Form **990**

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Inter	nal Rev	enue Service		Go to www.irs.go	v/Form99	90 for instru	uctions and	the latest ir	formation.		Inspection
Α	For th	e 2022 calend	dar year, or tax	k year beginning			and	ending			
В	Check if applicat	THE		INSTITUTE	FOR	MEDIA	STUDIE	ES,	D Employer	identifica	ation number
	Chan	ge LNC.	,								•
	chan	ge Doing b	ousiness as					1		53042	3
	returi Final	n Numbe		P.O. box if mail is not	t delivered	to street addr	ress)	Room/suite	E Telephone		404
	returi	2	3RD STR							821-9	
_	termi ated Amer			province, country, a			stal code		G Gross receipts		15,358,653.
F	returi Appli	n 51.	PETERSB		3701-				H(a) Is this a		
	tion pend	ing F Name a	AS C AB	principal officer: NE	for subo						
	T	empt status:) (in	vaart na \		or 527	1		
	Webs		POYNTER	501(c) () (11	isert no.)	4947(a)(1)		H(c) Group ex		st. See instructions
			X Corporation		Associati	on 0	ther	I Vear			State of legal domicile: FL
	art I	Summary			110000144						
	1	-		ation's mission or mo	ost signifi	cant activiti	es [.] SEE	SCHEDU	LE O		
e	1.	Brieffy deserin	se the organize		oor olgrinn	ount dottint	<u></u>				
Governance	2	Check this bo	ox if	the organization dis	continue	d its operati	ons or dispo	sed of more	than 25% of its	net asse	ts.
ver	3			of the governing bo		•				- I I	12
g	4		0	ing members of the		bodv (Part	VI. line 1b)			. 4	7
8 8	5			employed in calenda							83
Activities &	6			estimate if necessa							10
cti	7 a			venue from Part VIII,							236,894.
Ă	b			ble income from Fo						. 7b	0.
						,			Prior Year		Current Year
-	8	Contributions	s and grants (Pa	art VIII, line 1h)					8,157,7	743.	10,275,160.
nu	9	Program serv	vice revenue (Pa		4,265,2	155.	4,232,469.				
Revenue	10	Investment in	ncome (Part VIII	l, column (A), lines 3					345,5	565.	301,275.
ά.	11			umn (A), lines 5, 6d,					400,5	755.	161,764.
	12			hrough 11 (must equ					13,169,2		14,970,668.
	13	Grants and si	imilar amounts	paid (Part IX, colum	ın (A), line	s 1-3)			1,393,4	198.	1,471,079.
	14	Benefits paid	to or for memb	oers (Part IX, columr	n (A), line	4)				0.	0.
ŝ	15			n, employee benefit					5,336,1		6,323,101.
Expenses	16a	Professional	fundraising fees	s (Part IX, column (A	A), line 11e	e)				0.	0.
xpe	. b			(Part IX, column (D),			372,3				
Ш	17	Other expens	es (Part IX, col	umn (A), lines 11a-1	1d, 11f-24	4e)			3,814,2		6,580,986.
	18	Total expense	es. Add lines 13	3-17 (must equal Pa	rt IX, colu	ımn (A), line	25)		10,543,		14,375,166.
	19	Revenue less	expenses. Sub	otract line 18 from li	ne 12				2,625,4		595,502.
Net Assets or								Be	ginning of Currer		End of Year
sset	20		(Part X, line 16)						51,768,8		52,443,430.
it As	21		s (Part X, line 2			277,		356,780.			
No.	22			. Subtract line 21 fro	om line 20)			51,491,2	L48.	52,086,650.
	art II	_									
										-	knowledge and belief, it is
true	, corre	ct, and complete	3. Declaration of p	preparer (other than of	fficer) is ba	ised on all inf	ormation of w	nich preparer	nas any knowled	ge.	
		Signature of c	<u>fficer</u>						Data		
Sig									Date 11	/13/2023	3
He	re	MRIP RE	ROWN, PR	ESTDEN.L					11	10/2020	•

	Type or print name and title												
	Print/Type prepa	arer's name	Preparer's signature	Check	PTIN PTIN								
Paid	KRISTEN	BARNETT	/ flister Barnett	11/10/20)23 self-em	ployed P01234578							
Preparer	Firm's name	RSM US LLP		Firm's EIN	42-0714325								
Use Only	Firm's address	1001 WATER ST. ST											
		TAMPA, FL 33602			Phone no. 8	13-316-2300							
May the IF	RS discuss this	return with the preparer shown abo	ve? See instructions			X Yes No							
232001 12-13	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)												

	THE POYNTER INSTITUTE FOR MEDIA STUDIES,
	990 (2022) INC. 59-1630423 Page 2
Pa	t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 6,109,320. including grants of \$) (Revenue \$ 2,357,196.)
	THE POYNTER INSTITUTE IN ST. PETERSBURG, FL, IS A SCHOOL DEDICATED TO
	THE BELIEF THAT THE PRACTICE OF EXCELLENT JOURNALISM IS ESSENTIAL TO A SUCCESSFUL DEMOCRACY.
	SUCCESSFUL DEMOCRACI.
	LED BY A PRESIDENT, SENIOR VICE PRESIDENT AND VICE PRESIDENT, POYNTER
	EMPLOYS A FULL-TIME FACULTY AND STAFF, AS WELL AS NUMEROUS ADJUNCT
	TEACHERS TO REACH ITS PRINCIPAL AUDIENCES OF PROFESSIONAL AND
	NONPROFESSIONAL JOURNALISTS, EDUCATORS AND MEDIA LEADERS. IN ADDITION,
	THE INSTITUTE OFFERS PROGRAMS FOR COLLEGE, HIGH SCHOOL AND MIDDLE
	SCHOOL STUDENTS, AS WELL AS FOR CITIZENS INTERESTED IN LEARNING MORE
	ABOUT JOURNALISM AND ITS IMPACT ON SOCIETY.
4b 4c	(Code:)(Expenses \$ 5,775,098. including grants of \$ 1,424,354.) (Revenue \$ 1,879,340.) POYNTER ALSO PROVIDES IN-DEPTH, NON-PARTISAN FACT-CHECKING BOTH WITH GUIDELINES AND GOVERNANCE FOR FACT-CHECKERS WORLDWIDE AS WELL AS THROUGH DOMESTIC PRACTICES. THE INTERNATIONAL FACT-CHECKING NETWORK (IFCN) IS A UNIT OF THE POYNTER INSTITUTE DEDICATED TO BRINGING TOGETHER FACT-CHECKERS WORLDWIDE. THE IFCN WAS LAUNCHED IN SEPTEMBER 2015 TO SUPPORT A BOOMING CROP OF FACT-CHECKING INITIATIVES BY PROMOTING BEST PRACTICES AND EXCHANGES IN THIS FIELD. IN ADDITION TO SUPPORTING A CODE OF PRINCIPLES WITH 133 ORGANIZATIONS PARTICIPATING IN THE 2021 VERIFICATION PROCESS FOR FACT-CHECKERS WORLDWIDE, THE IFCN ALSO PROVIDES GLOBAL TRAINING AND SUMMITS TO IMPROVE THE CRAFT. FOR ITS COLLABORATION EFFORTS, THE IFCN WAS NOMINATED IN 2021 FOR THE NOBEL PEACE PRIZE. POYNTER ALSO MANAGES ONE OF THE FOREMOST NATIONAL (code:)(Expenses \$ 966,515. including grants of \$ 46,725.) (Revenues \$ 41,000.) IN ADDITION, THE POYNTER INSTITUTE EXPANDED ITS MEDIAMISE PROJECT. THE MEDIAWISE PROJECT EMPOWERS PEOPLE OF ALL AGES TO BECOME MORE CRITICAL CONSUMERS OF CONTENT ONLINE, TEACHING PEOPLE DIGITAL MEDIA LITERACY AND FACT-CHECKING SKILLS TO SPOT MISINFORMATION AND DISINFORMATION, WITH INITIATIVES SPECIFICALLY DESIGNED TO ENGAGE GEN Z, COLLEGE STUDENTS AND OLDER AMERICANS. IN 202
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 12,850,933.
	Form 990 (2022)

Form 990 (2022)

INC.

