILLS IN GRANTS TO RECIPIENTS LOCATED IN REGION THE CARIBBEAN 0 0 FACT-CHECKING AND 4,350. SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE THEIR SKILLS IN EAST ASTA AND THE GRANTS TO RECIPIENTS PACIFIC 0 0 LOCATED IN REGION FACT-CHECKING AND 180,870. SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE EUROPE (INCLUDING GRANTS TO RECIPIENTS THEIR SKILLS IN LOCATED IN REGION ICELAND & GREENLAND) 0 0 FACT-CHECKING AND 814,997.

SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE GRANTS TO RECIPIENTS THEIR SKILLS IN NORTH AMERICA 0 0 LOCATED IN REGION FACT-CHECKING AND 70,858. SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE GRANTS TO RECIPTENTS THETE SKILLS IN RUSSTA AND NEIGHBORING STATES 0 0 LOCATED IN REGION FACT-CHECKING AND 40,060. SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE GRANTS TO RECIPTENTS THETE SKILLS IN SOUTH AMERICA 0 0 LOCATED IN REGION FACT-CHECKING AND 185,970. SUPPORTED VARIOUS

GRANTS TO RECIPIENTS

LOCATED IN REGION

GRANTS TO RECIPIENTS
THEIR SKILLS IN

SOUTH ASIA

0
0
LOCATED IN REGION
FACT-CHECKING AND
242,278.

3 a Subtotal
0
0
1,565,723.

b Total from continuation sheets to Part I 0 0 194,613.
c Totals (add lines 3a

0

Λ

Schedule F (Form 990) 2020

1,760,336.

26,340.

Schedule F (Form 990)

INC.

59-1630423

Page 1

Schedule F (Form 990)	INC.			59-163042	3 Page 1
			(Schedule F (Form 990), Part I, line 3		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
				SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE	
SUB-SAHARAN AFRICA	0		GRANTS TO RECIPIENTS LOCATED IN REGION	THEIR SKILLS IN FACT-CHECKING AND	194,613.
DOD DAHARAN AFRICA		0	BOCATED IN REGION	FACT CHECKING AND	194,013.
Totals					194,613.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		CENTRAL AMERICA						
		AND THE CARIBBEAN	FACT-CHECKING					
		- ANTIGUA &	INNOVATION INITIVATE					
		BARBUDA, ARUBA,	ROUND 1	30,024.	WIRE TRANSFER	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &	CORONAVIRUS					
		BARBUDA, ARUBA,	FACT-CHECKING GRANT	24,600.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,	FACT-CHECKING					
		BRUNEI, BURMA,	DEVELOPMENTAL GRANT	24,975.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,	CORONAVIRUS					
		BRUNEI, BURMA,	FACT-CHECKING GRANT	19,212.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,	FACT-CHECKING					
		BRUNEI, BURMA,	DEVELOPMENTAL GRANT	24,998.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,	CORONAVIRUS					
		BRUNEI, BURMA,	FACT-CHECKING GRANT	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,	CORONAVIRUS					
		BRUNEI, BURMA,	FACT-CHECKING GRANT	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,	FACT-CHECKING					
		BRUNEI, BURMA,	DEVELOPMENTAL GRANT	19,120.	WIRE TRANSFER	0.		

3 Enter total number of other organizations or entities

59-1630423

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	CORONAVIRUS					
		ALBANIA, ANDORRA,	FACT-CHECKING GRANT	40,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	FACT-CHECKING					
		ALBANIA, ANDORRA,	DEVELOPMENTAL GRANT	25,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &	FACT-CHECKING					
		GREENLAND) -	INNOVATION INITIATIVE					
		ALBANIA, ANDORRA,	ROUND 2	50,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	CORONAVIRUS					
		ALBANIA, ANDORRA,	FACT-CHECKING GRANT	39,840.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	FACT-CHECKING					
		ALBANIA, ANDORRA,	DEVELOPMENTAL GRANT	22,211.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	FACT-CHECKING					
		ALBANIA, ANDORRA,	DEVELOPMENTAL GRANT	15,255.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	CORONAVIRUS					
		ALBANIA, ANDORRA,	FACT-CHECKING GRANT	34,400.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	FACT-CHECKING					
		ALBANIA, ANDORRA,	DEVELOPMENTAL GRANT	24,900.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	FACT-CHECKING					
		ALBANIA, ANDORRA,	DEVELOPMENTAL GRANT	24,300.	WIRE TRANSFER	0.		

Schedule F (Form 990)	INC.			39-1030423 Pa					
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	I ICI REGION	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		EUROPE (INCLUDING							
		ICELAND &							
		GREENLAND) -	FACT-CHECKING						
		ALBANIA, ANDORRA,	DEVELOPMENTAL GRANT	25,000.	WIRE TRANSFER	0.			
		EUROPE (INCLUDING							
		ICELAND &							
		GREENLAND) -	FACT-CHECKING						
		ALBANIA, ANDORRA,	DEVELOPMENTAL GRANT	17,044.	WIRE TRANSFER	0.			
		EUROPE (INCLUDING							
		ICELAND &							
		GREENLAND) -	CORONAVIRUS						
		ALBANIA, ANDORRA,	FACT-CHECKING GRANT	50,000.	WIRE TRANSFER	0.			
		EUROPE (INCLUDING							
		ICELAND &	FACT-CHECKING						
		GREENLAND) -	INNOVATION INITIVATE						
		ALBANIA, ANDORRA,	ROUND 1	47,580.	WIRE TRANSFER	0.			
		EUROPE (INCLUDING							
		ICELAND &							
		GREENLAND) -	CORONAVIRUS						
		ALBANIA, ANDORRA,	FACT-CHECKING GRANT	48,012.	WIRE TRANSFER	0.			
		EUROPE (INCLUDING							
		ICELAND &							
		GREENLAND) -	FACT-CHECKING						
		ALBANIA, ANDORRA,	DEVELOPMENTAL GRANT	23,960.	WIRE TRANSFER	0.			
		EUROPE (INCLUDING							
		ICELAND &							
		GREENLAND) -	CORONAVIRUS						
		ALBANIA, ANDORRA,	FACT-CHECKING GRANT	48,000.	WIRE TRANSFER	0.			
		EUROPE (INCLUDING							
		ICELAND &							
		GREENLAND) -	CORONAVIRUS						
		ALBANIA, ANDORRA,	FACT-CHECKING GRANT	49,530.	WIRE TRANSFER	0.		1	
		EUROPE (INCLUDING							
		ICELAND &	FACT-CHECKING						
		GREENLAND) -	INNOVATION INITIVATE						
		ALBANIA, ANDORRA,	ROUND 1	49,970.	WIRE TRANSFER	0.			

Schedule	F (Form 990)	INC.				59-16	30423		Page 2
Part II	Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Nan	ne of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			EUROPE (INCLUDING						
			ICELAND &						
			GREENLAND) -	FACT-CHECKING					
			ALBANIA, ANDORRA,	DEVELOPMENTAL GRANT	24,070.	WIRE TRANSFER	0.		
			EUROPE (INCLUDING						
			ICELAND &						
			GREENLAND) -	FACT-CHECKING					
			ALBANIA, ANDORRA,	DEVELOPMENTAL GRANT	23,955.	WIRE TRANSFER	0.		
			MIDDLE EAST AND						
			NORTH AFRICA -						
			ALGERIA, BAHRAIN,	CORONAVIRUS					
			DJIBOUTI, EGYPT,	FACT-CHECKING GRANT	24,890.	WIRE TRANSFER	0.		
			NORTH AMERICA -						
			CANADA AND						
			MEXICO, BUT NOT	CORONAVIRUS					
			THE UNITED STATES	FACT-CHECKING GRANT	13,120.	WIRE TRANSFER	0.		
			NORTH AMERICA -						
			CANADA AND						
			MEXICO, BUT NOT	CORONAVIRUS					
			THE UNITED STATES	FACT-CHECKING GRANT	49,728.	WIRE TRANSFER	0.		
			RUSSIA AND						
			NEIGHBORING						
			STATES - ARMENIA,	CORONAVIRUS					
			AZERBIJAN,	FACT-CHECKING GRANT	36,000.	WIRE TRANSFER	0.		
			SOUTH AMERICA -						
			ARGENTINA,						
			BOLIVIA, BRAZIL,	CORONAVIRUS					
			CHILE, COLUMBIA,	FACT-CHECKING GRANT	49,900.	WIRE TRANSFER	0.		
			SOUTH AMERICA -						
			ARGENTINA,	FACT-CHECKING					
			BOLIVIA, BRAZIL,	INNOVATION INITIVATE					
			CHILE, COLUMBIA,	ROUND 1	50,000.	WIRE TRANSFER	0.		
			SOUTH AMERICA -						
			ARGENTINA,						
			BOLIVIA, BRAZIL,	CORONAVIRUS					
			CHILE, COLUMBIA,	FACT-CHECKING GRANT	35,400.	WIRE TRANSFER	0.		