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

Is the organization described in secton 501(c)[0] or 4947(a)(1) (other than a private foundation)? Yes. No. If the organization required to complete Schedule B, Schedule af Contribution? 1 X If the organization required to complete Schedule B, Schedule af Contribution? 1 X If the organization required to complete Schedule C, Part I 3 X If the organization assets 501(c)(a)(b) 501(b)(b) or (c)(a) organization that receives membership dues, assessments, or similar anounce as offen down and schedule C, Part II 4 X If the organization mature of own advected function or any smill fraking examination that receives membership dues, assessments, or similar anounce as offen down advected function or any smill fraking examination assets in 501(c) (c)(c)(c) organization that receives membership dues, assessments, or distribution or investment of amounts in the accounce for which donors have the right to provide advects on the distribution or investment of amounts in a submit of a conversion assement, including essements to petidewide coden space. 7 X ID dit the organization mature or organization space as accurate for which donors have the right of a mounts in the ACM and accounts in the accounts for the organization mature or accurate and accounts for the accounts for the accurate an account for the accurate an acurate an acurate an accurate an accurate an accurate an accurat	Par	art IV Checklist of Required Schedules			
If the organization required to complete Schedule 0, Part II 1 X 2 X 2 X 3 Ditt be organization required to complete Schedule 0, Part I 2 X 4 Section 501(b) organization and the organization regage in lobbying activities on have a section 501(b) election in effect during the tax year // If Yes, "complete Schedule 0, Part II 4 X 5 Didt the organization maintain and othe organization that receives membership dues, assessments, or animal amounts as different on them of any similar funds or any simila				Yes	No
2 Is the organization engage in direct political campaign activities on behalf of or in opposition to candidate for public official " rys," camples Schedule C, Part I 3 X 4 Section 50 (Lyk) organizations. Did the organization engage in lobbying activities, or have a section 50 (Lyk) election in effect did the organization action 50 (Lyk) election in effect did the organization action 50 (Lyk) election in section 50 (Lyk) election in electric did the organization action 50 (Lyk) electron 50 (L	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 Dit the organization regord infred to indirect policial campaign activities on behalf of or in opposition to candidates for public officient "Yrsg," complete Schedule C, Part II. Section 501(c)(a) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year' II' Yrsg," complete Schedule C, Part II. Did the organization asternal on 301(c)(a) 501(c)(b) complete Schedule C, Part II. Did the organization cancer on 501(b) election or investment of amounts in such funds or anocunts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? II' Yes, "complete Schedule D, Part II. Did the organization regord na amount in Part X, line 21, for escrew or or usotatial accounts? II' Yes, "complete Schedule D, Part II. Did the organization regord na amount in Part X, line 21, for escrew or or usotatial account lability, serve as a custodian for amounts in listed in farst, year or oroxice cardial consensing, debt management, credit repars, or debt negoliation services? If Yes, "complete Schedule D, Part II. Did the organization regord na amount for land, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part II. Did the organization report an amount for insustments - other securities in Part X, line 10? If Yes, "complete Schedule D, Part IV. Did the organization report an amount for insustments - other securities in Part X, line 10? If Yes, "complete Schedule D, Part IV. Did the organization report an amount for insustments. Jone arr II allow 11115. X Did the organization report an amount for insustments. Forgan related organization sectored in Part X, line 10? If Yes, "complete Schedule D, Part IV. Did the organization report an amount for insustments. Jone arr Y win lobia is for ormore of its total assets reported i		If "Yes," complete Schedule A	1		
a Sector 50 (CIQ) organizations. D dth erogramization engage in lobbying activities, or have a section 50 (h) election in effect during the tax yea? // 'Yes,' complete Schedule C, Part // 3 X 5 Is the organization ascelon 50 (h)(4), 50 (h)(50 (h)(50 (h) granization that receives membership dues, assessments, or similar amounts as defined in the Proc. 98-19 // 'Yes,' complete Schedule C, Part // 4 X 6 Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic lard eases, or historic at fuestion (h) and or account? // 'Yes,' complete Schedule D, Part // 5 X 9 Did the organization reqort an amount in Part X, line 21, for earcow or custodial account liability, serve as a custodian for amounts not listed in Part X, organized Schedule D, Part I/ 10 X 9 Did the organization amount for induce of the downersti // 'Yes,' complete Schedule D, Part I/ 10 X 11 If the organization, anower to any of the following questions is 'Yes,' then complete Schedule D, Part V 10 X 12 Did the organization reqort an amount for investments. other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 // Yes,' complete Schedule D, Part V// 10 X 13 X 11 X 11 X 14 X 11 <td>2</td> <td>Is the organization required to complete Schedule B, Schedule of Contributors? See instructions</td> <td>2</td> <td>Х</td> <td></td>	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year // **es, "complete Schedule C, Part // B the organization a section 501(h)(s). 501(c)(k), 501(c	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candi	dates for		
 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? (<i>P</i>*os, <i>Complete Schedule C, Part I</i>). Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 9819? (<i>P</i>*os, <i>Complete Schedule C, Part I</i>). Did the organization markam any domer advised funds or any similar tinds or accounts? (<i>I</i>*rys, <i>complete Schedule D, Part I</i>). Did the organization markam any domer advised funds or any similar tinds or accounts? (<i>I</i>*rys, <i>complete Schedule D, Part I</i>). Did the organization markam any domer advised funds or any similar tinds or accounts? (<i>I</i>*rys, <i>complete Schedule D, Part I</i>). Did the organization markam tin Y and X, line 21, for escow or custofial account liability, serve as a custodian for a mount in Part X, ine 121, for escow or custofial account liability, serve as a custodian for a mount for land, buildings, and equipment in Part X, line 121, <i>I</i>*rt size, <i>complete Schedule D, Part V</i>. Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>I</i>*rys, <i>complete Schedule D, Part V</i>. Did the organization report an amount for threesters to the socurities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>I</i>*rys, <i>complete Schedule D, Part V</i>. Did the organization report an amount for threesters to the accurities for the tax year? Did the organization report an amount for threesters to the socurities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>I</i>*rys, <i>complete Schedule D, Part V</i>. Did the organization report an amount for threstastis in Part X, line 17, <i>I</i>*rys, <i>complete Schedule D</i>, <i></i>		public office? If "Yes," complete Schedule C, Part I			X
5 is the organization a sector S01(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99197. If *teg.* complete Schedule C, Part II 5 X 6 Did the organization markins any domor advised funds or any similar transfs or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment or any complete Schedule D, Part II 6 X 9 Did the organization market organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 7 X 9 Did the organization report an amount for rund, buildings, and equipment in Part X, line 10; If 'Yes,' complete Schedule D, Part V 10 X 11 X 9 Did the organization report an amount for rinvestments - other securities in Part X, line 12; If 'Yes,' complete Schedule D, Part V 114 X 10 Did the organization report an amount for investments - other securities in Part X, line 12; If 'Yes,' complete Schedule D, Part V 114 X <th>4</th> <th></th> <th></th> <th></th> <th></th>	4				
5 Is the organization ascience 501(e)(M, 501(e)(B) organization that receives membership dues, assessments, or similar amounts as defined in the Price, 9:e9199 (* 1%s): <i>Complete Schedule D, Part II</i> S X 6 Did the organization maintain any done advised funds or accounts for which donos have the right to provide advice on the distribution or investment of accentration assement, including easements to preserve open pace, the environment, historic land areas, or historic structures? If "res," complete Schedule D, Part II 6 X 7 Did the organization maintain any done advised funds or accounts? If "res," complete Schedule D, Part II 7 X 8 Did the organization maintain any done advised funds or account fabritis assets? If "res," complete Schedule D, Part II 7 X 9 Did the organization answort for any of the following questions is "res," then complete Schedule D, Part V, VI, VII, VII, VI, VI, VI, VI, VI, VI		during the tax year? If "Yes," complete Schedule C, Part II	4		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? // *Yes, 'complete Schedule D, Part // Tes, 'complete Schedule D, Part //	5				
provide advice on the distribution or investment of amounts in such funds or accounts? II "Yes," complete Schedule D, Part II 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? II "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part II 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 no listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 11 X Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 11a X 11 Did the organization report an amount for lands thatements for the tax year? If "Yes," complete Schedule D, Part XIII 11a X 12 Did the organization r		similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			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 report an amount in Part X, line 21, for escrow or cutodial account liability, serve as a cutodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 9 X 10 If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 10 X 11 X Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11a X 11 X Did the organization report an amount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11a X 11 X Did the organization report an amount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11a X	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the	eright to		
the environment, historic at dractas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical reasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi andownents? 10 X 11 If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VI 11a X 11a X Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VIII 11a X 11a X Did the organization report an amount for investments or the tax year: clouds a chonton that advesses the organization report an amount for investments or the tax year: clouds a chonton that advesses the organization organization copaties Schedule D, Part X 11a X 11a X Did the organization neport an amount for investments for that xi, we		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Sched	dule D, Part I 6		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III B 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII 10 X 11 X Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII 11 X 11 X Did the organization report an amount for other sabstin Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part XIII 11 X 11 X Did the organization orbit and approximation orbit or tother tax year include a footnote that addresses the organization sabread in separate. Independent audited financial statements for the tax year? 114 X 11 X	7				
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts on listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 10 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 10 X 11 M organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 11 X Did the organization report an amount for investments - other securities 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 XIII 11a X 11 Did the organization report an amount for investments for the tax year include a folothore that addresses the organization secante or consolidated financial statements for the tax year? 11a X 11 X Did the organization negot an amount for other liability for uncertain tax positions under FIN 44 (ASC 740)? H "Yes," complete Schedule D, Part X 111		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI. 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11a X 13 Did the organization report an amount for investments - other securities 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 11b X 14 X Did the organization report an amount for other labilities 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 X 11e X 14 X Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 14 X Did the organization included in consolidated financial atatements for the tax year? 11f	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," cor	nplete		
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X If "Yes," complete Schedule D, Part IV 10 X 10 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 12 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 13 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 14 X Intervention amount for investments - other securities 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 VII 11c X 15 Did the organization report an amount for investments - program related in Part X, line 15? If "Yes," complete Schedule D, Part X 11e X 16 Did the organization asport an amount for threat sates in Part X, line 15? If "Yes," complete Schedule D, Part X 11e X 17 Did the organization stabulify for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11e <		,		X	
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If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 18 Did the organization report on Part N, column (A), line 3, more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19	b				
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				+	
				1	<u> </u>
			21	x	

Form 990 (2022)

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

59-1630423 Page 4

	<u>990 (2022)</u> INC. 59-1630	423	P	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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			
	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
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		Х
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		Х
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
		_	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 217			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

	\mathbf{THE}	POYNTER	INSTITUTE	FOR	MEDIA	STUDIES,
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Form	990 (2022) INC •	59-16304	123	Р	age 5					
Par	t 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	83								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х						
- 3a			3a	Х						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	F	3b	X						
	At any time during the calendar year, did the organization have an interest in, or a signature or other author		00		<u> </u>					
та	financial account in a foreign country (such as a bank account, securities account, or other financial account	-	4a		x					
L		iu)?	44							
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 Account	· /	-		v					
-			5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	E E E E E E E E E E E E E E E E E E E	5b		X X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and \$100,000,000,000,000,000,000,000,000,000	anization solicit								
	any contributions that were not tax deductible as charitable contributions?		6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions o	r gifts								
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services p	provided to the payor?	7a	Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was req	uired								
	to file Form 8282?		7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	:t?	7e		X					
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h										
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?									
9										
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a							
b			9b							
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12 10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against 11a									
b										
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	2	10-							
			12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	L								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ł	10							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>					
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1								
	organization is licensed to issue qualified health plans 13b	1 1								
С	Enter the amount of reserves on hand 13c									
14a			14a		X					
b			14b		├──					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration									
	excess parachute payment(s) during the year?		15		X					
	If "Yes," see the 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	me?	16		X					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	s l			1					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

	THE POYNTER INSTITUTE FOR MEDIA STUDIES,			
Form	<u>990 (2022)</u> INC. 59–163			age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	a "No" i	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
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 1a1	2		
	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	7		
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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u> </u>	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
10-	Did the experimetion have lead charters branches as officiates?	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		
D		10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5		
-	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	<u> </u>	T 3 T	147
17	List the states with which a copy of this Form 990 is required to be filed <u>AK, CA, CO, DC, FL, GA, HI, IA, II</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website I Upon request Other (explain on Schedule O)	dfar	oicl	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year.	iu iinah	CIAI	
	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 - 727-337-7131 801 THIRD STREET, ST. PETERSBURG, FL 33701-4920

L I	TUTED	SIVEE	<u>эт,</u>	от• г.	<u>C I I</u>	JUQUI	JNG, I	<u>с л</u>	101	-4920
3-22		SEE	SC	HEDULE	0	FOR	FULL	LIST	OF	STATES

THE POYNTER INSTITUTE FOR MEDIA STUDIES,											
Form 990 (2022) INC •	59-1630423	Page 7									
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 the instructions for definition of "key employee."											

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average		not cł	neck	more	than o		Reportable	Reportable	Estimated
	hours per					s both pr/trus		compensation	compensation	amount of
	week (list any	tor						from the	from related organizations	other compensation
	hours for	ndividual trustee or director				Ð		organization	(W-2/1099-MISC/	from the
	related	ee or	Istee			insate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)		and related
	below	vidual	nstitutional trustee	cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) CONAN GALLATY	1.00									
TRUSTEE	37.50	Х						0.	358,527.	15,769.
(2) NEIL BROWN	37.50									
PRESIDENT	5.00	Х		Х				305,143.	0.	30,754.
(3) PAUL C. TASH	5.00									
CHAIRMAN	37.50	Х		Х				0.	246,016.	4,181.
(4) KELLY B. MCBRIDE	37.50									
SENIOR VP	1.00	Х		Х				197,420.	0.	21,272.
(5) JESSICA M. NAVARRO	37.50									
COO & CFO		Х		Х				183,754.	0.	33,926.
(6) ALAN D. TOMPKINS	37.50									
SR FACULTY, BROADCAST (THRU 3/23)						X		157,518.	0.	14,354.
(7) SITARA NIEVES	37.50									
FACULTY						X		160,000.	0.	1,600.
(8) DORIS N. TRONG	37.50									
DIR. OF TEACHING & DIVERSITY STRATEG						X		133,168.	0.	10,216.
(9) DEBORAH W READ	37.50									
CHIEF DEVELOPMENT OFFICER						X		141,539.	0.	1,175.
(10) AARON M. SHAROCKMAN	37.50									
VP SALES & STRATEGIC PARTNERSHIPS						X		132,246.	0.	1,322.
(11) LORI BERGEN	1.00									
TRUSTEE		Х						6,000.	0.	0.
(12) MONICA DAVEY	1.00									
TRUSTEE		Х						6,000.	0.	0.
(13) PAULA ELLIS	1.00									
TRUSTEE		Х						6,000.	0.	0.
(14) ROBERT KING	1.00									
TRUSTEE		Х						6,000.	0.	0.
(15) ANN MARIE LIPINSKI	1.00									
TRUSTEE		Х						6,000.	0.	0.
(16) STEPHEN BUCKLEY	1.00									
TRUSTEE		Х						5,000.	0.	0.
(17) JENNIFER ORSI	1.00									
TRUSTEE		Х						2,000.	0.	0.

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

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Form 990 (2022) INC .									59-16	<u>;3042</u>	23	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)			(F)
Name and title	Average	(do		Posi		۱ than c	ne	Reportable	Reportable		Est	mated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	n	amo	ount of
	week		cer an	a a a	Irecto	or/trust	tee)	from	from related			ther
	(list any hours for	recto						the	organizations		•	ensation
	related	e or di	ee			sated		organization	(W-2/1099-MIS			m the
	organizations	ustee	trust		96	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	nization related
	below	lual tr	tional		voldr	st con yee	-	1033-1120)				nizations
	line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	
			_	0	Ť		_					
		1										
		1										
		1										
1b Subtotal								1,447,788.	604,54		134	,569.
c Total from continuation sheets to Part V	I, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								1,447,788.	604,54	.3. <u>1</u>	134	,569.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,0	000 of reportable			
compensation from the organization												8
										_		Yes No
3 Did the organization list any former officer	, director, truste	ee, k	key e	mpl	loye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3	X
4 For any individual listed on line 1a, is the su	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from th	ne organization			
and related organizations greater than \$15										Ľ	4	X
5 Did any person listed on line 1a receive or a	accrue compen	isati	on fr	om	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes," con	nplete Schedule	e J fo	or sl	ich r	oers	on .				!	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	-	-								ensatior	n fror	n
the organization. Report compensation for	the calendar ye	ear e	enair	ig w	nth c	or wi	<u>tnin</u>	(B)	ear.		(C)	
(A) Name and business	address							(ם) Description of s	ervices	Con		sation
GREAT PLAINS STRATEGIES,	1720 WY	NK	00	P	ST			GUEST FACULTY	Z I			
UNITE #413, DENVER, CO 80								TEACHING			358	,930.
BLUE ENGINE COLLABORATIVE	E, LLC											-
4004 CHERRYWOOD ROAD, AUS								COACHING SERV	/ICES		<u>331</u>	,712.
ALLISON & PARTNERS LLC, C					E			GLOBAL MARKE				
CENTER 65TH FLOOR, NEW YO	DRK, NY	10	00	7			_	COMMUNICATION		1	178	,200.
BAUM, CHARLES GUEST FACUL									Z			
2106 NE 17TH AVE, PORTLAN	ND, OR 9	72	12				_	TEACHING		1	157	,139.
SMITH, DOUGLAS K. GUEST FACULTY												
10 OCTOBER CIRCLE, LAGRAN								TEACHING AND]	142	,500.
2 Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot lin	nitec	to t	thos 5	_	ted	above) who received mo	ore than			
φτου, στο σταπρεπsation from the ordani	zaliuii				~							

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

			2022) INC].		GK I	NSTITUTE	FOR MEDIA	STUDIES,	59-1630	423 Page 9
Pa	rt \	VIII	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a re	sponse	or note to any line	e in this Part VIII (A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ស ស	1	a	Federated campaigns		1	a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			b	719,125.				
S, G		с	Fundraising events		1	с	352,945.				
Sift: ar /		d	Related organizations		1	d					
imil		е	Government grants (contr	ributi	ons) 1	e	40,164.				
tior sr S		f	All other contributions, gifts,								
Dthe			similar amounts not included			f	9,162,926.				
onti od (g	Noncash contributions included in			g \$		10 075 160			
<u>o</u> e		h	Total. Add lines 1a-1f				Business Code	10,275,160.			
			TEACHING REVENUE				611710	2,332,129.	2,332,129.		
/ice	2	2 a ⊾	LICENSING REVENUE				611600	1,900,340.	1,900,340.		
Serv		с С					011000	1,500,510.	1,500,510.		
Program Service Revenue		d									
Be		e									
Pro		f	All other program service	reve	nue						
			Total. Add lines 2a-2f					4,232,469.			
	3	3	Investment income (inclue	dividend	s, intere	st, and					
			other similar amounts)					309,961.			309,961.
	4	ŀ	Income from investment of	of tax	-exempt	bond p	roceeds				
	5 6	5	Royalties					6,120.			6,120.
						leal	(ii) Personal				
			Gross rents			6,388.					
			Less: rental expenses	6b		8,770. 7 610					
			Rental income or (loss)	6c		7,618.		27,618.			27,618.
	7		Net rental income or (loss Gross amount from sales of)		urities	(ii) Other	27,010.			27,010.
	'	a	assets other than inventory	7a		3,274.	() 0				
		b	Less: cost or other basis			,					
е			and sales expenses	7b	1	1,960.					
/enue		с	Gain or (loss)	7c	-	8,686.					
Rev		d	Net gain or (loss)			· · · · · <u>· · · · ·</u>		-8,686.			-8,686.
Other Rev	8	8 a	Gross income from fundraisi	-	-						
ð			including \$								
			contributions reported on								
			Part IV, line 18								
							187,255.	-153,935.			-153,935.
	0		Net income or (loss) from Gross income from gamir					100,000.			100,000.
	3	, a	Part IV, line 19								
		b									
			Net income or (loss) from			····					
	10		Gross sales of inventory,								
			and allowances			10a					
		b	Less: cost of goods sold								
		с	Net income or (loss) from	sales	s of inve	ntory					
S							Business Code				
eou	11	а	POLITIFACT ADVERTIS				541800	150,426.		150,426.	
llan 'ent		b	CAREER CENTER ADVER		NG		541800	86,468.	45.005	86,468.	
Miscellaneous Revenue		с 	CAREER CENTER REVEN				900099	45,067.	45,067.		
Μi			All other revenue				L	281,961.			
	12		Total revenue. See instruction					14,970,668.	4,277,536.	236,894.	181,078.
	12	-	Total Totoliue. Occ monucli	0110				,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,•,•,•,•,•,•,•,•,•,•,•,•,•,•,•,•,•,	

INC.

Form 990 (2022)

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		210 054		
-	and domestic governments. See Part IV, line 21	310,854.	310,854.		
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,160,225.	1,160,225.		
	Г	1,100,223.	1,100,223.		
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	817,147.	597,202.	138,924.	81,021.
6	Compensation not included above to disqualified	01/,14/.	55772020	130,921.	01,021
U	persons (as defined under section 4958(f)(1)) and				
	1000(a)(D)				
7	Other salaries and wages	4,562,708.	3,791,930.	626,670.	144,108.
8	Pension plan accruals and contributions (include	1,002,,000	0,192,9000	02070700	
2	section 401(k) and 403(b) employer contributions)	44,223.	31,511.	12,712.	
9	Other employee benefits	523,748.		117,599.	
10	Payroll taxes	375,275.	280,537.	94,738.	
11	Fees for services (nonemployees):	•	,		
а					
b	Legal	14,584.	13,917.	667.	
с	•	60,252.	1,889.	51,876.	6,487.
d		-	-		-
е					
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	2,025,224.		19,573.	3,503.
12	Advertising and promotion	58,177.			204.
13	Office expenses	231,729.	222,390.	7,945.	1,394.
14	Information technology	82,286.	70,375.	10,095.	1,816.
15	Royalties				
16	Occupancy	456,393.	441,086.	14,043.	1,264.
17	Travel	633,634.	615,180.	17,888.	566.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	287,665.	158,320.	2,243.	127,102.
20	Interest				
21	Payments to affiliates		C14 24C	10 500	1 050
22	Depreciation, depletion, and amortization	635,702.	614,346.	19,598.	1,758.
23					
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	VISITING PROFESSORS	812,095.	812,095.		
b	SPONSORSHIP EXPENSE	533,481.	533,481.		
c	EQUIPMENT MAINTENANCE	394,459.	374,326.	17,064.	3,069.
d	PROGRAM DEVELOPMENT	330,407.	330,407.	,	
	All other expenses	24,898.	24,592.	286.	20.
25	Total functional expenses. Add lines 1 through 24e	14,375,166.	12,850,933.	1,151,921.	372,312.
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)				

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

art X	(2022) INC. Balance Sheet			1630423 _{Page} 1
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	3,581,971.	1	4,361,841
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 former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	4,988,582.	6	4,988,582
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	58,469.	8	68,944
9	Prepaid expenses and deferred charges		9	79,928
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 21,931,297.			
b			10c	5,568,992
11	Investments - publicly traded securities	14,030,517.	11	14,341,854
12	Investments - other securities. See Part IV, line 11	22,366,624.	12	22,366,624
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	733,332.	14	666,665
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	51,768,897.	16	52,443,430
17	Accounts payable and accrued expenses	15,014.	17	28,542
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	14,214.	21	10,616
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	248,521.	25	317,622
26	Total liabilities. Add lines 17 through 25	277,749.	26	356,780
	Organizations that follow FASB ASC 958, check here X			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	39,806,651.	27	39,899,813
28	Net assets with donor restrictions	11,684,497.	28	12,186,837
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		31	FO 001 1= 1
32	Total net assets or fund balances	51,491,148.	32	52,086,650
33	Total liabilities and net assets/fund balances	51,768,897.	33	52,443,430

Form **990** (2022)

THE	POYNTER	INSTITUTE	FOR	MEDIA	STUDIES,
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Form	990 (2022) INC.	59-	-16304	123	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 97 (</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14	,37		
3	Revenue less expenses. Subtract line 2 from line 1	3				02.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	51	, 49:	<u>1,1</u>	48.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	52	<u>,080</u>	6,6	50.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other INCOME	TAX				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	o			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	

	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		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2022)

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SC	HEDULE A		Dublic Cha	rity Status an		lia Si	innort		OMB No. 1545-0047
(For	rm 990)			rity Status an					2022
				47(a)(1) nonexempt cha					ZUZZ
	ment of the Treasury I Revenue Service			ttach to Form 990 or Fo					Open to Public Inspection
	e of the organizati			Form990 for instruction STITUTE FOR M				Employer	identification number
Num	e er tre er gunizati	INC.	IOINIER IN,	SITIOIT FOR F	IDDIA	51001			9-1630423
Pa	rt I Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The o				For lines 1 through 12, cl					
1	A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	X A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and stat	-						<u></u>	
5		-		llege or university owned	or operat	ed by a go	vernmental u	hit describe	a in
6			Complete Part II.)	aantal unit daaaribad in d	nantion 17	70/h)/4)/A)	6.0		
6 7			-	nental unit described in secribed in second				ne general r	ublic described in
	-		complete Part II.)	Initial part of its support if	on a gove	menta		le general p	
8	`		•	(1)(A)(vi). (Complete Part	: 11.)				
9				in section 170(b)(1)(A)(i	-	ed in conju	inction with a	land-grant	college
	or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
	university:								
10	An organizati	on that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
				t to certain exceptions; a					-
				(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
44			mplete Part III.)	woly to toot for public oof	intu Saa	nantian El	O(a)(4)		
11 12		-		ively to test for public saf ively for the benefit of, to	•			rny out the	nurnoses of one or
12	-	-		d in section 509(a)(1) o	-			•	
			-	f supporting organization					
а		-	• •	upervised, or controlled l				-	giving
	the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	f the direc	tors or truste	es of the su	ipporting
	organizatio	n. You must d	complete Part IV, Se	ections A and B.					
b	Type II. A s	supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ring
		•		anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
			st complete Part IV,						
с		-		g organization operated				ly integrate	d with,
d		-		 You must complete F porting organization operation 				tad argani-	ration(a)
u		-	• • •	ation generally must sati				°.	
		•	0	nplete Part IV, Sections	•		•	anationav	
е				written determination from				II, Type III	
				nally integrated supportir			<i></i>	<i>,</i> ,	
f	Enter the number	of supported of	organizations						
g		<u> </u>	n about the supporte	<u> </u>	(iv) to the orac	inization listed			
	(i) Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)
	organization	·		above (see instructions))	Yes	No			
Tota	1								

	_	HE POYNTE	R INSTITU	TE FOR ME	DIA STUDI		0400
		NC.	Described in	Santiana 170/		59-163	0423 Page 2
Pa	art II Support Schedule for	-					-
	(Complete only if you checked			° °	on failed to quality i	under Part III. If the	organization
0.0	fails to qualify under the tests	s listed below, plea	ise complete Part I	11.)			
	ction A. Public Support					1	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)	-		12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, [.]	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	bhere					
Se	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2022 (I	ine 6, column (f), c	livided by line 11, o	olumn (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16 a	a 33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	k and
	stop here. The organization qualifies						
k	o 33 1/3% support test - 2021. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiza	ation			
17a	a 10% -facts-and-circumstances test	- 2022. If the org	anization did not o	heck a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	blicly supported o	organization		
k	o 10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circur	nstances test, che	ck this box and s	top here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	alifies as a publicly	/ supported organi	zation	
18	Private foundation. If the organization	on did not check a	box on line 13 16	a 16b 17a or 17	b check this box a	and see instructions	

Schedule A (Form 990) 2022

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

INC.	
TINCO	

Schedule A (Form 990) 2022 INC . Part III Support Schedule for Organizations Described in Section 509(a)(2)

qualify under the tests listed below, please complete Part II.)
duality under the tests listed below, diease complete Part II.)

Sec	Stion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization'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							
	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	ction B. Total Support	•	•		•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)			annala an Citta I				L
14	First 5 years. If the Form 990 is for the	8	, , ,	,	5		0	,
Sec	check this box and stop here							
	Public support percentage for 2022 (olump (f))		15		0/
	Public support percentage for 2022 (Public support percentage from 2021					16		%
	ction D. Computation of Invest							%
17			•	ne 13. column (f))		17		%
18	Investment income percentage from					18		%
	33 1/3% support tests - 2022. If the				e 15 is more than 3	<u> </u>	and line 17	
190	more than 33 1/3%, check this box a							
h	33 1/3% support tests - 2021. If the						33 1/3% a	nd
~	line 18 is not more than 33 1/3%, che	-						
20	Private foundation. If the organization							

INC.

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

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1

Yes

No

Schedule A (Form 990) 2022 Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

	THE POYNTER INSTITUTE FOR MEDIA STUDIES,			
	edule A (Form 990) 2022 INC - 59 -	163042	<u>З Ра</u>	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			

organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method th	at the organization used to satis	fy the Integral Part Test durin	g the year (see instructions).
---	-------------------------------------	-----------------------------------	---------------------------------	--------------------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity. D	Describe in Part VI how you supported a governmental entity (see instruction	<u>s).</u>	
	ities Test. Answer lines 2a and 2b below.		Yes	

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- 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.