59-1630423

Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA -						
		ARGENTINA,	FACT-CHECKING					
		BOLIVIA, BRAZIL,	INNOVATION INITIVATE					
		CHILE, COLUMBIA,	ROUND 2	31,750.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	FACT-CHECKING					
		BHUTAN, INDIA,	DEVELOPMENTAL GRANT	25,000.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	FACT-CHECKING					
		BHUTAN, INDIA,	DEVELOPMENTAL GRANT	24,250.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	FACT-CHECKING					
		BHUTAN, INDIA,	DEVELOPMENTAL GRANT	25,000.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,	FACT-CHECKING					
		BANGLADESH,	INNOVATION INITIVATE					
		BHUTAN, INDIA,	ROUND 1	35,098.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	CORONAVIRUS					
		BHUTAN, INDIA,	FACT-CHECKING GRANT	50,000.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,	FACT-CHECKING					
		BANGLADESH,	INNOVATION INITIVATE					
		BHUTAN, INDIA,	ROUND 1	50,000.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	FACT-CHECKING					
		BHUTAN, INDIA,	DEVELOPMENTAL GRANT	15,900.	WIRE TRANSFER	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	FACT-CHECKING					
		BENIN, BOTSWANA,	INNOVATION INITIVATE					
		BURKINA FASO,	ROUND 1	24,958.	WIRE TRANSFER	0.		

Schedule	e F (Form 990)	1110.				Page 2			
Part II	Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	-			
1 (a) Nar	me of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN						
			AFRICA - ANGOLA,						
			BENIN, BOTSWANA,						
			BURKINA FASO,	FACT-FORWARD	25,000.	WIRE TRANSFER	0.		
			SUB-SAHARAN						
			AFRICA - ANGOLA,						
			BENIN, BOTSWANA,						
			BURKINA FASO,	INNOVATION GRANT	24,958.	WIRE TRANSFER	0.		
			SUB-SAHARAN						
			AFRICA - ANGOLA,						
			BENIN, BOTSWANA,	CORONAVIRUS					
			BURKINA FASO,	FACT-CHECKING GRANT	49,728.	WIRE TRANSFER	0.		
			SUB-SAHARAN						
			AFRICA - ANGOLA,						
			BENIN, BOTSWANA,	CORONAVIRUS					
			BURKINA FASO,	FACT-CHECKING GRANT	39,100.	WIRE TRANSFER	0.		
			SUB-SAHARAN						
			AFRICA - ANGOLA,						
			BENIN, BOTSWANA,	FACT-CHECKING					
			BURKINA FASO,	DEVELOPMENTAL GRANT	20,249.	WIRE TRANSFER	0.		

Part III	Grants and Other Assistanc	e to Individuals Outside	the United Sta	tes. Complete i	f the organization answered "Yes" o	on Form 990, Part	IV, line 16.	
	Part III can be duplicated if a	dditional space is needed						
(a) T	ype of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

	·· Torcigit Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? /f "Yes."		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2020

Yes X No

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Schedule F (Form 990) 2020 INC. Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE INSTITUTE HAS A RIGOROUS APPLICATION, MONITORING AND REPORTING

PROCESS, BASED ON EACH PROGRAM'S SPECIFICATIONS. THE DETAILS OF

EXPECTATIONS, DEADLINES, AND REPORTING CAN BE FOUND IN EACH GRANT

AGREEMENT ISSUED TO THE AWARDED RECIPIENTS, WITH FUNDING OFTEN DIVIDED BY

PHASE AND GRANT ACCOMPLISHMENT MILESTONES.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORTED VARIOUS

ORGANIZATIONS TO ENHANCE THEIR SKILLS IN FACT-CHECKING AND RESEARCH GRANT

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORTED VARIOUS

ORGANIZATIONS TO ENHANCE THEIR SKILLS IN FACT-CHECKING AND RESEARCH GRANT

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORTED VARIOUS

ORGANIZATIONS TO ENHANCE THEIR SKILLS IN FACT-CHECKING AND RESEARCH GRANT

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORTED VARIOUS

ORGANIZATIONS TO ENHANCE THEIR SKILLS IN FACT-CHECKING AND RESEARCH GRANT

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORTED VARIOUS

ORGANIZATIONS TO ENHANCE THEIR SKILLS IN FACT-CHECKING AND RESEARCH GRANT

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. REGION: RUSSIA AND NEIGHBORING STATES (E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE THEIR SKILLS IN FACT-CHECKING AND RESEARCH GRANT REGION: SOUTH AMERICA (E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE THEIR SKILLS IN FACT-CHECKING AND RESEARCH GRANT REGION: SOUTH ASIA (E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE THEIR SKILLS IN FACT-CHECKING AND RESEARCH GRANT REGION: SUB-SAHARAN AFRICA (E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORTED VARIOUS ORGANIZATIONS TO ENHANCE THEIR SKILLS IN FACT-CHECKING AND RESEARCH GRANT

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.

Employer identification number 59-1630423

Part I Fundraising Activities. required to complete this par	Complete if the organization answet.	ered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais a	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of lonal fo	overnment grants rnment grants events fficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	_		
Total			•			
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SPEAKER NONE (add col. (a) through BOWTIE BALL SERIES col. (c)) (event type) (event type) (total number) 281,802. 6,277. 288,079. Gross receipts 6,277. 262,802. 269,079. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 19,000. 19,000. 11,367. 11,367. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 15,427. 15,427. 7 Food and beverages 13,100. 13,100. 8 Entertainment 25,530. 25,530. Other direct expenses 65,424 **10** Direct expense summary. Add lines 4 through 9 in column (d) -46,424. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

Sch	edule G (Form 990 or 990-EZ) 2020 INC.	59-16	304	23	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y	es	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		<u> </u>		— —
	to administer charitable gaming?	l	Y	es	No
	Indicate the percentage of gaming activity conducted in:	1	ا ءمه		0.4
	a The organization's facility		13a		<u>%</u>
	An outside facility		13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	is:			
	Name ►				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Y	es	☐ No
k	olf "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount of gaming revenue retained by the third party \$\bigs\\$	ount			
ď	of garling revenue retained by the third party \blacktriangleright				
	Name				
	Address >				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
٠	water the state coming licenses	ſ		es	□ No
ŀ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	 in the			
Ī	organization's own exempt activities during the tax year > \$	11 1110			
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	and Part	II. line:	s 9. 9	b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	o	2,,
	· · · · · · · · · · · · · · · · · · ·				
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THE POYNTER INSTITUTE FOR MEDIA STUDIES,

Schedule G	(Form 990 or 990-EZ)	INC.		5	9-1630423	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation _(continued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990.

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

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

2020

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE POYNT:	ER INSTIT	TTE FOR MED	IA STUDIES	3,			Employer identification number $59-1630423$
Part I General Information on Grants ar	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assisted. Describe in Part IV the organization's production. 	tance?				-		on X Yes No
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	ional space is neede	ed.	(s) Made and as	Т	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, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WP COMPANY LLC DBA WASHINGTON POST 1301 K ST NW WASHINGTON, DC 20071-0004	80-0298139		25,000.	0.			FACT-CHECKING DEVELOPMENTAL GRANT
NR8 LLC 3428 TEXAS STREET SAN DIEGO, CA 92104	46-2266969		46,667.	0.			FACT-CHECKING INNOVATION INITIVATE
FAKENETAI, INC. 2150 SHATTUCK AVE, PENTHOUSE, SUITE BERKELEY, CA 94704	85-1595937		49,500.	0.			FACT-CHECKING INNOVATION INITIVATE
2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations			e line 1 table				

INC.

Page 2

59-1630423

Schedule I (Form 990) 2020 INC.					59-1630423	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(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 noncash as	ssistance
					TUITION AID ON ONLINE AN	1D
TUITION WAIVER	6915	59,777.	0.		IN-PERSON COURSES	
					WRITE FIELD AND TRUSTING	NEWS
FELLOWSHIPS	40	2,515.	0.		PROGRAM FELLOWSHIPS	NIND
		,				
RESEARCH AND FACT-CHECKING GRANT	2	7,500.	0.		RESEARCH FACT-CHECKING G	RANTS
ADDIMEN MD THEI CHECKING GRANT		7,300.			REDEFINET THET CHECKING G	JIMIN'I D
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	ne 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
THE INSTITUTE REVIEWS APPLICATIONS	S AND GRAN	ITS SCHOLAF	RSHIPS/WAIV	ERS BASED ON		
INDIVIDUAL NEED AND PROGRAM SPECIF	TCATTONS.					
THE THE THE PARTY OF THE PARTY	1011110110					

SCHEDULE J (Form 990)

Department of the Treasury

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.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

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

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

INC.

Employer identification number 59-1630423

			Yes	No
1 a	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			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	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		
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		
3	Indicate which, if any, of the following the 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.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Independent Compensation Compensati			
	Form 990 of other organizations X Approval by the board or compensation committee			
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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
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		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	a		

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

Schedule J (Form 990) 2020

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) PAUL C. TASH	(i)	0.	0.	0.	0.	0.	0.	0.
CHAIRMAN	(ii)	457,728.	0.	0.	0.	0.		0.
(2) NEIL BROWN	(i)	289,135.	0.	1,584.	2,975.	29,018.	322,712.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CONAN GALLATY	(i)	0.	0.	0.	0.	0.	0.	0.
TRUSTEE	(ii)	286,610.	0.	0.	0.	17,125.		0.
(4) KELLY B. MCBRIDE	(i)	187,126.	0.	552.	1,919.	18,910.	208,507.	0.
SENIOR VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALAN D. TOMPKINS	(i)	148,360.	0.	27,081.	1,540.	25,991.	202,972.	0.
SENIOR FACULTY, BROADCAST	(ii)	0.	0.	0.	0.	0.		0.
(6) JESSICA M. NAVARRO	(i)	125,489.	0.	216.	1,389.	32,284.	159,378.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Name of the organization

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

OMB No. 1545-0047

2020

Open To Public Inspection

Employer identification number

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corre Yes

1,,,,	(b) Relationship between disqualified	(,5	(d)	Corre	cted?
(a) Name of disqualified person	person and organization	(c) Description of transaction	Y	es	No
	y the organization managers or disqualifie	ed persons during the year under			
section 4958		> \$			
3 Enter the amount of tax, if any, on	line 2, above, reimbursed by the organiza	tion S			

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990. Part X. line 5. 6. or 22.

(a) Name of interested person	(b) Relationship with organization	with organization of loan		an to or the zation?	(e) Original principal amount	(f) Balance due (de		(g) In default?		(h) Approved by board or committee?		ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
TIMES PUBLISHIN	RELATED	TO FUND		X	7,000,000.	4,988,582.		Х	Х		Х	
Total					> \$	4,988,582.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2020

	"Yes" on Form 990, Part IV, line 28a, 28		T	(e) Shr	ring o
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing or organization's revenues?	
				Yes	No
				+	
				+	
Part V Supplemental Information.				1	
	onses to questions on Schedule L (see in	nstructions).			
CHEDULE L, PART II, LOANS	TO AND FROM INTERES	TED PERSONS	5:		
A) NAME OF PERSON: TIMES	PUBLISHING COMPANY				
B) RELATIONSHIP WITH ORGA	NIZATION: RELATED OR	GANIZATION			
C) PURPOSE OF LOAN: TO FU					
C) TORTOOL OF LOAN. TO TO	ND WOULTING CALLIAD N				

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.

Employer identification number 59-1630423

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE POYNTER INSTITUTE IS A SCHOOL DEDICATED TO TEACHING AND INSPIRING

JOURNALISTS AND MEDIA LEADERS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE POYNTER INSTITUTE IS A SCHOOL DEDICATED TO TEACHING AND INSPIRING

JOURNALISTS AND MEDIA LEADERS. IT PROMOTES EXCELLENCE AND INTEGRITY IN

THE PRACTICE OF CRAFT AND IN THE PRACTICAL LEADERSHIP OF SUCCESSFUL

BUSINESSES. IT STANDS FOR A JOURNALISM THAT INFORMS CITIZENS AND

ENLIGHTENS PUBLIC DISCOURSE. IT CARRIES FORWARD NELSON POYNTER'S BELIEF

IN THE VALUE OF INDEPENDENT JOURNALISM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

(CONTINUED FROM 990, PART III, LINE 4A) THESE COURSES ARE OFFERED AT

MANY LOCATIONS, INCLUDING POYNTER'S HEADQUARTERS, NOTABLE CONFERENCE

LOCATIONS IN MAJOR CITIES, AND CLIENT LOCATIONS AS CUSTOM PROGRAMS

DESIGNED FOR SPECIFIC AUDIENCES.

POYNTER'S CURRICULUM, BOTH IN CONTENT AND DELIVERY, EMPHASIZES THE NEW

AND THE TIMELESS. AT THE HEART OF POYNTER'S CURRENT COURSE LIST ARE

PROGRAMS FOR MASTERING THE TOOLS REQUIRED IN TODAY'S FAST-CHANGING

MEDIA WORLD. ITS ON-CAMPUS SEMINAR LIST INCLUDES TITLES LIKE THESE:

ESSENTIAL SKILLS FOR NEW MANAGERS, LEADERSHIP ACADEMY, AND REPORTING &

EDITING SUMMIT. POYNTER CONTINUES TO STRESS JOURNALISTIC ESSENTIALS

BLENDED WITH EXAMPLES THAT FIT THE MODERN NEWSROOM ROLES AND STRUCTURE.

ETHICAL

Name of the organization $\begin{array}{c} {\bf THE} & {\bf I} \\ {\bf INC.} \end{array}$	POYNTER INSTITUTE FO	OR MEDIA STUDIES,	Employer identification number 59-1630423
DECISION-MAKING; DI	VERSITY; MANAGEMENT	AND LEADERSHIP; AND	DIGITAL
JOURNALISM.			
IN ADDITION TO ITS	COURSES, POYNTER AL	SO LEADS EFFORTS TO	HELP
GUARANTEE THAT THE	PRACTICE OF JOURNAL	ISM WILL BE SUSTAINE	D IN THE
FUTURE. FOR EXAMPLE	!:		
- THE CREATION OF T	HE CRAIG NEWMARK CE	NTER FOR ETHICS AND	LEADERSHIP TO
EXPAND POYNTER'S RO	LE IN ETHICS AND LE	ADERSHIP TRAINING, I	NCLUDING TO
PROVIDE CUSTOM ADVI	CE AND TRAINING TO	PROFESSIONAL NEWSROOM	MS ON STORIES
AND POLICIES, ADVAN	CE THE ETHICAL STAN	DARDS THAT GUIDE PRO	FESSIONAL
NEWS ORGANIZATIONS,	HOST GATHERINGS WH	ERE JOURNALISTS AND	EXPERTS CAN
EXCHANGE IDEAS AND	SPONSOR RESEARCH IN	TO BUILDING TRUST IN	NEWS AND THE
DEMOCRATIC PROCESS.			
- TOPICAL REPORTING	SEMINARS, SUPPORTE	D BY THE MACARTHUR F	OUNDATION AND
OTHER FUNDERS, MEET	THE GROWING NEED T	O PROVIDE JOURNALIST	S AND OTHERS
WITH SUBJECT-SPECIE	'IC EXPERTISE AND PR	ACTICAL REPORTING TR	AINING ON
ISSUES OR TOPICS IN	THE NEWS.		
- AN ENDOWMENT TRAN	SFERRED TO POYNTER	FROM THE NEWSPAPER A	SSOCIATION OF
AMERICA (LATER AMER	ICAN PRESS INSTITUT	E) RECEIVED FROM THE	KNIGHT
FOUNDATION TRACKS T	HE DIGITAL TRANSFOR	MATION OF NEWS MEDIA	AND ENABLES
POYNTER TO EXTEND T	HE PRACTICAL TRAINI	NG OF DIGITAL TOOLS.	
IN 2020, 87,396 STU	DENTS PARTICIPATED	IN 333 REGULAR OR CU	STOM COURSES
AND PUBLIC PROGRAMS	. MANY OF THEM RECE	IVED SCHOLARSHIPS OR	OTHER
ASSISTANCE WITH TIL	TTON AND/OR TRAVEL	EXPENSES, POYNTER UN	DERWRITES A