2

3

2a

2b

3a

No

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

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	dule A (Form 990) 2022 INC .	_		59-1630423 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ig trust on	Nov. 20, 1970 (explain i	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

THE POYNTER INSTITUTE FOR MEDIA STUDIES

Caba		NSTITUTE FOR ME		59-1630423 Page 7
Par		(a)(3) Supporting Orga		10 1000425 Page /
	on D - Distributions	(a/(e/ eapperang erga		Current Year
1	Amounts paid to supported organizations to accomplish exe	mot purposes	1	
2	Amounts paid to perform activity that directly furthers exemption			
-	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
<u> i</u>				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, <i>explain in</i> Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h			
6	5			
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	THE INC.		INSTITUTE	FOR MI	EDIA S	TUDIES,	59-1630423 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	Information. lines 1, 2, 3b, 3c tion D, lines 2 an	Provide the ex , 4b, 4c, 5a, 6, d 3; Part IV, Se	9a. 9b. 9c. 11a. 11	b, and 11c; F a, 2b, 3a, and	Part IV, Sect 35; Part V,	tion B, lines 1 a , line 1; Part V,	7b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,

Schedule B

(Form 9	990)
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Internal	Revenue	Service

Departr	nent or	me	Trea
Internal	Reven		orvi

Departr	nent	ot tr	ıe I	reasu
Internal	Reve	nue	Se	rvice

Department of	of the	Ireasu
Internal Reve	PULO S	onvice

Name of the organization

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Schedule of Contributors

OMB No. 1545-0047

2022

Employer identification number

59-163042	59	-1	6	30	4	2	3
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	INC.
Organization type (chec	k one).

Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization

THE POINC.	OYNTER INSTITUTE FOR MEDIA STUDIES,		59-1630423
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1		\$3,246,30	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2		\$ 1,212,12	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
3		\$973,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4		\$523,40	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
5		\$475,24	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
6_		\$ 300,0	Person X Payroll) () , Noncash

(Complete Part II for

Employer identification number

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

Schedule B (Form 990) (2022) Name of organization

INC.		59	-1630423
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) Total contributions	(d) Type of contribution
7		\$221,000.	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
8_		\$205,000.	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		\$180,000.	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
		\$160,000.	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
		\$155,000.	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
		\$110,000.	Person X Payroll Noncash

(Complete Part II for noncash contributions.)

Employer identification number

59-1630423

Schedule B (Form 990) (2022)

Name of organization

Page 2

Page
Employer identification number

THE POINC.	OYNTER INSTITUTE FOR MEDIA STUDIES,			59-1630423
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is nee	ded.	
(a) No.	(b) Name, address, and ZIP + 4	Total o	(c) contributions	(d) Type of contribution
13		\$	117,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	Total o	(c) contributions	(d) Type of contribution
14_		\$	50,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	Total o	(c) contributions	(d) Type of contribution
15		\$	50,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	Total o	(c) contributions	(d) Type of contribution
<u> 16</u>		\$	12,500	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	Total c	(c) contributions	(d) Type of contribution
17_		\$	30,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	Total c	(c) contributions	(d) Type of contribution
18		\$	25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization

Page 2

9-
Employer identification number

THE POINC.	OYNTER INSTITUTE FOR MEDIA STUDIES,			59	-1630423
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al spac	ce is needed.		
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	IS	(d) Type of contribution
19_		. \$_	25,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	IS	(d) Type of contribution
20		. \$_	20,0	00.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	IS	(d) Type of contribution
		. \$_	30,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	IS	(d) Type of contribution
22		. \$_	22,0	00.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	IS	(d) Type of contribution
23		. \$_	18,1	64.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	IS	(d) Type of contribution
24_		\$_	15,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

29

(a)

No.

30

Page	2
umber	

	B (Form 990) (2022)		Page
	rganization OYNTER INSTITUTE FOR MEDIA STUDIES,		Employer identification number
INC.			59-1630423
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
25		- \$\$10,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
26		- \$\$10,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
27_		- \$\$10,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
28		\$10,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution

(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$7,500.	Person X Payroll INOncash (Complete Part II for noncash contributions.)

Name of o	B (Form 990) (2022) Irganization		Page Employer identification number
	OYNTER INSTITUTE FOR MEDIA STUDIES,		E0 1(20402
INC.			59-1630423
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
31		_ \$5,0 _	50. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
32		_ \$5,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
33		_ \$5,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
34		\$5,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
35		_ \$5,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
36		\$5,0	Person X Payroll

	B (Form 990) (2022)		Page 2
	organization OYNTER INSTITUTE FOR MEDIA STUDIES,		Employer identification number
INC.			59-1630423
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
37_		\$5,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
38		\$5,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
<u>39</u>		\$5,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
<u>40</u>		\$5,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
41		\$250,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
42		\$225,0	00. (Complete Part II for noncash contributions.)

	B (Form 990) (2022)		1	Page 2
	organization OYNTER INSTITUTE FOR MEDIA STUDIES,		Employer ide	entification number
INC.	· · · · ·		59-16	30423
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio		(d) pe of contribution
	Name, address, and ZIP + 4		ns Ty	pe or contribution
<u>43</u>		\$30,0	00. (Com	erson X ayroll oncash uplete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Ty	(d) pe of contribution
44		\$20,0	00. (Com	erson X ayroll oncash uplete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Ty	(d) pe of contribution
45		\$5,0	00. (Com	erson X ayroll oncash uplete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Ty	(d) pe of contribution
46		\$5,0	00. (Com	erson X ayroll oncash nplete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Ty	(d) pe of contribution
<u>47</u>		\$10,0	00. (Com	erson X ayroll oncash nplete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Ty	(d) pe of contribution
48_		\$25,0	00. (Corr	erson X ayroll oncash uplete Part II for ash contributions.)

|--|

	B (Form 990) (2022)		Page
			Employer identification number
INC.	OYNTER INSTITUTE FOR MEDIA STUDIES,		59-1630423
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
<u>49</u>		\$5,0	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
50		\$25,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
51_		\$5,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
<u>52</u>		\$10,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
53		\$25,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
54		\$5,0	00. (Complete Part II for noncash contributions.)

|--|

	B (Form 990) (2022) rganization		Page Employer identification number
THE P	OYNTER INSTITUTE FOR MEDIA STUDIES,		
INC.	• · · · ·		59-1630423
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
55		_ \$5,0	0.0. Person X Payroll Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
56_		_ \$5,0	0.0. Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
57_		_ \$5,0	0.0. Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
58_		_ \$90,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
59		\$25,0	Person X Payroll
(a)	(b)	(c)	(d)

Name, address, and ZIP + 4

5,000.	Person Payroll Noncash	
	(Complete Part II for noncash contributions.)	

Total contributions

\$

Schedule B (Form 990) (2022)

Type of contribution

No.

60

-	B (Form 990) (2022)		Page 2
	rganization OYNTER INSTITUTE FOR MEDIA STUDIES,		Employer identification number
INC.	STATES INSTITUTE FOR MEDIA STODIES,		59-1630423
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
61_		\$8,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
62		. \$ <u>5,0</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
63		\$23,7	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
64		. \$ <u>5,0</u>	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
65		\$5,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

-	2
Done	- 2

DocuSign Envelope ID: E3CF7738-B617-4B41-82CB-17CE4626502D Schedule B (Form 990) (2022) Employer identification number Name of organization THE POYNTER INSTITUTE FOR MEDIA STUDIES, 59-1630423 INC. Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

\$

Schedule	B (Form 990) (2022)				Page
	organization				Employer identification number
	OYNTER INSTITUTE FOR MEI	DIA STUDIES,			
INC.					59-1630423
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)				at total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of $\$$	1,000 or less for t	he year. (Enter this info. o	once.) \$
(a) No.	Use duplicate copies of Part III if additional				
from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held
<u> </u>					
		(e) Transf	er of gift		
			_		
	Transferee's name, address, a	na ZIP + 4	F	elationship of tra	nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of g	lift	(d) Desc	cription of how gift is held
Part I			,	(4) 2000	
		(e) Transf	er of gift	•	
			-		
	Transferee's name, address, a	nd ZIP + 4	F	lelationship of tra	nsferor to transferee
(a) No. from				(1) 5	
Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held
		(e) Transf	er of gift		
		(0) 1141101	or or give		
	Transferee's name, address, a	nd ZIP + 4	F	lelationship of tra	nsferor to transferee
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held
	(e) Transfer of gift				
	Transferee's name, address, a	nd 7IP + 4		elationshin of tro	nsferor to transferee
			F		

SCHEDULE D (Form 990)		Supplementa	OMB No. 1545-0047										
		Complete if the orga	2022										
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.													
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.													
Nam	e of the organizati		JTE FOR MEDIA STUDIES	,	Emp	bloyer identification number							
Par	t I Organiza	INC. ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Ac	cour	<u>59-1630423</u>							
Fai		n answered "Yes" on Form 990, Part IV, lin			cour	Its. Complete if the							
	(a) Donor advised funds (b) Funds and other accounts												
1	Total number at er	nd of year											
2		f contributions to (during year)											
3		f grants from (during year)											
4		t end of year											
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds												
	are the organization's property, subject to the organization's exclusive legal control?												
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only												
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring												
impermissible private benefit? Yes No													
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.													
1		servation easements held by the organization											
		of land for public use (for example, recrea	·			important land area							
	Protection of natural habitat												
0	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last												
2	day of the tax year	. .	led conservation contribution in the form		iserva	Held at the End of the Tax Year							
2		onservation easements			2a								
b					2b								
c	-				2c								
d													
					2d								
3	Number of conser	during the tax											
	year			Ū		C C							
4	Number of states where property subject to conservation easement is located												
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of												
	violations, and enforcement of the conservation easements it holds?												
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation	n ease	ements during the year							
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year												
-													
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)												
•	and section 170(h)(4)(B)(ii)?												
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and												
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.												
Par	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Ot	her Si	mila	r Assets.							
		f the organization answered "Yes" on Form											
1a		elected, as permitted under FASB ASC 95		nd bala	nce sł	neet works							
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public												
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.												
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of												
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,												
	provide the following amounts relating to these items:												
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1				\$0.							
						\$ 72,294.							
2	If the organization	received or held works of art, historical trea	asures, or other similar assets for financial	l gain, p	orovide	9							
	-	unts required to be reported under FASB A	-										
а		on Form 990, Part VIII, line 1				\$							
		Form 990, Part X				\$							
LHA	For Paperwork R	eduction Act Notice, see the Instructions	s for Form 990.			Schedule D (Form 990) 2022							

232051 09-01-22

		NTER INSTI	TUTE FOR	MEDIA S'	TUDIE	•							
	dule D (Form 990) 2022 INC .					<u>.</u>	<u>59-16</u>	30423	Page 2				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)													
3	Using the organization's acquisition, accession	on, and other record	s, check any of th	e following tha	at make sig	gnificant ι	use of its						
	collection items (check all that apply):												
а	Public exhibition	d		xchange prog									
b	Scholarly research	е	X Other E	DUCATIC)N								
С	Preservation for future generations												
4													
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?												
Par													
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.													
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included													
	on Form 990, Part X?												
h	b If "Yes," explain the arrangement in Part XIII and complete the following table:												
								Amount					
с	Beginning balance					1c							
	0 0												
	Distributions during the year												
f	Ending balance												
	Did the organization include an amount on Fe						X	Yes	No				
	If "Yes," explain the arrangement in Part XIII.								X				
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on	Form 990, Par	rt IV, line 1	0.							
		(a) Current year	(b) Prior year	(c) Two ye		s back (d) Three years b		(e) Four ye	ears back				
1a	Beginning of year balance	1,299,824.	1,354,72	2. 1,40	06,238.	238. 1,420,2		1,4	61,442.				
b	Contributions	25,000.											
	Net investment earnings, gains, and losses	28,981.	45,10	2. 2	28,484.		80,972.		38,824.				
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs	85,000.	100,00	ο. ε	30,000.		95,000.		80,000.				
f	Administrative expenses												
	End of year balance	1,268,805.	1,299,82	4. 1,354,722.		1,406,238.		1,420,266.					
2	Provide the estimated percentage of the curr		e (line 1g, column	(a)) held as:									
а	Board designated or quasi-endowment	.0000	_%										
b	Permanent endowment 100	%											
с	Term endowment .0000	%											
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.											
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held	and administe	ered for the	е		_					
	organization by:							Y	es No				
	(i) Unrelated organizations 3a(i) X												
	(ii) Related organizations 3a(ii) X												
b	If "Yes" on line 3a(ii), are the related organization			?				3b					
4	Describe in Part XIII the intended uses of the		wment funds.										
Par	t VI Land, Buildings, and Equipm		Dout IV line 110	Cao Farm 00		line 10							
	Complete if the organization answere				1			() D					
	Description of property	(a) Cost or o basis (investr	• •			(c) Accumulated depreciation		(d) Book value					
1 a	Land	`	2,273,293.					2,273,293.					
	Buildings					484,894.		3,070					
	Leasehold improvements		/ •	,		,							
	Equipment		2,1	55,474.	1.9	,932,849.		222	,625.				
	Other			1,947,346. 1,94		944,50	62.	. 2,784.					
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) 5,568,992													

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 INC.			59-1630423 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) TIMES HOLDING CO STOCK	21,366,624.	COST	
(B) TIMES PUBLISHING CO STOCK	1,000,000.	COST	
(C)	, ,		
(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.	n Faun 000 Dart N/ line 1	1. Cas Faure 200 Dart V line 10	
Complete if the organization answered "Yes" ((a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	and of year market value
	(b) BOOK Value	(c) Method of Valuation. Cost of	enu-or-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.			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	
	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	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	Te or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) ASSETS HELD FOR MTC			317,622.
			JI7,022.
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		317,622.
2. Liability for uncertain tax positions. In Part XIII, provide	,	the organization's financial statement	

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

X

U	THE POYNTER INSTITUTE FOR	MEDIA			
	dule D (Form 990) 2022 INC .				1630423 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1				1	15,159,438.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	-	188,770.		
е	Add lines 2a through 2d			2e	188,770.
3	Subtract line 2e from line 1			3	14,970,668.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		F	5	14,970,668.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total expenses and losses per audited financial statements			1	14,563,936.
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				
d	Other (Describe in Part XIII.)		188,770.		100
е	Add lines 2a through 2d			2e	188,770.
3	Subtract line 2e from line 1			3	14,375,166.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4 a			
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	14,375,166.
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4:

POYNTER'S COLLECTION OF ART DEPICTS IMPORTANT MOMENTS IN HISTORY, AND

GIVES STUDENTS A POINT OF DISCUSSION ON HOW JOURNALISTS HAVE COVERED THESE

EVENTS.