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization THE POYNTER INSTITUTE FOR MEDIA STUDIES, **Employer identification number** 59-1630423 INC. PORTION OF PROGRAM COSTS FOR ALL STUDENTS. THOUSANDS OF STUDENTS, PROFESSORS, AND OTHER PROFESSIONALS RECEIVED ASSISTANCE WITH TUITION OR ATTENDED VARIOUS POYNTER PROGRAMS FREE OF CHARGE. IN ADDITION TO THEIR WORK AT THE INSTITUTE, POYNTER FACULTY MEMBERS PROVIDE PRO BONO INSTRUCTIONAL SERVICE TO JOURNALISM ORGANIZATIONS, PARTICULARLY THOSE INTENDED TO SERVE MEMBERS OF MINORITY GROUPS. IN 2020, IN PARTNERSHIP WITH THE TAMPA BAY RAYS, THE CITY OF ST. PETERSBURG, AND THE WELLS FARGO FOUNDATION, POYNTER CONTINUED ITS COMMITMENT TO THE "WRITE FIELD" PROGRAM TO TEACH AT-RISK MIDDLE SCHOOL BOYS IN ITS HOME COMMUNITY THE VALUE OF WRITING AND JOURNALISM THROUGH THE CONTEXT OF A ONE-YEAR WRITING AND LIFE SKILLS PROGRAM. POYNTER ENJOYS A GLOBAL REPUTATION. MORE THAN 612 DOMESTIC AND 102 FOREIGN NEWS ORGANIZATIONS HAVE SENT THEIR EMPLOYEES TO POYNTER TEACHING, INCLUDING ORGANIZATIONS IN SOUTH AFRICA, INDONESIA, TURKEY AND THROUGHOUT EUROPE. THE MOST RECENT COURSE OFFERINGS CAN BE LOCATED ON THE WEB AT WWW.POYNTER.ORG. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: (CONTINUED FROM 990, PART III, LINE 4B) POLITIFACT PROVIDES DAILY FACT-CHECKING AND RESOURCES TO BOTH JOURNALISTS AND THE PUBLIC. IN ADDITION, POLITIFACT TRAINS AND EDUCATES OTHER FACT-CHECKERS AS WELL AS HOLDS CITIZEN TRAINING EVENTS.

FORM 990, PART VI, SECTION A, LINE 6:

THE INSTITUTE HAS FOUR MEMBERS PLUS AN ALTERNATE FOR PURPOSES OF ELECTING THE BOARD OF TRUSTEES AND ANY OTHER CORPORATE MATTERS PRESENTED TO THE

Schedule O (Form 990 or 990-EZ) 2020 Page 2 THE POYNTER INSTITUTE FOR MEDIA STUDIES, Name of the organization **Employer identification number** 59-1630423 INC. MEMBERSHIP. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS, BY MAJORITY VOTE, MAY AT ANY TIME INCREASE OR DECREASE THE NUMBER OF MEMBERS AS THEY DEEM APPROPRIATE. THE NUMBER OF MEMBERS CANNOT BE LESS THAN THREE AND THERE SHOULD ALWAYS BE AN ALTERNATE. THE MEMBERS HAVE THE RESPONSIBILITY OF REVIEWING AND APPOINTING THE BOARD OF TRUSTEES ON AN ANNUAL AND AS NEEDED BASIS. FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERS MAY ALSO VOTE ON CERTAIN GOVERNING DECISIONS WHEN PRESENTED TO THE MEMBERS BY THE BOARD OF TRUSTEES. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. AN INITIAL DRAFT OF THE FORM IS PROVIDED TO THE AUDIT COMMITTEE, LEGAL REPRESENTATION, AND MANAGEMENT FOR REVIEW. THE REVIEW COMMENTS, IF ANY, ARE CONSIDERED AND, IF APPLICABLE, REFLECTED ON THE FINAL VERSION OF THE RETURN. ALL BOARD MEMBERS RECEIVE A COPY OF THE 990 PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE TRUSTEES OF THE BOARD REPORT ANY CONFLICTS OF INTEREST TO THE CHAIRMAN.

THE CHAIRMAN AND POYNTER'S PRESIDENT PROVIDE REVIEW AND CAN MAKE DETERMINATIONS ABOUT SUCH CONFLICTS.

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

COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION FOR KEY PEOPLE IS DETERMINED BY AN ANNUAL REVIEW. THE

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.	Employer identification number 59-1630423
PRESIDENT IS REVIEWED BY THE CHAIRMAN OF THE BOARD.	
COMPENSATION PROCESS FOR OFFICERS	
COMPENSATION FOR KEY PEOPLE IS DETERMINED BY AN ANNUAL REV	VIEW. THE ANNUAL
REVIEWS BY A SUPERVISOR ARE WRITTEN AND ORAL. THE REVIEW I	NCLUDES AN
EXAMINATION OF PREVIOUS WORK. FOR KEY PEOPLE THE CONVERSAT	CION IS OFTEN LED
BY THE PRESIDENT.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AK, CA, CO, DC, FL, GA, HI, IA, ID, IL, IN, MA, MD, MT, ND, NH, NJ, NY, OR, F	PA,RI,SC,WA,WI
FORM 990, PART VI, SECTION C, LINE 19:	
NO GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	1,889,365.
MANAGEMENT AND GENERAL EXPENSES	204.
FUNDRAISING EXPENSES	48.
TOTAL EXPENSES	1,889,617.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,889,617.
PART XII, LINE 1	
THE ORGANIZATION USES THE INCOME TAX METHOD OF ACCOUNTING.	
FORM 990, PART XII, LINE 2C:	
THE POYNTER INSTITUTE FOR MEDIA STUDIES INC DID NOT CHANGE	I ITS
OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR	.

Schedule O (Form 990 or 9	990-EZ) 2	020				Page 2
Schedule O (Form 990 or 9 Name of the organization	THE INC	POYNTER	INSTITUTE	FOR MEDI.	A STUDIES,	Employer identification number 59-1630423
						_
						_

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 59-1630423

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controllin entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
				501(c)(3))		Yes	No
TAMPA BAY TIMES FUND, INC - 59-6142547							
490 FIRST AVE S							
ST. PETERSBURG, FL 33701	CHARITABLE	FLORIDA	501(C)(3)	PF	N/A		X
THE POYNTER INSTITUTE FOUNDATION -					THE POYNTER		
45-5630160, 801 THIRD ST S, ST. PETERSBURG,					INSTITUTE FOR		
FL 33701	SUPPORTING	FLORIDA	501(C)(3)	LINE 12A, I	MEDIA STUDIES,	X	

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	l	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportion		Code V-UBI amount in box 20 of Schedule	managir partner	or Percentage ownership
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes N	0

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	end-of-year	(h) Percentage ownership	512(l conti	tion b)(13) rolled tity?
		country)		or trust)		assets		Yes	_
TIMES HOLDING COMPANY - 59-6068199			THE POYNTER						
490 FIRST AVE S			INSTITUTE FOR						
ST. PETERSBURG, FL 33701	HOLDING CO	FL	MEDIA STUDIES,	C CORP	84,086,101.	33,454,599.	100%	X	
TIMES PUBLISHING COMPANY - 59-0482470									
490 FIRST AVE S			TIMES HOLDING						
ST. PETERSBURG, FL 33701	MEDIA CO	FL	COMPANY	C CORP	0.	0.	100%	X	
TREND MAGAZINES INC - 59-1057320			TIMES						
490 FIRST AVE S			PUBLISHING						
ST. PETERSBURG, FL 33701	PERIODICAL	FL	COMPANY	C CORP	0.	0.	100%	Х	
TAMPA BAY NEWSPAPERS INC - 59-3447974									
9911 SEMINOLE BLVD	1		TIMES HOLDING						
SEMINOLE, FL 33772	NEWSPAPERS	FL	COMPANY	C CORP	0.	0.	100%	Х	
TIMES MEDIA SERVICES INC - 26-2792852									
490 FIRST AVE S			TIMES HOLDING						
ST. PETERSBURG, FL 33701	PERIODICAL	FL	COMPANY	C CORP	0.	0.	100%	X	

Schedule R (Form 990) INC. 59-1630423

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	tion o)(13) olled ity?
		country)		or trusty		455515		Yes	No
TAMPA MEDIA GROUP LLC - 46-2419106	_		TIMES						
202 SOUTH PARKER STREET			PUBLISHING						
TAMPA, FL 33606	MEDIA CO	FL	COMPANY	C CORP	0.	0.	100%	X	
	7								
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	7								
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TIMES PUBLISHING CO	D	7,263,366.	LOAN GUARANTEE
(2) TIMES PUBLISHING CO	N	310,106.	POLITIFACT ADS AND CONTENT
(3) TIMES PUBLISHING CO	L	230,563.	FISCAL SPONSORSHIP
(4) TIMES PUBLISHING CO	L	59,846.	CONTRIBUTING EDITOR
(5) TIMES PUBLISHING CO	М	163,318.	ADVERTISING PROMOTION
<u>(6)</u>			

INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Al or Percentage ging ownership
									000) 0000

Page 4

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

59-1630423 Page 5 INC. Schedule R (Form 990) 2020 Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: NAME OF RELATED ORGANIZATION: THE POYNTER INSTITUTE FOUNDATION DIRECT CONTROLLING ENTITY: THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC. PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST: NAME OF RELATED ORGANIZATION: TIMES HOLDING COMPANY DIRECT CONTROLLING ENTITY: THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.

Schedule R (Form 990) 2020

1

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

	i neveriue service	,		g		<i>,</i> -	501(c)(3) Organizations Only
A N	lame of the organization THE POYNTER INSTITUTE I	FOR	MEDIA STU	DIES	B Employer i		
<u>c</u> ւ	Unrelated business activity code (see instructions) > 54180	0			D Sequence	: :	1 of 1
<u>E [</u>	Describe the unrelated trade or business >ADVERTISING						
Pa	t I Unrelated Trade or Business Income		(A) Income		(B) Expenses	s	(C) Net
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)) (see instructions)	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement) STMT 1	12	547,8	22.			547,822.
13	Total. Combine lines 3 through 12	13	547,8	22.			547,822.
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	come			, 		s must be
1	Compensation of officers, directors, and trustees (Part X)					1	1,010,399.
2	Salaries and wages					2	1,010,333.
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement) (see instructions)					5	74,747.
6	Taxes and licenses		1 _		9,254.	6	/4,/4/•
7	Depreciation (attach Form 4562) (see instructions)				9,234.		0 254
8	Less depreciation claimed in Part III and elsewhere on return					8b	9,254.
9	Depletion					9	14 207
10	Contributions to deferred compensation plans					10	14,207.
11	Employee benefit programs					11	95,049.
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	205 124
14	Other deductions (attach statement)					14	395,134.
15	Total deductions. Add lines 1 through 14					15	1,598,790.
16	Unrelated business income before net operating loss deduction. Su column (C)					16	-1,050,968.
17	Deduction for net operating loss (see instructions)					17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16					18	-1,050,968.

Part	III Cost of Goods Sold Fnter met	nod of inventory valua	tion		Page Z
1	Inventory at beginning of year	-		1	
2	Purchases				
3	Cost of labor				_
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter I			_	
9	Do the rules of section 263A (with respect to property	produced or acquired	for resale) apply to the	e organization?	Yes No
Part	IV Rent Income (From Real Property and	Personal Prope	rty Leased with F	Real Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Checl	t if a dual-use (see inst	ructions)	
	A				
	В				
	c				
	D		1		
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4 5	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er	iter here and on Part I	line 6, column (B)	 	0.
Part		ee instructions)			
1	Description of debt-financed property (street address, of	city, state, ZIP code).	Check if a dual-use (se	e instructions)	
	A				
	В 🔲				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	9	6 %	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6			1	
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	art I, line 7, column (A)	>	0.
_		Γ	I	 	
9	Allocable deductions. Multiply line 3c by line 6		des Berries E	(D)	
10 11	Total allocable deductions. Add line 9, columns A thr Total dividends-received deductions included in line		a on Paπ I, line /, coli	muu (R) 🟲	0.
	uvuenus receiveu veurchons mandel mille	137			\ / A

Part	VI Interest, Annu	uities, R	oyalties, and Re	ents fror	n Control	led Or	ganizations	S (se	e instruct	ions)	Page 3
	,	· ·	<u> </u>				Exempt Contro	,			
	Name of controlle organization	d	2. Employer identification number	incon	unrelated ne (loss) structions)	4. Tota	al of specified ments made	5. Pathat is control	ort of colur included olling orga gross inc	mn 4 in the aniza-	Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)			No	navamat C	Controlled O	raenizeti	iono				
	. Taxable Income	۰	Net unrelated	1	Controlled Or otal of specif	-	10. Part	of colu	mn Q	11 [Deductions directly
	. Taxable income	ir	ncome (loss) e instructions)		yments mad		that is inc	luded i	in the zation's	С	connected with ome in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and on	Part I,	Enter	columns 6 and 11. here and on Part I, le 8, column (B)
Totals						•			0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgai	nization (s	ee insti	ructions)		
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connumber (attach state)	ected	4. Set- (attach st	asides tatement	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amou	ınte in					Add amounts in
Totals				•	column 2 here and or line 9, colu	. Enter n Part I,					column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income	Other 1	han Adve		g Income	see ins	structions)		
1	Description of exploite								,		
2	Gross unrelated busin			ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,			
	line 10, column (B)									3	
4	Net income (loss) from lines 5 through 7	unrelated	I trade or business.	Subtract lir	ne 3 from line	e 2. If a	gain, complete	!		4	
5	Gross income from ac	tivity that	is not unrelated busi	iness incor	ne					5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12							7	

Schedule A (Form 990-T) 2020

Schedule A (Form 990-T) 2020

	ule A (Form 990-T) 2020				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a	consolidated basi	S.	
	Α				
	В				
	с				
	D				
Enter 1	amounts for each periodical listed above in the c	orresponding column			
Linter	amounts for each periodical listed above in the c	_	В	С	D
•	Our and and continue in a con-	A	В В		
2	Gross advertising income				0.
	Add columns A through D. Enter here and on F	Part I, line 11, column (A)		▶	
а			ı		
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on F	Part I, line 11, column (B)		▶	0.
4	Advertising gain (loss). Subtract line 3 from line	e			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
,		_			
	line 5, subtract line 6 from line 5. If line 5 is less				
_	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain or	I			
	line 4, enter the lesser of line 4 or line 7	· · · · · · · · · · · · · · · · · · ·			
а	Add line 8, columns A through D. Enter the gre	eater of the line 8a, columns to	tal or zero here ar	nd on	_
	Part II, line 13			<u></u>	0.
Part	X Compensation of Officers, Dire	ectors, and Trustees (s	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
				%	
(4)	L.			70	
Total	Enter here and on Part II, line 1				0.
Part		·			<u> </u>
Fait	Supplemental information (see	e instructions)			

FORM 990-T (A)	OTHER	INCOME	STATEMENT 1
DESCRIPTION			AMOUNT
CAREER CENTER ADVERTISING POLITIFACT ADVERTISING			95,188. 452,634.
TOTAL TO SCHEDULE A, PART I, L	INE 12		547,822.
FORM 990-T (A)	OTHER	DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
NEWS SYNDICATION IT SUPPORT OCCUPANCY TRAVEL ADVERTISING OTHER PROFESSIONAL FEES OFFICE EXPENSES INFORMATION TECHNOLOGY CONFERENCES INSURANCE EQUIPMENT TELEPHONE MEMBERSHIPS POSTAGE MISCELLANEOUS			123,819. 49,991. 58,137. 25,185. 47,893. 84,301. 257. 67. 75. 2,085. 3,074. 158. 75. 15.
TOTAL TO SCHEDULE A, PART II,	LINE 14		395,134.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

FOR THE YEAR ENDING

DECEMBER 31, 2020

PREPARED FO)R:
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NEIL BROWN THE POYNTER INSTITUE FOR MEDIA STUDIES 801 3RD STREET S ST. PETERSBURG, FL 33701-4920

PREPARED BY:

RSM US LLP 7351 OFFICE PARK PLACE MELBOURNE. FL 32940-8229

MELBOURNE, FL 32940-822	29	
TO BE SIGNED AND DATED BY:		
NOT APPLICABLE		
AMOUNT OF TAX:		
TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT		0
PLUS: NTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	
OVERPAYMENT:		
CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FLORIDA DOR. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FLORIDA DOR.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

Florida Tentative Income / Franchise Tax Return and Application for Extension of Time to File Return

F-7004 R. 01/17 Rule 12C-1.051 Florida Administrative Code Effective 01/17

Information for Filing Florida Form F-7004

	F-7	7()(1
R	n	1	/1	17

When to file - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.floridarevenue.com

Penalties - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest. There is also a penalty for late-file return when no tax is due.