PART IV, LINE 2B:

DEPOSITS IN ESCROW REPRESENT SECURITY DEPOSITS RECEIVED ON LEASED OFFICES

AT POYNTER'S HEADQUARTERS AS PART OF A TWELVE MONTH LEASE. THOSE OFFICES

ARE RENTED TO OUTSIDE FOR-PROFIT AND NON-PROFIT ORGANIZATIONS AS PART OF

THE INNOVATION DISTRICT.

THE POYNTER INSTITUTE FOR MEDIA STUDIES, Schedule D (Form 990) 2022 INC. 59-1630423 Page 5 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. IN 2022, POYNTER RECEIVED INITIAL FUNDING OF \$25,000 TO OPEN AN ADDITIONAL ENDOWMENT CALLED THE TERRY HYNES ENDOWMENT TO STRENGTHEN JOURNALISM IN A DEMOCRACY, WITH AN EMPHASIS ON SOUTHWEST FLORIDA.

PART X, LINE 2:

THE INSTITUTE AND THE FOUNDATION ARE 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, 2022 AND 2021.

THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL AUTHORITIES FOR FISCAL YEARS BEFORE 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES

188,770.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES

188,770. Schedule D (Form 990) 2022

Set Go to www.its.gov/Form990 for the latest information. Inspection Inization THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC. Employer identification number 59-1630423 rganization have a racially nondiscriminatory policy toward students by statement in its charter, ere governing instrument, or in a resolution of its governing body? YES NO rganization include a statement of its racially nondiscriminatory policy toward students in all its brochures, a, and other written communications with the public dealing with student admissions, programs, and scholarships? I X a all times during its tay seer in a manner reasonably expected to be noticed by visitors to the or or through newspaper or broadcast media during the period of solicitation for students, or during the period if it has no solicitation program, in a way that makes the policy known to all parts of the general it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II 3 X ART II		SCHEDULE E Schools					
Attach to Form 990 or Form 990-EZ. Go to www.trs.gov/Form890 for the latest information. Open to Public inspection Inization Inization INC. THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC. Employer identification numbers 59-1630423 rganization have a racially nondiscriminatory policy toward students by statement in its charter, ere governing instrument, or in a resolution of its governing body? YES NO rganization publicized its racially nondiscriminatory policy toward students by statement in its charter, ere governing instrument, or in a resolution of its governing body? 2 X ganization publicized its racially nondiscriminatory policy toward students in all its brochures, and other writhen communications with the public dealing with student admissions, programs, and scholarships? 2 X ganization publicized its racially nondiscriminatory policy toward students for during the or provid it it has no solicitation program, in a way that makes the policy known to all parts of the general it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II 3 X rganization maintain the following? 4a X 4a X dicating the racial composition of the student body, faculty, and administrative staff? 4a X 4a X rganization discriminatory bases, produces, please explain. If you need more space, use Part II. 4a X 4a X uil material used	(For	m 990)		r	20	22)
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Schedule E (Form 990) 2022

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

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. See instructions.

LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:

INC.

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

14, 2022. A COPY OF THE ANNOUNCEMENT IS AVAILABLE UPON REQUEST.

SCHEDULE F			ivities Outside the U		lies	MB No. 1545-0047
(Form 990) Department of the Treasury	-	-	nswered "Yes" on Form 990, Part IV Attach to Form 990.			to Public
Internal Revenue Service	Go to w	ww.irs.gov/Form	1990 for instructions and the latest	information.		ection
Name of the organization THE POYNTER IN	STITUTE FO	OR MEDIA	STUDIES,		Employer identi	
INC.					59-163042	
Part I General Info		ctivities Out	side the United States. Comp	lete if the organ	ization answered "	Yes" on
1 For grantmakers. Do	es the organizatior	n maintain record	ds to substantiate the amount of its gra	ants and other a	assistance,	
the grantees' eligibility	for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance? X	Yes 🗌 No
2 For grantmakers. Dea United States.	scribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and ot	her assistance out	side the
3 Activities per Region.	The following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent	gram services, investments, grants to		e specific type	investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
				SUPPORTED V	ARIOUS	+
					NS TO ENHANCE	
EUROPE (INCLUDING			GRANTS TO RECIPIENTS	THEIR SKILL		54.6 505
ICELAND & GREENLAND)	0	0	LOCATED IN REGION	FACT-CHECKI		516,725.
				SUPPORTED V	ARIOUS	
				ORGANIZATIO	NS TO ENHANCE	
			GRANTS TO RECIPIENTS	THEIR SKILL	S IN	
SOUTH ASIA	0	0	LOCATED IN REGION	FACT-CHECKI	NG AND	227,500.
				SUPPORTED V	ARIOUS	
				ORGANIZATIO	NS TO ENHANCE	
EAST ASIA AND THE			GRANTS TO RECIPIENTS	THEIR SKILL	S IN	
PACIFIC	0	0	LOCATED IN REGION	FACT-CHECKI	NG AND	120,000.
				SUPPORTED V		,
				ORGANTZATTO	NS TO ENHANCE	
			GRANTS TO RECIPIENTS	THEIR SKILL		
SUB-SAHARAN AFRICA	0	0	LOCATED IN REGION	FACT-CHECKI		116 000
SUB-SANAKAN AFRICA	0		LOCATED IN REGION	SUPPORTED V		116,000.
					NS TO ENHANCE	
			GRANTS TO RECIPIENTS	THEIR SKILL		
SOUTH AMERICA	0	0	LOCATED IN REGION	FACT-CHECKI		115,000.
				SUPPORTED V	ARIOUS	
				ORGANIZATIC	NS TO ENHANCE	
MIDDLE EAST AND			GRANTS TO RECIPIENTS	THEIR SKILL	S IN	
NORTH AFRICA	0	0	LOCATED IN REGION	FACT-CHECKI	NG AND	65,000.
				1		+
3 a Subtotal	0	0				1,160,225.
b Total from continuation	n					
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				1,160,225.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2022

59-1630423

Schedule F (Form 990) 2022

0) 2022

INC.

Part II 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, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	SPREAD THE FACTS GRANT	175,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLIMATE MISINFORMATION GRANT	170,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	SPREAD THE FACTS	150,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GLOBAL MENTORSHIP PROGRAM		WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL MENTORSHIP PROGRAM	90,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	GLOBAL MENTORSHIP PROGRAM	65,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	SPREAD THE FACTS	50,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	CLIMATE MISINFORMATION	47,500.	WIRE TRANSFER	0.		
	nization by the IRS, o	or for which the grantee	ecognized as charities by the or counsel has provided a sect					<u>10</u> 8

Schedule F (Form 990) 2022

Page **2**

Schedule F (Form 990)	INC.	OINIER INSII	TUTE FOR MEDIA :	SIODIES,	59-16	30423		Page 2
	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)
		SUB-SAHARAN AFRICA	CLIMATE MISINFORMATION	47,500.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	GLOBAL MENTORSHIP PROGRAM	40,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	MEDIAWISE PROGRAMMING	31,725.	WIRE TRANSFER	0.		
		SOUTH ASIA	GLOBAL MENTORSHIP	30,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	SPREAD THE FACTS		WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SPREAD THE FACTS		WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	SPREAD THE FACTS	25,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	AFRICA FACT CHECKING AWARD	23,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	GLOBAL MENTORSHIP PROGRAM	20,000.	WIRE TRANSFER	0.		

THE POYNTER INSTITUTE FOR MEDIA STUDIES, TNC

59-1630423

Schedule	F (Form 990) 2022	INC.	59-1630423
Part III	Grants and Other A	ssistance to Individuals Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed

(a) Type 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)

Schedule F (Form 990) 2022

Page 3

THE	POYNTER	INSTITUTE	FOR	MEDIA	STUDIES.

	THE POYNTER INSTITUTE FOR MEDIA STUDIES,		
Schedu	le F (Form 990) 2022 INC •	59-1630423	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	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? If "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	Wee the exercise indirect or indirect charabelets of a passive foreign investment company or a		
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	Yes	XNo
	Fund (see Instructions for Form 8621)		21 NU
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)	Yes	X No

Schedule F (Form 990) 2022

INC.

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

Schedule F (Form 990) 2022 INC .	59-1630423	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (a	accounting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting	g method); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional	al 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: 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: SOUTH ASIA

(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: SUB-SAHARAN AFRICA

(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

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

Schedule F (Form 990) 2022 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.

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

SCHEDULE G	Suppleme	ental Info	ormation Rega	rding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)							art IV, line 17, 18, o m 990-EZ, line 6a.	or 19,	or if the	2022
Department of the Treasury			Attach to Forn	n 990 o	r Forn	n 990 -	EZ.			Open to Public
Internal Revenue Service							ne latest information	n.		Inspection
Name of the organization	THE POY	NTER 3	INSTITUTE	FOR	MEI	DIA	STUDIES,			entification number
	INC.								59-163	
required to	complete this par	t.					ı Form 990, Part IV, I		7. Form 990-E	Z filers are not
1 Indicate whether th	•	sed funds t								
a Mail solicitat						Ũ	overnment grants			
	email solicitations	S					nment grants			
c Phone solici			g 📖 S	Special	fundra	lising e	events			
2 a Did the organization		or oral agre	ement with any ind	lividual	(includ	ling of	ficers directors true	toos	or	
U U		°,			•	Ũ	indraising services?	1003,	Ο' Γ Υε	s No
b If "Yes," list the 10	-	,					U U	he fur		
compensated at le	e .			/						
		1								
(i) Name and addres	s of individual		(**) A - 1: -:-		(iii) fundr	aiser	(iv) Gross receipts		Amount paid or retained by	(vi) Amount paid
or entity (fund	draiser)		(ii) Activity		have cr or con	trol of	from activity	l `·	fundraiser 🦷	to (or retained by) organization
					contribu	utions?		lisi	ed in col. (i)	
					Yes	No				
										+
										+
		1								
Total					<u></u>					
3 List all states in white or licensing.	ich the organizatio	on is registe	ered or licensed to s	solicit c	ontrib	utions	or has been notified	it is e	exempt from r	egistration

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

Schedule G (Form 990) 2022

THE POYNTER INSTITUTE FOR MEDIA STUDIES, 59-1630423 Page 2 INC. Schedule G (Form 990) 2022 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 NONE (add col. (a) through BOWTIE BALL col. (c)) (event type) (event type) (total number) Revenue 386,265. 386,265. Gross receipts 1 352,945. 352,945. 2 Less: Contributions Gross income (line 1 minus line 2) 33,320. 33,320. 3 4 Cash prizes 2,865. 2,865. 5 Noncash prizes Direct Expenses Rent/facility costs 6 68,750. 68,750. 7 Food and beverages <u>12,</u>085. 12,085. 8 Entertainment 106,320. 106,320. Other direct expenses 9 190,020. **10** Direct expense summary. Add lines 4 through 9 in column (d) -156,700.11 Net income summary. Subtract line 10 from line 3, column (d) Part III 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 bingo/progressive bingo col. (a) through col. (c)) Gross revenue 1 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 Other direct expenses 5 % Yes Yes % Yes % 6 Volunteer labor No No 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? Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No **b** If "Yes," explain:

232082 10-27-22

Sch	edule G (Form 990) 2022 THE POYNTER INSTITUTE FOR MEDIA STUDIES, 59-	L630	423	Page 3
	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		Yes	No
	to administer charitable gaming?		Yes	No No
	Indicate the percentage of gaming activity conducted in:	1	I.	
	The organization's facility	13a		<u> </u>
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b		%
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆	Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lir	nes 9, 9	9b, 10b,

		THE	POYNTER	INSTITUTE	FOR	MEDIA	STUDIES,		
Schedule G	(Form 990)	INC.						59-1630423	Page 4
Part IV	Supplement	INC . al Information	(continued)						<u> </u>
· · · · · ·									
_									

SCHEDULE I (Form 990)		Gov	rants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047 2022 Open to Public
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form s.gov/Form990 for		ation.		Inspection
Name of the organization	THE POYNT INC.	ER INSTITU	JTE FOR MED	•				Employer identification number 59-1630423
Part I General Infor	mation on Grants a	nd Assistance						
criteria used to awar	d the grants or assis	stance?	-			-	stance, and the selecti	on 🔀 Yes 🗌 N
Part II Grants and O	ther Assistance to	Domestic Organiz	oring the use of grant ations and Domestic be duplicated if additi	Governments. C	Complete if the org	anization answered "	/es" on Form 990, Par	IV, line 21, for any
1 (a) Name and addres or govern	•	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHIN 4333 BROOKLYN AVENUE SEATTLE , WA 98195		91-6001537		49,854.	0.			FACT CHECKING INNOVATION
SERIILE , WR 90195		91-0001557		49,054.	0.			INNITIATIVE ROUND 2
FAKENETAI C/O SKYDEC 2150 SHATTUCK AVE	к							FACT CHECKING INNOVATION
BERKELEY, CA 94704		85-1595937		49,500.	0.			INNITIATIVE ROUND 2
REUTERS NEWS & MEDIA THREE TIMES SQUARE	INC.	00 5006670		40.500				
NEW YORK , NY 10036		82-5086673		48,500.	0.			VACCINE GRANT PROGRAM
GANNETT/USA TODAY 7950 JONES BRANCH DR MCLEAN, VA 22107	IVE	47-2390983		45,000.	0.			CLIMATE MISINFORMATION GRANT
UNIVISION COMMUNICAT 500 FRANK W BURR BLV								CLIMATE MISINFORMATION
TEANECK , NJ 07666		95-4398884		45,000.	0.			GRANT
RAINBOW PUSH COALITI 141 INDUSTRIAL STREE								
SAN FRANCISCO, CA 94	124	36-4131441		15,000.	0.			MEDIAWISE PROGRAM
2 Enter total number o3 Enter total number o	.,.,	v v	anizations listed in the table	e line 1 table				

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 INC. Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 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 assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE INSTITUTE REVIEWS APPLICATIONS AND GRANTS SCHOLARSHIPS/WAIVERS BASED ON

INDIVIDUAL NEED AND PROGRAM SPECIFICATIONS.

59-1630423

(Form 990) 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. Department of the Treasury Internal Revenue Service Open to Public Inspection Name of the organization THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC. Employer identification number 59-1630423 Part I Questions Regarding Compensation Yes Note of the organization provided any of the following to or for a person listed on Form 990, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Yes No 1a Check the appropriate box(es) if the organization provided any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Yes No 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 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Written employment contract 2 1 Indicate which, if any, of the following the organization used to establish the c
Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Open to Public Inspection Department of the Treasury Internal Revues Service Open to Public Name of the organization THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC. Employer identification number 59–1630423 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No 1b Inscretionary spending account Personal services (such as maid, chauffeur, chef) Ib 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 Ib Ib 2 Id the organization require substantiation prior to reimbu
Department of the Treasury Internal Revenue Service Open to Public Inspection Open to Public Inspection Name of the organization THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC. Employer identification number 59-1630423 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No 1b Travel for companions Payments for business use of personal residence inspresend residence Intervent for the second residence for personal use personal services (such as maid, chauffeur, chef) Ib 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 Ib Z 2 Ib Id Id
Name of the organization THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC. Employer identification number 59-1630423 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence 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 to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 4
INC. 59-1630423 Part I Questions Regarding Compensation Ia 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. Yes First-class or charter travel Housing allowance or residence for personal use Image: Companions Travel for companions Payments for business use of personal residence Image: Companions Image: Companions Discretionary spending account Health or social club dues or initiation fees Image: Companions Image: Companions Discretionary spending account Personal services (such as maid, chauffeur, chef) Image: Companization 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? Image: Compensation to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Image: Written employment contract Image: Companization to establish compensation to establish compensation to establish compensation or the CEO/Executive Director, but explain in Part III.
Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Payments for business use of personal residence Pax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) Ib 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 Ib 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 to establish compensation of the CEO/Executive Director, but explain in Part III. Virtten employment contract
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding the set items. Part viii A and the set items is the set items. Part viii A and the set items is the set items. Part viii A and the set items is the set items is the set items. Part viii A and the set items is the set items. Part viii A and the set items is the set items. Part viii A and the set items is the set items. Part viii A and the set items is the set items. Part viii A and the set items is the set items. Part viii A and the set items is the set items. Part viii A and the set items is the set items. Part viii A and the set items is the set items. Part viii A and the set items is the set items. Part viii A and the set items is the set items. Part viii A and the set items is the set items. Part viii A and the set items is the set items is the set items. Part viii A and the set items is the set items
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Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: First-class or charter travel Image: Housing allowance or residence for personal use Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companization and gross-up payments Health or social club dues or initiation fees Image: Discretionary spending account Personal services (such as maid, chauffeur, chef) Image: Image
 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) 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 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? Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract
 Travel for companions Tax indemnification and gross-up payments Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 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? Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract
 Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) 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
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 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? 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
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 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
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establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract
Compensation committee Written employment contract
Independent compensation consultant X Compensation survey or study
X Form 990 of other organizations X Approval by the board or compensation committee
A During the year did any nerson listed on Farm 000. Part VII. Section A line to with respect to the filing
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization: a Receive a severance payment or change-of-control payment? 4a X
h Deuticiante in enversion neuronate frame e complemente la completion deuticamente plano
b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement?
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:
a The organization? 5a X
b Any related organization? 5b X
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:
a The organization?
b Any related organization?
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 X
 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 X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9
Regulations section 53.4958-6(c)? 9 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

INC.

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

59-1630423

Page **2**

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
		0.	0.	0.	0.	0.	0.	0.
TRUSTEE	(ii)	358,527.	0.	0.	0.	17,202.	375,729.	0.
(2) NEIL BROWN	(i)	303,559.	0.	1,584.	3,140.	30,240.	338,523.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PAUL C. TASH	(i)	0.	0.	0.	0.	0.	0.	0.
CHAIRMAN	(ii)	246,016.	0.	0.	0.	4,897.	250,913.	0.
(4) KELLY B. MCBRIDE	(i)	196,388.	0.	1,032.	2,043.	21,855.	221,318.	0.
SENIOR VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JESSICA M. NAVARRO	(i)	183,538.	0.	216.	1,981.	34,571.	220,306.	0.
COO & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ALAN D. TOMPKINS	(i)	157,518.	0.	0.	1,575.	14,662.	173,755.	0.
SR FACULTY, BROADCAST (THRU 3/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SITARA NIEVES	(i)	160,000.	0.	0.	1,600.	1,306.	162,906.	0.
FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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Schedule J (Form 990) 2022

59-1630423 Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE L	1	Fransaction	ns With	Interest	ed P	ersons		0	MB No. 1	545-00	47				
(Form 990)	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.										2022				
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.										Open To Public Inspection				
Name of the organization		NTER INSTI					Employ	yer ident	r identification number						
	INC.					-		6304	23						
		ictions (section 50						• ·							
		answered "Yes" on F			r 25b, or	Form 990-EZ, Pa	art V, line	40b.	(.n)	0	-1				
1 (a) Name of disqualifie	ed person	(b) Relationship betv person and or		lified	(c) D	escription of tran	saction		(a) Ye		cted? No				
									_						
2 Enter the amount of t	tax incurred by t	he organization man	agers or disc	ualified persons	durina	the vear under									
	-		-		-	-		\$							
3 Enter the amount of t															
Part II Loans to a	and/or From	Interested Pers	sons.												
Complete if t	he organization	answered "Yes" on F	Form 990-EZ	, Part V, line 38a	a or Forn	n 990, Part IV, line	e 26; or if	the orga	nizatio	n					
		990, Part X, line 5, 6	1 I					(h) An	nroved	(1) 14					
(a) Name of interested person	a) Name of (b) Relationship (c) Purpose (d) Loan to or from the granization of loan of loan (f) Balance due (g) In default?				, bý bo	(h) Approved by board or committee? (i) Writt agreeme		ment?							
·	Ů		organization? To From	{			Yes N			-	No				
TIMES PUBLISH	INRELATE	D TO FUND			0.4,	988,582.	X			X					
											<u> </u>				
								_							
											<u> </u>				
Total					\$4.	988,582.									
Part III Grants or	Assistance	Benefiting Inter	ested Per	sons.	ţ I	,									
Complete if t	he organization	answered "Yes" on F	⁻ orm 990, Pa	art IV, line 27.		T									
(a) Name of interest	ed person	(b) Relationship interested pers the organiza	son and	(c) Amoun assistanc		(d) Type assistane) Purp assista		f				
								-							
LHA For Paperwork Rec	duction Act Not	ice, see the Instruc	tions for Fo	rm 990 or 990-E	Z.		Sc	hedule L	. (Forn	n 990) 2022				

			YNTER	INSTIT	UTE FOR	MEDIA	STUD				
	Form 990) 2022	INC.						59-1630	423	Page 2	
Part IV	Business Transacti	ons Involv	ing Inter	ested Per	sons.						
	Complete if the organizati	on answered	"Yes" on F	[:] orm 990, Pa	rt IV, line 28a, 2	8b, or 28c.					
(a)	Name of interested perso	n	(b) Relationship between interested person and the organization			(c) Amo		(d) Description of	(e) Sharing of organization's		
						transaction	transaction	reven			
									Yes	No	
Part V	Supplemental Infor	mation.									
	Provide additional information	ation for respo	onses to qu	uestions on S	chedule L (see	instructions)					
					· · · ·	· · · · · ·					
SCHEDU	LE L, PART II,	LOANS	TO Al	ID FROM	INTERES	STED PE	RSONS	5:			
(A) NAI	ME OF PERSON:	TIMES	PUBLIS	SHING C	OMPANY						
(B) RE	LATIONSHIP WIT	TH ORGA	NIZATI	ON: RE	LATED OF	RGANIZA	TION				
<u> </u>			-								
(C) PU	RPOSE OF LOAN	TO FU	ND WOF	KING C	APITAL N	IEEDS					

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O Complete to provide information for responses to specific questions on (Form 990) Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Inspection Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service THE POYNTER INSTITUTE FOR MEDIA STUDIES, Employer identification number Name of the organization 59-1630423 TNC

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:

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. THOSE PROGRAMS FOCUS ON REPORTING, WRITING, AND EDITING; ETHICAL DECISION-MAKING; DIVERSITY; MANAGEMENT AND LEADERSHIP; AND DIGITAL

Schedule O (Form 990) 202	22						Page 2
Name of the organization	THE INC.	POYNTER	INSTITUTE	FOR	MEDIA	STUDIES,	Employer identification number 59-1630423

JOURNALISM.

IN ADDITION TO ITS COURSES, POYNTER ALSO LEADS EFFORTS TO HELP

GUARANTEE THAT THE PRACTICE OF JOURNALISM WILL BE SUSTAINED IN THE

FUTURE. FOR EXAMPLE:

- THE CREATION OF THE CRAIG NEWMARK CENTER FOR ETHICS AND LEADERSHIP TO EXPAND POYNTER'S ROLE IN ETHICS AND LEADERSHIP TRAINING, INCLUDING TO PROVIDE CUSTOM ADVICE AND TRAINING TO PROFESSIONAL NEWSROOMS ON STORIES AND POLICIES, ADVANCE THE ETHICAL STANDARDS THAT GUIDE PROFESSIONAL NEWS ORGANIZATIONS, HOST GATHERINGS WHERE JOURNALISTS AND EXPERTS CAN EXCHANGE IDEAS AND SPONSOR RESEARCH INTO BUILDING TRUST IN NEWS AND THE DEMOCRATIC PROCESS.

- TOPICAL REPORTING SEMINARS, SUPPORTED BY THE MACARTHUR FOUNDATION AND OTHER FUNDERS, MEET THE GROWING NEED TO PROVIDE JOURNALISTS AND OTHERS WITH SUBJECT-SPECIFIC EXPERTISE AND PRACTICAL REPORTING TRAINING ON ISSUES OR TOPICS IN THE NEWS.