Signature - A person authorized by the taxpayer must sign Florida Form F-7004. They must be an officer or partner of the taxpayer; a person currently enrolled to practice before the Internal Revenue Service (IRS); or attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

The Florida Form F-7004 must be filed - To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

A. If applicable, state the reason you need the extension:								
B. Type of federal return filed:	990-T							
Contact person for questions:	JESSICA M NAVARRO							
Telephone number:	727-553-4338							
Contact Person email address:	JNAVARRO@POYNTER.ORG							

Extension of Time Request	Florida Income/Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 0.00
2. LESS: Estimated tax payments for the taxable year	2. 0.00
3. Balance due - You must pay 100% of the tax tenta-	3.
tively determined due with this extension request.	0.00

Transfer the amount on Line 3 to Tentative tax due.

Make checks payable and mail to:

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

	Florida Department of Revenue - Corporate Income Tax Florida Tentative Income / Franchise Tax Return and Application for Extension of Time to File Return THE POYNTER INSTITUTE FOR MEDIA STUDIES, FEIN 59-1630423				
Name Address City/State/ZIP	INC. 801 3RD STREET S ST. PETERSBURG, FL 33701-4920	Taxable Year End FILING STATUS Partnership All other federal returns to be filed Tentative Tax Due \$ 0.0	X		

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here:		Date:	
591630423	0	0	0
3	0	0	0
20201231	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0



0

Florida Corporate Income/Franchise Tax Return

FEIN 59-1630423
For calendar year 2020 or tax year beginning , 2020 ending F-1120, R. 01/20 1019 Rule 12C-1.051 Florida Administrative Code Effective 01/21 Page 1 of 6

813302020123100020050375359163042300004

Name Addre	ss 8 tate/ZIP S	INC. 301 ST.	3RD STRI PETERSBI	EET S JRG, FL	33701-492	IA STUDIES,			
	Check here i	if any cha	anges have been mad	de to name or address					
Comp	utation of F	lorida	Net Income Tax						
1.	Federal tax	kable in	come (see instruc	ctions) - Attach pa	ges 1-5 of federal ret	urn Check here if negative	<u>X</u>	-1,050,	968.00
2.				mputing federal tax					
)			1 050	060 00
4.	10tal of Li	nes 1, 2	and 3	noomo (from Cobo	dula II)	Check here if negative	<u>X</u>	-1,050,	900.00
					dule II)		<u>v</u>	-1,050,	968 00
					ctions)			-1,050, -1,050,	
7. 8.					dule R)		<u>X</u>	1,030,	200.00
	Florida ex					Oneck here it negative			0.00
									0.00
	Tax due: 4								0.00
									0.00
	a) Penalty:				Other				
	c) Interest	: F-222		d)	Other	Line 14 Total			
15.	Total of Li	nes 13	and 14						
				yments 16a \$					
			Tentative tax pay	rment 16b \$					
17.	Total amou	unt due	: Subtract Line 16	6 from Line 15. If p	ositive, enter amount	due here and on payment co	oupon.		
				,.	e 18 and/or Line 19				
						here and on payment coupo			
19.	Refund: Er	nter am	ount of overpaym	ent to be refunde	d here and on paymen	t coupon			
044081	10-20-20								
			Paymen	 t Coupon	for Florida	a Corporate II	ncome Ta	y Return	-
			i dyilleli	Coupoi		_			F-1120 R. 01/20
			7	o engure nroner c		Not Detach enclose your check with tax		<u>12/31/20</u>	11. 01/20
			'	o crisure proper e	realt to your account,	choics your check with tax	return when maining	•	
	7	CHE	POYNTER	INSTITUT	TE FOR MED				
Vame		INC.				If 6/30 year end, return i	s due 1st day of the	4th month after the close	of the
Addre			3RD STR			taxable year, otherwise	return is due 1st da	y of the 5th month after the	close
City/S	tate/ZIP 🕏	ST.	PETERSBU	JRG, FL	33701-492	of the taxable year.			
501	63042	2 2		0		0	0		
	200101			0		0	Ö		
	01231			-1050968	0.0	0	Ö		
	00000			1.000000		0	Ö		
012				0		0	Ö		
201				0		0	Ö		
	50968	300		0		0	0		
0				0		0	0		



THE POYNTER INSTITUTE FOR MEDIA STUD

1019 F-1120 R. 01/20 Page 2 of 6 2 / 3 1 / 2 0

		FEIN	59-1630423		12/31/20
•	This return is con turn is not signed, or improperly signed and verit ed. Your return must be completed in its entirety	fied, it will be subject to a p	s a copy of the federal return benalty. The statute of limita		until your return is properly signed
	Under penalties of perjury, I declare that I have examined and complete. Declaration of preparer (other than taxpaye			•	snowledge and belief, it is true, correct,
Sign here	Signature of officer (must be an original signature)	Date	Title PR	ESIDENT	
Paid preparers only	Preparer's signature	Date	Preparer check if self-employed	Preparer's PTIN	P01204534
	Firm's name			FEIN ▶	42-0714325
	(or yours if self-employed) and address 7351 OFFICE I			ZIP ▶	32940-8229
	All Taxpayers Must A	Answer Questions	A through M Below	v - See Instruc	ctions
s. Florida S	incorporation: FLORIDA Secretary of State document number: 734285 consolidated return? YES NO X		G-2. Part of a federal consolidat FEIN from federal consolidat Name of corporation:	_	NO X If yes, provide:
).	Initial return Final return (final federal return filed)		G-3. The federal common paren	t has sales, property, o	or payroll in Florida? YES NOX
	I Business Activity Code (as pertains to Florida)	т	H. Location of corporate book 801 THIRD	STREET S	BURG, FL 33701-4
	a extension of time was timely filed? YES X NO		City, State, ZIP:	PETERS Florida partnership or	,

Online Information Reporting Requirement

G-1. Corporation is a member of a controlled group? YES NO X If yes, attach list.

Visit the Department website to obtain a list of the required information, due date, penalty rate and application to enter the information. (See section 220.27, Florida Statutes)

Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue 5050 W Tennessee Street Tallahassee FL 32399-0135

If you are requesting a **refund** (Line 19), send your return to:

Florida Department of Revenue PO Box 6440

Tallahassee FL 32314-6440

Remember:

Enter date of latest IRS audit: _
a) List years examined:

L. Type of federal return filed 1120

Make your check payable to the Florida Department of Revenue.

Contact person concerning this return: JESSICA M NAVARRO

b) Contact person e-mail address: JNAVARRO@POYNTER.ORG

1120S or 990-T

a) Contact person telephone number: $\overline{727-553-4338}$

- Write your FEIN on your check.
- Sign your check and return.
- Attach a copy of your federal return.
- Attach a copy of your Florida Form F-7004 (extension of time) if applicable.





Schedule I - Additions and/or Adjustments to Federal Taxable Income					
Interest excluded from federal taxable income (see instructions)	1.				
Undistributed net long-term capital gains (see instructions)	2.				
Net operating loss deduction (attach schedule)	3.				
Net capital loss carryover (attach schedule)	4.				
5. Excess charitable contribution carryover (attach schedule)	5.				
Employee benefit plan contribution carryover (attach schedule)	6.				
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.				
Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.				
9. Guaranty association assessment(s) credit	9.				
10. Rural and/or urban high crime area job tax credits	10.				
11. State housing tax credit	11.				
12. Florida Tax Credit Scholarship Program Credits	12.				
13. Florida Renewable energy production tax credit	13.				
14. New markets tax credit	14.				
15. Entertainment industry tax credit	15.				
16. Research and Development tax credit	16.				
17. Energy Economic Zone tax credit	17.				
18. s. 168(k) IRC special bonus depreciation	18.				
19. Other additions (attach schedule)	19.				
20. Total Lines 1 through 19. Enter total on Line 20 and on Page 1, Line 3.	20.				

1.	Gross foreign source income less attributable expenses	Т	
	(a) Enter s. 78, IRC income \$		
	(b) plus s. 862, IRC dividends \$		
	(c) plus s. 951A, IRC, income \$	1.	
	(d) less direct and indirect expenses		
	and related amounts deducted		
	under s. 250, IRC \$ Total	>	
2.	Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$		
	(b) less direct and indirect expenses \$ Total	2.	
Not	e: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.		
3.	Florida net operating loss carryover deduction (see instructions)	3.	
4.	Florida net capital loss carryover deduction (see instructions)	4.	
5.	Florida excess charitable contribution carryover (see instructions)	5.	
6.	Florida employee benefit plan contribution carryover (see instructions)	6.	0.00
7.	Nonbusiness income (from Schedule R, Line 3)	7.	
8.	Eligible net income of an international banking facility (see instructions)	8.	
9.	s. 179, IRC expense (see instructions)	9.	
10.	s. 168(k), IRC special bonus depreciation (see instructions)	10.	
11.	Other subtractions (attach statement)	11.	
12.	Total Lines 1 through 11. Enter total on Line 12 and on Page 1, Line 5.	12.	



Sc	Schedule III - Apportionment of Adjusted Federal Income						
III-A	For use by taxpayers doing	business outside Florida,	except those providing ins	urance or transportation se	ervices.		
		(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions	(e) Weighted Factors Rounded to Six Decimal Places	
1.	Property (Schedule III-B below)				X 25% or		
2.	Payroll				X 25% or		
3.	Sales (Schedule III-C below)	547,822.00	547,822.00	1.000000	X 50% or	1.000000	
4.	Apportionment fraction (Sum of L	ines 1, 2, and 3, Column [e]). Ente	er here and on Schedule IV, Line 2	2.		1.000000	
	For use in computing avera	age value of property	WITHIN	FLORIDA	TOTAL EV	<u>/ERYWHERE</u>	
(use	original cost).		a. Beginning of year	b. End of year	c. Beginning of year	d. End of year	
1.	Inventories of raw material, work	in process, finished goods					
2.	Buildings and other depreciable a	assets					
3.	Land owned						
4.	Other tangible and intangible (financial o	rg. only) assets (attach schedule)					
5.	Total (Lines 1 through 4)						
	6. Average value of property a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) 6b. 7. Rented property (8 times net annual rent) a. Rented property in Florida b. Rented property Everywhere 7b. 8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b). a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida 8a. b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere 8b.						
III-C	Sales Factor				TOTAL WITHIN FLORIDA (Numerator)	TOTAL EVERYWHERE (Denominator)	
1.	Sales (gross receipts)				N/A	547,822.00	
2.	Sales delivered or shipped to Flo	rida purchasers			547,822.00	N/A	
3.							
4.	TOTAL SALES (Enter on Schedule	e III-A, Line 3, Columns [a] and [b])		547,822.00	547,822.00	
III-D	Special Apportionment Fra	ctions (see instructions)	(a)	WITHIN FLORIDA (b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places	
1.	Insurance companies (attach cop	y of Schedule T - Annual Report)					
2.	Transportation services						

So	Schedule IV - Computation of Florida Portion of Adjusted Federal Income					
1.	Apportionable adjusted federal income from Page 1, Line 6	1.	-1050968.00			
2.	Florida apportionment fraction (Schedule III-A, Line 4)	2.	1.000000			
3.	Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	-1050968.00			
4.	Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.				
5.	Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.				
6.	Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.				
7.	Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.				
8.	Total carryovers apportioned to Florida (add Lines 4 through 7)	8.				
9.	Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	-1050968.00			





Schedule V - Credits Against the Corporate Income/Franchise Tax					
Florida health maintenance organization credit (attach assessment notice)	1.				
Capital investment tax credit (attach certification letter)	2.				
Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.				
4. Community contribution tax credit (attach certification letter)	4.				
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.				
Rural job tax credit (attach certification letter)	6.				
7. Urban high crime area job tax credit (attach certification letter)	7.				
Hazardous waste facility tax credit	8.				
9. Florida alternative minimum tax (AMT) credit	9.				
10. Contaminated site rehabilitation tax credit (attach tax credit certificate)	10.				
11. State housing tax credit (attach certification letter)	11.				
12. Florida Tax Credit: Scholarship Program Credits. (attach certificate)	12.				
13. Florida renewable energy production tax credit	13.				
14. New markets tax credit	14.				
15. Entertainment industry tax credit	15.				
16. Research and Development tax credit	16.				
17. Energy Economic Zone tax credit	17.				
18. Other credits (attach schedule)	18.				
19. Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11).					
Enter total credits on Page 1, Line 12	19.				

Sch	edule R - Nonbusiness Income			
Line 1.	Nonbusiness income (loss) allocated to Florida <u>Type</u>			<u>Amount</u>
	Total allocated to Florida (Enter here and on Page 1, Line 8)		1.	
Line 2.	Nonbusiness income (loss) allocated elsewhere Type	State/country allocated to		Amount
	Total allocated elsewhere			
Line 3.	Total nonbusiness income Grand total. Total of Lines 1 and 2 (Enter here and on Schedule II. Line 7)		3	

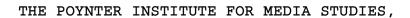


Estimated Tax Worksheet For Taxable Years Beginning On or After January 1,

1.	Florida income expected in taxable y	ear		1.	\$	-1,050,968.00
2.	Florida exemption \$50,000 (Member	s of a controlled group, see instr	uctions on Page 14 of			
	Florida Form F-1120N)				\$	
3.					\$	
4.	Total Estimated Florida tax (4.458%					
	Less: Credits against the tax		\$	4.	\$	
5.	Computation of installments:					
	Payment due dates and	If 6/30 year end, last day of 4tl	n month,			
	payment amounts:	otherwise last day of 5th mont	h - Enter 0.25 of Line 4	5a.		
		Last day of 6th month - Enter 0	0.25 of Line 4	5b.		
		Last day of 9th month - Enter (0.25 of Line 4	5c.		
		Last day of fiscal year - Enter 0	0.25 of Line 4	5d.		
	NOTE: If your estimated tax should					
	below to determine the amended a	amounts to be entered on the de	ciaration (Florida Form F-1120ES)).		
1	Amended estimated tax			1	Ф	
	Less:			1.	Ψ	
۷.	(a) Amount of overpayment from las	t year elected for credit				
	1,	•	20 ¢			
	to estimated tax and applied to d					
	(b) Payments made on estimated tax dec	·			Φ	
2	(c) Total of Lines 2(a) and 2(b)	 \		2c.	Φ	
	Unpaid balance (Line 1 less Line 2(c)				Φ	
4.	Amount to be paid (Line 3 divided by	number of remaining installmen	ts)	4.	Ъ	

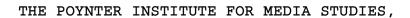
References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at floridarevenue.com/forms. Form F-2220 Underpayment of Estimated Tax on Florida Rule 12C-1.051, F.A.C. Corporate Income/Franchise Tax Form F-7004 Florida Tentative Income/Franchise Tax Return Rule 12C-1.051, F.A.C. and Application for Extension of Time to File Return Form F-1156Z Florida Enterprise Zone Jobs Credit Certificate of Rule 12C-1.051, F.A.C. Eligibility for Corporate Income Tax Form F-1158Z Enterprise Zone Property Tax Credit Rule 12C-1.051, F.A.C. Form F-1120N Instructions for Corporate Income/Franchise Tax Return Rule 12C-1.051, F.A.C. Form F-1120ES Declaration/Installment of Florida Estimated Rule 12C-1.051, F.A.C. Income/Franchise Tax





	FEIN59-1630423		
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FEIN 59-1630423

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EXTENDED TO NOVEMBER 15, 2021 Form **990-T Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2020 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Check box if Name of organization (Check box if name changed and see instructions.) address changed. THE POYNTER INSTITUTE FOR MEDIA STUDIES, **B** Exempt under section Print INC. 59-1630423 Group exemption number (see instructions) X 501(c)(3 or Number, street, and room or suite no. If a P.O. box, see instructions. Type 220(e) 801 3RD STREET S 408(e) 408A]530(a) City or town, state or province, country, and ZIP or foreign postal code]529(a) [ST. PETERSBURG, FL 33701-4920 529S Check box if 49,655,166. C Book value of all assets at end of year an amended return. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if filing only to Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. 727-553-4338 The books are in care of ▶ JESSICA M. NAVARRO Telephone number **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see -1,050,968. instructions) 2 Reserved 2 050,968. 3 3 Add lines 1 and 2 4 Charitable contributions (see instructions for limitation rules) 4 1,050,968. Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 0. Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 1,050,968. Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 9 **Trusts.** Section 199A deduction. See instructions 1,000 10 Total deductions. Add lines 8 and 9 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 enter zero 11 **Tax Computation** Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041) Part I, line 11 from: 2 Proxy tax. See instructions 3 3 4 Other tax amounts. See instructions 4 Alternative minimum tax (trusts only) 5 5 6 Tax on noncompliant facility income. See instructions 6