- AN ENDOWMENT TRANSFERRED TO POYNTER FROM THE NEWSPAPER ASSOCIATION OF AMERICA (LATER AMERICAN PRESS INSTITUTE) RECEIVED FROM THE KNIGHT FOUNDATION TRACKS THE DIGITAL TRANSFORMATION OF NEWS MEDIA AND ENABLES POYNTER TO EXTEND THE PRACTICAL TRAINING OF DIGITAL TOOLS.

IN 2022, 40,274 STUDENTS PARTICIPATED IN 243 REGULAR OR CUSTOM COURSES AND PUBLIC PROGRAMS. MANY OF THEM RECEIVED SCHOLARSHIPS OR OTHER ASSISTANCE WITH TUITION AND/OR TRAVEL EXPENSES. POYNTER UNDERWRITES A PORTION OF PROGRAM COSTS FOR ALL STUDENTS. THOUSANDS OF STUDENTS,

Schedule O (Form 990) 20	22						Page 2
Name of the organization	THE INC	POYNTER	INSTITUTE	FOR	MEDIA	STUDIES,	Employer identification number $59 - 1630423$

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

2022, 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. IN 2022, POYNTER TRAINED

INDIVIDUALS FROM ALL 50 STATES AND OVER 160 COUNTRIES. THE MOST RECENT

COURSE OFFERINGS CAN BE LOCATED ON THE WEB AT WWW.POYNTER.ORG.

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

FACT-CHECKING BRANDS, POLITIFACT. 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

MEMBERSHIP.

Name of the organization THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.	Employer identification number 59-1630423
THE MEMBERS, BY MAJORITY VOTE, MAY AT ANY TIME INCREASE OF	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. 7	HE MEMBERS HAVE
THE RESPONSIBILITY OF REVIEWING AND APPOINTING THE BOARD O	F 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

PRESIDENT IS REVIEWED BY THE CHAIRMAN OF THE BOARD.

Schedule O (Form 990) 2022 Name of the organization THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.	Page 2 Employer identification number 59-1630423
COMPENSATION FOR KEY PEOPLE IS DETERMINED BY AN ANNUAL REV	IEW. THE ANNUAL
REVIEWS BY A SUPERVISOR ARE WRITTEN AND ORAL. THE REVIEW I	NCLUDES AN
EXAMINATION OF PREVIOUS WORK. FOR KEY PEOPLE THE CONVERSAT	ION IS OFTEN LED
BY THE PRESIDENT.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY (OF FORM 990:
<u>AK, CA, CO, DC, FL, GA, HI, IA, ID, IL, IN, MA, MD, MT, ND, NH, NJ, NY, OR, P</u>	A,RI,SC,WA,WI
FORM 990, PART VI, SECTION C, LINE 19:	
NO GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	2,002,148.
MANAGEMENT AND GENERAL EXPENSES	19,573.
FUNDRAISING EXPENSES	3,503.
TOTAL EXPENSES	2,025,224.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,025,224.
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	ITS
OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR	•

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	Open to Public Inspection
Name of the organizat		dentification number 630423

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

(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 controlling 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	cont	g) 512(b)(13) rolled ity?			
				501(c		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		Х			
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				
	-									
	-									
	4									

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

Schedule R (Form 990) 2022 INC.

59-1630423 Page 2

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)	()	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	Share of total income	Share of end-of-year assets		ortionate tions?			or Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	lo
	1										
	-										
	-										
	-										
	-										
	-										
]										
	1										
	1										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Type of entity (C corp, S corp,	g Type of entity	Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	(i) ction (b)(13) trolled tity?
		country)						Yes	No			
TIMES HOLDING COMPANY - 59-6068199			THE POYNTER									
490 FIRST AVE S			INSTITUTE FOR									
ST. PETERSBURG, FL 33701	HOLDING CO	FL	MEDIA STUDIES,	C CORP	68,022,488.	19,412,646.	100%	X				
TIMES PUBLISHING COMPANY - 59-0482470												
490 FIRST AVE S			TIMES HOLDING									
ST. PETERSBURG, FL 33701	MEDIA CO	FL	COMPANY	C CORP	٥.	٥.	100%	x				
TREND MAGAZINES INC - 59-1057320			TIMES									
490 FIRST AVE S			PUBLISHING									
ST. PETERSBURG, FL 33701	PERIODICAL	FL	COMPANY	C CORP	٥.	٥.	100%	x				
TAMPA BAY NEWSPAPERS INC - 59-3447974												
9911 SEMINOLE BLVD			TIMES HOLDING									
SEMINOLE, FL 33772	NEWSPAPERS	FL	COMPANY	C CORP	٥.	٥.	100%	x				
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				

232162 09-14-22

Schedule R (Form 990)

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 country)	(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	entity	
TAMPA MEDIA GROUP LLC - 46-2419106			TIMES					Yes	NO
202 SOUTH PARKER STREET			PUBLISHING						
TAMPA, FL 33606	MEDIA CO	FL	COMPANY	C CORP	0.	0.	100%	X	
	—								

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

Schedule R (Form 990) 2022 INC.

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

No	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
b	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
I	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1a		Х
r	Other transfer of cash or property to related organization(s)	1r		х
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 w	ho must complete th	is line, including covered r	elationships 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	5,083,976.	LOAN GUARANTEE
(2) TIMES PUBLISHING CO	N	48,312.	POLITIFACT ADS AND CONTENT
(3) TIMES PUBLISHING CO	L	59,846.	EXECUTIVE COMPENSATION
(4) TAMPA BAY TIMES	М	1,502.	EMPLOYMENT ADVERTISING
(5) TIMES PUBLISHING CO	Р	13,960.	WORKERS COMPENSATION
(6) TIMES PUBLISHING CO	М	173,081.	ADVERTISING PROMOTION

Schedule R (Form 990) 2022 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)	(b)	(c)		6	~	(f)	(g)	(ł	2	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Dredominant income	Are Are partne 501(org	e all	Share of			• 7 onor-	Code V-UBI	(J) General (r Porcontago
of entity	T finally activity	(state or foreign	(related, unrelated,	501 (rs sec. c)(3)	total	end-of-year	Dispr tior alloca	nate	amount in box 20	managin	ownership
or onaky		country)				income	assets	Yes		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?	
				Yes	NO			Yes	NO	(1011111000)	Yes NC	<u>'</u>
				-								
	-											

Schedule R (Form 990) 2022

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

Schedule R (Form 990) 2022 Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

INC.

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.

		EXTENDED TO NOVEMBER 15, 2023					
Form 990-T	6	Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047			
		(and proxy tax under section 6033(e))		2022			
	For ca	lendar year 2022 or other tax year beginning, and ending	·	2022			
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 Check box if address changed.		Name of organization (Check box if name changed and see instructions.) THE POYNTER INSTITUTE FOR MEDIA STUDIES,		oyer identification number			
B Exempt under section	Print			9-1630423			
\mathbf{X} 501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.		nstructions)			
408(e) 220(e)		801 3RD STREET S	_				
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		7			
529(a) 529A		ST. PETERSBURG, FL 33701-4920	_ F └_	Check box if			
• • • • • • •		ok value of all assets at end of year		an amended return.			
G Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university			
H Check if filing only t		Claim credit from Form 8941 Claim a refund shown on Form 2439					
		ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>				
		ed Schedules A (Form 990-T)		<u> </u>			
		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No			
		d identifying number of the parent corporation.		222 2121			
		JESSICA M. NAVARRO Telephone number d Business Taxable Income	121-	337-7131			
1 Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see					
			1	0.			
			2				
3 Add lines 1 and 2							
		see instructions for limitation rules)		0.			
		taxable income before net operating losses. Subtract line 4 from line 3					
		ng loss. See instructions		0.			
	•	ss taxable income before specific deduction and section 199A deduction.					
Subtract line 6 fro			7				
		rally \$1,000, but see instructions for exceptions)		1,000.			
		duction. See instructions		,			
10 Total deductions				1,000.			
		able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		,			
enter zero			11	0.			
Part II Tax Com	putat	ion	I	•			
1 Organizations ta	xable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.			
2 Trusts taxable at	t trust r	ates. See instructions for tax computation. Income tax on the amount on					
Part I, line 11 fror	n: 🗌	Tax rate schedule or Schedule D (Form 1041)	2				
3 Proxy tax. See in	structio	ns	3				
4 Other tax amount	4 Other tax amounts. See instructions						
5 Alternative minim	Alternative minimum tax (trusts only)						
6 Tax on noncomp	liant fa	cility income. See instructions	6				
7 Total. Add lines 3	8 throug	h 6 to line 1 or 2, whichever applies	7	0.			
LHA For Paperwork	Reduct	ion Act Notice, see instructions		Form 990-T (2022)			

A For Paperwork Reduction Act Notice, see instructions. L

Form **990-1** (2022)

Form 9	90-T (2022)		F	Page 2
Part			-	
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions)			
c	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	_		
•	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
•	section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022			
b	2022 estimated tax payments. Check if section 643(g) election applies 66 66			
c	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
e	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
9	Form 4136 Other Total			
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		
Part		•• •		
1	At any time during the 2022 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		100	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			x
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
-	foreign trust?			x
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year\$			
4	Enter available pre-2018 NOL carryovers here \$ 1,263,975. Do not include any post-2017 NOL carryovers here			
4	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part	•		
E		1, 1110 0.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		-	
	Business Activity Code Available post-2017 NOL ca 541800 \$ 2,5	20,356.	-	
		20,330.	-	
<u> </u>	\$			v
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
Dort	explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign			this return, including accompa taxpayer) is based on all inform				wledge a	and belief, it is true,		
Here				PRESIDENT				May the IRS discuss this return with the preparer shown below (see		
	Signature of officer		Date	Title			instruc	ctions)? X Yes No		
	Print/Type preparer's	name	Preparer's signature Date		Date	Check	if	PTIN		
Paid Prepare	. KRISTEN BA	RNETT	Minister Bar	nett	11/10/2023	self- employe	ed	P01234578		
Use Only		M US LLP	. (Firm's EIN		42-0714325		
	1001 WATER ST. STE. 500									
	Firm's address	Firm's address TAMPA, FL 33602						3-316-2300		
								000 T		

59-1630423	5	9	_	1	6	3	0	4	2	3
------------	---	---	---	---	---	---	---	---	---	---

FORM 990-T	PRE-2018	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/11	201,517.	72,996.	128,521.	128,521.
12/31/12	124,955.	0.	124,955.	124,955.
12/31/13	218,782.	0.	218,782.	218,782.
12/31/14	384,311.	0.	384,311.	384,311.
12/31/15	182,501.	0.	182,501.	182,501.
12/31/16	143,202.	0.	143,202.	143,202.
12/31/17	81,703.	0.	81,703.	81,703.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	1,263,975.	1,263,975.

SCHEDU (Form 99		e ss	1 OMB No. 1545-0047 2022						
Department of Internal Reven		Go to www.irs.gov/Form990T for Do not enter SSN numbers on this form as it n							
	of the organizatio	n THE POYNTER INSTITUTE 1	FOR	MEDIA STU	JDIES	B Employer 59-16		cation number 2 3	
<u>C</u> Unrela	ted business a	activity code (see instructions) 54180	0			D Sequence	ə: .	1 of 1	
E Descril	ha tha upralate	ed trade or business ADVERTISING							
		Trade or Business Income		(A) Income		(B) Expense	s	(C) Net	
1a Gros	s receipts or s	ales							
b Less	returns and allo	wances c Balance	1c						
2 Cost	t of goods sold	I (Part III, line 8)	2						
		act line 2 from line 1c	3						
4a Capi	ital gain net ind	come (attach Schedule D (Form 1041 or Form							
	0)). See instruc		4a						
		m 4797) (attach Form 4797). See instructions)	4b						
		tion for trusts	4c						
	. ,	a partnership or an S corporation (attach	5						
		IV)	6						
		anced income (Part V)	7						
		royalties, and rents from a controlled	<u> </u>						
		VI)	8						
		e of section 501(c)(7), (9), or (17)							
orga	nizations (Part	VII)	9						
		activity income (Part VIII)	10						
		e (Part IX)	11	0.0.0				006.004	
		instructions; attach statement) STMT 2	12	236,8				236,894.	
		es 3 through 12	13	236,8				236,894.	
		s Not Taken Elsewhere See instruction nected with the unrelated business in			n deduc	tions. Dedu	uction	s must be	
		officers, directors, and trustees (Part X)					1	1 255 225	
		s					2	1,355,235.	
		enance					3		
							4		
		tement). See instructions					5	99,403.	
		s h Form 4562). See instructions				9,254.	_	55,405.	
-	-	claimed in Part III and elsewhere on return				5,2510	8b	9,254.	
							9	· · ·	
		eferred compensation plans					10	12,786.	
		programs					11	144,942.	
		oenses (Part VIII)					12		
13 Exce	ess readership	costs (Part IX)					13		
		attach statement)		SEE S	TATEM	ient 3	14	225,519.	
		Add lines 1 through 14					15	1,847,139.	
		s income before net operating loss deduction. Su						_1 610 245	
							16	-1,610,245.	
		operating loss. See instructions					17 18	-1,610,245.	
		eduction Act Notice, see instructions.	,					le A (Form 990-T) 2022	