Form **990-T** (2020)

LHA

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020) Page 2 **Tax and Payments** Part III Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a Other credits (see instructions) 1b b General business credit. Attach Form 3800 (see instructions) 1c Credit for prior year minimum tax (attach Form 8801 or 8827) 1d Total credits. Add lines 1a through 1d Subtract line 1e from Part II, line 7 0. 2 2 Other taxes. Check if from: Form 4255 | Form 8611 | Form 8697 3 Other (attach statement) 3 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 4 5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5 Payments: A 2019 overpayment credited to 2020 6a 2020 estimated tax payments. Check if section 643(g) election applies _____ ▶ _ b 6b Tax deposited with Form 8868 6c Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) 6e Credit for small employer health insurance premiums (attach Form 8941) 6f Other credits, adjustments, and payments: Form 2439 Form 4136 U Other Total ▶ Total payments. Add lines 6a through 6g 7 7 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2021 estimated tax 11 Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a Х If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year _____ > \$ 3 Х Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V Part V Supplemental Information Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return with Here PRESIDENT the preparer shown below (see Signature of officer Date instructions)? X Yes Print/Type preparer's name Preparer's signature Date if PTIN Check self- employed Paid P01204534 JULIANA KREUL **Preparer** Firm's name ► RSM US LLP 42-0714325 Firm's EIN ▶ **Use Only** 7351 OFFICE PARK PLACE

Firm's address ► MELBOURNE, FL 32940-8229

Form 990-T (2020)

Phone no. 321 - 751 - 6200

1

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2020

en to Public Inspection fo

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A	Name of the organization THE POYNTER INSTITUTE FOR MEDIA STUDIES INC.					B Employer identification number 59-1630423		
<u>c</u>	C Unrelated business activity code (see instructions) ► 541800							1 of 1
<u>E</u>	Describe the unrelated trade or business ADVERTISING							
	art I Unrelated Trade or Business Income		(A) In	come		(B) Expenses	5	(C) Net
1	a Gross receipts or sales							
	b Less returns and allowances c Balance >	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4	a Capital gain net income (attach Sch D (Form 1041 or Form							
	1120)) (see instructions)	4a						
	b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b						
	c Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10						
11	Advertising income (Part IX)	11						
12	Other income (see instructions; attach statement) STMT 1	12		7,8				547,822.
<u>13</u>	Total. Combine lines 3 through 12	13	54	7,8	22.			547,822.
	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	come	9			, 	iction	ns must be
1 2							2	1,010,399.
3	Salaries and wages						3	1,010,333.
4	Repairs and maintenance Bad debts						4	
5	Interest (attach statement) (see instructions)						5	
6							6	74,747.
7	Taxes and licenses Depreciation (attach Form 4562) (see instructions)			7		9,254.	Ů	, _ , , _ , ,
8	Less depreciation claimed in Part III and elsewhere on return			-		<i>-</i> ,	8b	9,254.
9	Depletion						9	2,444
10	Contributions to deferred compensation plans						10	14,207.
11	Employee benefit programs						11	95,049.
12	Excess exempt expenses (Part VIII)						12	
13	Excess readership costs (Part IX)						13	
14	Other deductions (attach statement)		SI	EE S	TATEM	ENT 2	14	395,134.
15	Total deductions. Add lines 1 through 14						15	1,598,790.
16	Unrelated business income before net operating loss deduction. So							, ,
	column (C)						16	-1,050,968.
17	Deduction for net operating loss (see instructions)						17	0.
18	Unrelated husiness tayable income. Subtract line 17 from line 16						18	-1.050.968.

Part	III Cost of Goods Sold Fnter met	nod of inventory valua	tion		Page Z
1	Inventory at beginning of year	-		1	
2	Purchases				
3	Cost of labor				_
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter I			_	
9	Do the rules of section 263A (with respect to property	produced or acquired	for resale) apply to the	e organization?	Yes No
Part	IV Rent Income (From Real Property and	Personal Prope	rty Leased with F	Real Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Checl	t if a dual-use (see inst	ructions)	
	A				
	В				
	c				
	D		1		
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4 5	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er	iter here and on Part I	line 6, column (B)	 	0.
Part		ee instructions)			
1	Description of debt-financed property (street address, of	city, state, ZIP code).	Check if a dual-use (se	e instructions)	
	A				
	В 🔲				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	9	6 %	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6			1	
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	art I, line 7, column (A)	>	0.
_		Γ	I	 	
9	Allocable deductions. Multiply line 3c by line 6		des Berries E	(D)	
10 11	Total allocable deductions. Add line 9, columns A thr Total dividends-received deductions included in line		a on Paπ I, line /, coli	muu (R) 🟲	0.
		137			\ / A

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganizations	s (see i	nstructi	ions)	Page 3
		-					Exempt Contro	`			
	Name of controlled organization		2. Employer identification number			4. Tota	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		nn 4 in the niza-	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
			No	nexempt C	Controlled O	rganizati	ons				
7	'. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc		he		Deductions directly connected with come in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c		art I,	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B)
Totals	\/!!	<u> </u>			(A) (4=)	<u></u>	<u> </u>		0.		0.
Part			of a Section 50	1(c)(7), (nization (s	ee instruc	tions)		
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connected (attach states	ected (at	4. Set-a		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
Totals				•	Add amor column 2 here and o line 9, colu	. Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part		xempt A	Activity Income,	Other 1	han Adve		Income	see instru	ctions)		
1	Description of exploite			•							
2	Gross unrelated busin	•		ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con						•	. ,			
	line 10, column (B)		•					•		3	
4	Net income (loss) from								Ī		
	lines 5 through 7								[4	
5	Gross income from ac									5	
6	Expenses attributable	to income	entered on line 5							6	
7	Excess exempt expen										
	4 Enter here and on E	Oort II lino	10							7	

Schedule A (Form 990-T) 2020

Schedule A (Form 990-T) 2020

Page 4

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if repor	ting two or r	nore periodicals on a	consolidated basi	S.	
	A					
	В					
	c 🗆					
	D					
Enter a	amounts for each periodical listed above in th	e correspon	dina column.			
	annoanno (or caon poncarca notos azoro ni a		A	В	С	D
2	Gross advertising income					
_	Add columns A through D. Enter here and o		e 11 column (A)		•	0.
а	, to a consumo / t a nocegi. D t = noce no co a no	u				-
3	Direct advertising costs by periodical	ſ				
а	Add columns A through D. Enter here and o	າກ Part I. line	e 11. column (B)		•	0.
-	, taa saamma, tamaagn 2, 2man nara ana s	u				·
4	Advertising gain (loss). Subtract line 3 from	line				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column	ı in				
	line 4 showing a loss or zero, do not comple	I				
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less that					
	line 5, subtract line 6 from line 5. If line 5 is	less				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gair	n on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the	greater of th	ne line 8a, columns to	tal or zero here an	nd on	
	Part II, line 13				>	0.
Part	X Compensation of Officers, D	Directors,	and Trustees (S	ee instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
(2)					%	
(3)					%	
(4)					%	
_						^
						0.
Part	XI Supplemental Information	see instructi	ions)			

FORM 990-T (A)	OTHER	INCOME	STATEMENT 1
DESCRIPTION			AMOUNT
CAREER CENTER ADVERTISING POLITIFACT ADVERTISING			95,188. 452,634.
TOTAL TO SCHEDULE A, PART I, L	INE 12		547,822.
FORM 990-T (A)	OTHER	DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
NEWS SYNDICATION IT SUPPORT OCCUPANCY TRAVEL ADVERTISING OTHER PROFESSIONAL FEES OFFICE EXPENSES INFORMATION TECHNOLOGY CONFERENCES INSURANCE EQUIPMENT TELEPHONE MEMBERSHIPS POSTAGE MISCELLANEOUS			123,819. 49,991. 58,137. 25,185. 47,893. 84,301. 257. 67. 75. 2,085. 3,074. 158. 75. 15.
TOTAL TO SCHEDULE A, PART II,	LINE 14		395,134.