Schedu Part	ule A (Form 990-T) 2022				Page 2
		nod of inventory valuati			
1	Inventory at beginning of year				
2 3	Purchases				
3 4	Cost of labor Additional section 263A costs (attach statement)				
5					
6	Other costs (attach statement)				
7				_	
8	Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter I				
9	Do the rules of section 263A (with respect to property p				Yes No
Part					
1	Description of property (property street address, city, s	•	•	1 1/	
	A 🗌	, ,			
	в 📃				
	c 🗌				
	D				
		А	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				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, co	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					•
5	Total deductions. Add line 4 columns A through D. En		line 6, column (B)		0.
Part	(6,				
1	Description of debt-financed property (street address, o	city, state, ZIP code). C	heck if a dual-use. See	instructions.	
	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				
a	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)				0/
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8		Ender been stated and			n –
	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A) _	·····	0.
0		. Enter here and on Par	t I, line 7, column (A) _	······ <u> </u>	0.
9 10	Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A thr				

	ule A (Form 990-T) 2022										Page 3	
Part	VI Interest, Annu	uities, Ro	yalties, and Re	ents fron	n Contro		-	,	e instruct	,		
				Exempt Controlled Organizations								
	1. Name of controlle organization	ed	identification inco				al of specified nents made controlling or tion's gross		included	in the niza-	Connected with income in column 5	
(1)									gross me			
(2)												
(3)												
(4)												
<u></u>		I	No	nexempt C	Controlled O	rganizati	ons					
7	7. Taxable Income 8. Net unrelated income (loss) (see instructions)			otal of speci yments mac		10. Part of that is incontrolling	luded i	n the ation's	11. Deductions directly connected with income in column 10			
(1)							grooo		0			
(2)												
(3)												
(4)												
Totals							Add colum Enter here line 8, c	and on	Part I,	Enter	columns 6 and 11. here and on Part I, he 8, column (B) 0 •	
Part	VII Investment	Income o	of a Section 50	1(c)(7), (9). or (17)	Orgar	l nization (s	oo instr	ructions)		0.	
		cription of in			2. Amou incor	int of	3. Deduction directly connection (attach state)	ons ected	4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)	
(1)												
(2)												
(3)												
(4) Totals					Add amo 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) 0 •	
Part	VIII Exploited E	Exempt A	ctivity Income,	, Other T	han Advo	ertising	g Income ((see ins	tructions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ness income	from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A) .		2		
3	Expenses directly con	nnected with	production of unre	elated busi	ness incom	e. Enter l	here and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from											
	lines 5 through 7									4		
5	Gross income from ac	ctivity 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 1	2							7		

Schedule A (Form 990-T) 2022

<u>chedi</u> Part	IV Advertising Income					Page
1	Name(s) of periodical(s). Check box i	f reporting two or mo	re periodicals on a c	onsolidated basis		
	c 🗌					
	P 🗌					
iter a	amounts for each periodical listed abo	ve in the correspondir	na column.			
			A	В	с	D
2	Gross advertising income					
	Add columns A through D. Enter her		1. column (A)		•	0
а	5	,	, , ,			
3	Direct advertising costs by periodica					
а	Add columns A through D. Enter her		1. column (B)			0
	5	,	, , ,			
4	Advertising gain (loss). Subtract line	3 from line				
	2. For any column in line 4 showing a					
	complete lines 5 through 8. For any	-				
	line 4 showing a loss or zero, do not					
	lines 5 through 7, and enter zero on					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is l					
	line 5, subtract line 6 from line 5. If line	ne 5 is less				
	than line 6, enter zero					
8	Excess readership costs allowed as					
	deduction. For each column showing	g a gain on				
	line 4, enter the lesser of line 4 or line					
а	Add line 8, columns A through D. En	ter the greater of the	line 8a, columns tota	al or zero here and	d on	
	Part II, line 13					0
art	X Compensation of Office	ers, Directors, ar	nd Trustees (se	e instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
					%	
					%	
					%	
					%	
	I. Enter here and on Part II, line 1					0
art	XI Supplemental Informat	ion (see instruction	s)			

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

FORM 990-T (A)	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
CAREER CENTER ADVERTISING POLITIFACT ADVERTISING		86,468. 150,426.
TOTAL TO SCHEDULE A, PART I, LI	NE 12	236,894.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
ACCOUNTING		109.
ADVERTISING		9,513.
EQUIPMENT		955.
IT SUPPORT		3,829.
NEWS SYNDICATION		73,647.
OCCUPANCY		23,230.
OFFICE EXPENSES		556.
OTHER PROFESSIONAL FEES		67,777.
TRAVEL		36,154.
INSURANCE		2,970.
UTILITIES AND BUILDING MAINTENAM	ICE	4,569.
CONFERENCES AND MEETINGS		2,210.
TOTAL TO SCHEDULE A. PART II. LI	INE 14	225.519.

TOTAL 1	то	SCHEDULE	Α,	PART	II,	LINE	14	
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225,519.

990-T SCH 7	A POST-201	17 NET OPERATING	LOSS DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20 12/31/21	1,050,968. 1,469,388.	0.0.	1,050,968. 1,469,388.	1,050,968. 1,469,388.
NOL CARRYON	VER AVAILABLE THIS	YEAR	2,520,356.	2,520,356.

59-1630423

4500	I	Deprec	iation an	d Am	ortizatio	n		OMB No. 1545-0172		
Form 4562		-	Information				1 1	2022		
Department of the Treasury	Attachment									
Internal Revenue Service Name(s) shown on return	ernal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information.									
		OR MEDIA					2	Identifying number		
INC.	THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC. ADVERTISING									
	pense Certain Property	Under Section 17	79 Note: If you h				V before ye	59-1630423 ou complete Part I.		
1 Maximum amount (s	see instructions)						1	1,080,000.		
2 Total cost of section	179 property placed	l in service (see	instructions)				2			
3 Threshold cost of section 179 property before reduction in limitation3								2,700,000.		
4 Reduction in limitati	on. Subtract line 3 fro	om line 2. If zero	or less, enter -0	•						
	r. Subtract line 4 from line 1.					(-) F Itt-	5			
6	(a) Description of prop	erty	()	b) Cost (busin	ess use only)	(c) Elected of	cost			
7 Listed property. Ent	er the amount from li	ne 29	I		7					
8 Total elected cost o							. 8			
	. Enter the smaller o									
	wed deduction from li									
	nitation. Enter the sm									
12 Section 179 expens							12			
13 Carryover of disallow					13					
Note: Don't use Part II of Part II Special De		,			a listed property	()				
14 Special depreciation	epreciation Allowand		· ·							
	r anowance for quaim		•			0	14			
15 Property subject to										
16 Other depreciation (9,254.		
Part III MACRS D	epreciation (Don't in									
			Section	on A						
17 MACRS deductions	for assets placed in	service in tax ye	ars beginning be	fore 2022			17			
18 If you are electing to group						L				
	Section B - Assets P	(b) Month and	(c) Basis for dep			rai Deprecia	tion Syste	m		
(a) Classification	of property	year placed in service	(business/invest only - see instr	ment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction		
19a 3-year property										
b 5-year property										
c 7-year property										
d 10-year property	/									
e 15-year property										
f 20-year property										
g 25-year property	/				25 yrs.		S/L			
h Residential rent	al property	/			27.5 yrs.	MM	S/L			
	-	/			27.5 yrs.	MM MM	S/L S/L			
i Nonresidential r	eal property	/			39 yrs.	MM	S/L S/L			
Se	ection C - Assets Pla	Aced in Service	During 2022 Ta	x Year Us	ing the Alterna			em		
20a Class life						1	S/L			
b 12-year					12 yrs.		S/L			
c 30-year		/			30 yrs.	MM	S/L			
d 40-year		/			40 yrs.	MM	S/L			
Part IV Summary	(See instructions.)									
21 Listed property. Ent							21			
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.										
	••••		•	•	ions - see instr.		22	9,254.		
	novo and placed in									
	pove and placed in se attributable to section	•			23					

THE POYNTER INSTITUTE FOR MEDIA STUDIES,

Form 4562 (2022)	INC	•									59-	1630	423	Page 2		
	Property (Include a			her vehicl	es, ce	ertain aircr	aft, an	d property	used fo	r						
	inment, recreation, of For any vehicle for w		,	standard	d milea	age rate o	r dedu	cting lease	e expens	e. com	olete or	ulv 24a.				
24b, co	olumns (a) through (d	 of Section A, 	all of S	ection B,	and S	Section C	if appli	icable.	•							
Sec	tion A - Depreciation	on and Other I	nforma	tion (Cau	ution:	See the i	nstruc	tions for li	mits for p	basseng	jer autor	nobiles.				
24a Do you have evid	ence to support the bu		nt use cla	aimed?	\square	Yes	No	24b If "Y	es," is th	e evide	nce writ	ten?	Yes	No		
(a)	(a) (b) (c) Type of property Date Business/		, (d)			(e) Basis for depr	eciation	(f)		g)		(h)		(i) cted		
Type of propert (list vehicles firs	placed in	investment	0	Cost or ther basis		business/inve	estment	Recovery period		:hod/ ention		eciation uction		n 179		
	(inst venicles in st) service use percentage		Je		use only)		,,				404	dotion	сc	ost		
25 Special deprecia																
	50% in a qualified b				<u></u>		<u></u>	<u></u>		25						
26 Property used m	ore than 50% in a q										1					
			6													
			6													
			6													
27 Property used 5	0% or less in a quali							I								
			%			S/L -										
			%						S/L -							
		,	6						S/L -							
28 Add amounts in										28						
29 Add amounts in	column (I), line 26. E								<u></u>			29				
						n on Use					16					
Complete this section													/enicies			
to your employees, 1	irst answer the ques	ations in Sectio	n C to s	see if you	meet	an excep	tion to	completin	ig this se	CTION TO	or those	venicies.				
					(b)		Τ	(-)		(d)		(e)	(4)			
20 Total husiness/inv	estment miles driven d	uring the	(a) Vehicle		V	(b) /ehicle		(c) /ehicle					(f) Vehicle			
	30 Total business/investment miles driven during the		Veniele		V	Venicie			Vehicle		Vehicle					
year (don't include commuting miles) 31 Total commuting miles driven during the year										+		+				
32 Total other perse																
•																
33 Total miles drive																
	• ,															
Add lines 30 through 32 34 Was the vehicle available for personal use		Yes	No	Yes	s No	Yes	s No	Yes	No	Yes	No	Yes	No			
	nours?															
35 Was the vehicle																
than 5% owner	or related person?															
36 Is another vehic																
	•															
	Section C	- Questions f	or Emp	loyers W	ho Pr	ovide Vel	nicles	for Use by	Their E	mploye	es	-				
Answer these quest												ren't				
more than 5% owne	rs or related persons	S.														
37 Do you maintain	a written policy stat	ement that pro	phibits a	Il persona	al use	of vehicle	es, incl	uding com	imuting,	by your			Yes	No		
employees?																
38 Do you maintain	a written policy stat	ement that pro	phibits p	ersonal u	use of	vehicles,	except	t commuti	ng, by yo	our						
employees? See	e the instructions for	vehicles used	by corp	orate offi	cers,	directors,	or 1%	or more o	wners							
39 Do you treat all	use of vehicles by er	nployees as pe	ersonal	use?												
40 Do you provide	more than five vehic	les to your em	oloyees	, obtain ir	nforma	ation from	your e	employees	about							
the use of the ve	ehicles, and retain th	e information r	eceivec	I?												
41 Do you meet the	e requirements conc	erning qualified	d autom	obile den	nonstr	ration use	?									
	swer to 37, 38, 39, 4	0, or 41 is "Ye	s," don'	t complet	te Sec	ction B for	the co	overed veh	icles.							
Part VI Amortiz		I	(1.)	1		<u>, </u>							(1)			
Des	(a) scription of costs	Date	(b) amortization		(C) Amortiz) zable		(d) Code	(e) Amortization			Amo		(f) nortization		
			begins		amount			section		period or per				or this year		
42 Amortization of	costs that begins du	ring your 2022	tax yea	ar: T			<u> </u>		<u> </u>							
			: :													
			<u>: :</u>													
43 Amortization of	costs that began be	fore your 2022	tax yea	r							43					

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44	44				
			_	_	