

### **TAX RETURN FILING INSTRUCTIONS**

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

#### FOR THE YEAR ENDING

JUNE 30, 2019

Prepared for	THE NEWS LITERACY PROJECT, INC. 5525 DEVON ROAD BETHESDA, MD 20814
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

#### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ 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.

Open to Public Inspection

<u>A</u>	רטו נוופ	2018 calendar year, or tax year beginning 001 1, 2010 and	ending 0	ON 30, 2019	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	THE NEWS LITERACY PROJECT, INC.			
	Name change	Doing business as		27-4	011343
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	,
	Final return/	5525 DEVON ROAD		301-	651-7499
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,529,853.
	Ameno return	BEIHESDA, MD 20014		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: ALAN MILLER		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
$\overline{\Gamma}$	Tax-exe	empt status: $X = 501(c)(3)$ $501(c)()$ $()$ (insert no.) $4947(a)(1)$	or 527	1	list. (see instructions)
J	Websit	e: ► WWW.THENEWSLITERACYPROJECT.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		State of legal domicile; MD
		Summary		<u> </u>	<u> </u>
		Briefly describe the organization's mission or most significant activities: ${ m TO}~{ m F}$	OSTER	APPRECIATIO	N OF THE
Activities & Governance		VALUE OF QUALITY JOURNALISM FOR MIDDLE A	ND HIG	H SCHOOL ST	UDENTS.
r	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	18
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			17
စ္တ		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			19
ij	1	Total number of volunteers (estimate if necessary)			100
妄		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, line 38		·····	0.
	<u> </u>	vec unrelated business taxable insome nonit offi see 1, into 30		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		1,448,244.	9,441,878.
Jue				16,577.	108,980.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-8,076.	-165,153.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,456,745.	9,385,705.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	5 (1) (1) (5 (1) (5 (1) (1) (1) (1)		0.	0.
"	I	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		759,411.	2,308,618.
Ses	160			0.	0.
Expenses	l loa	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  486, 20	02.		
Ä	47	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		347,405.	1,142,385.
				1,106,816.	3,451,003.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		349,929.	5,934,702.
<u></u>	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or		Total accests (Post V. line 10)	Ве	2,438,583.	8,571,437.
SSE	20	Total assets (Part X, line 16)		77,465.	275,618.
let /	21	Total liabilities (Part X, line 26)		2,361,118.	8,295,819.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		2,301,110.	0,293,019.
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules	c and etatom	ante and to the heet of m	/ knowledge and bolief it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of wh			Kilowieuge allu bellet, it is
uuc	, сопес		iicii preparei	<del>- 1</del>	
٥: -		Signature of officer		10/25/19 Date	
Sig		ALAN MILLER, FOUNDER AND CEO		2410	
He	re	Type or print name and title			
			1	Date Check	II PTIN
Pai	d	Print/Type preparer's name  RICHARD J. LOCASTRO, CPA  RICHARD J. LOCASTRO, CPA		if L	
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN	10	10/25/19 self-employe	52-1392008
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N		Firm's EIN	32 I372000
US	, only	BETHESDA, MD 20814-2930		Dhone no / 2	01) 951-9090
N 4				Priorie no. ( 3	
ıvla	y τne IF	RS discuss this return with the preparer shown above? (see instructions)			XYes Mo

Form **990** (2018)

24084\_\_2

2,427,495.

Total program service expenses

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_		
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<del>ا</del>		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	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 III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	13		<del></del> -
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Dest IV	Charlist of Dogwing Cabadulas	/ !! !!
Partiv	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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
اند	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
		24d		
254	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		<del></del> -
~	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Α_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive more than \$25,000 in horizont contributions: in ros, complete deficultion.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<sub>v</sub>
٥.	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
i.	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
-	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 in Schedule O for Part VI, lines 11b and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·	(gambling) winnings to prize winners?	1c	Х	

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Form **990** (2018)

# Form 990 (2018) THE NEWS LITERACY PROJECT, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

_		l I	Ī		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0-	19			
	filed for the calendar year ending with or within the year covered by this return	2a		OI-	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.			2b	72	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			3a		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 6.	 Դ		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			SD		
чи	financial account in a foreign country (such as a bank account, securities account, or other financial	•	*	4a		х
b	If "Yes," enter the name of the foreign country:			Tu		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FB/	AR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	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 \ sense \ for \ goods \ go$	vices provided	to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required				
	to file Form 8282?	 I I		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, airplane		rm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		N/A	8		
9	sponsoring organization have excess business holdings at any time during the year?			0		
э a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:			- OD		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	L				
а	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	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?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		/-			
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	<b>Note.</b> 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	l I				
	organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c		4.4		v
14a				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule to the explanation subject to the explanation of the explanat			14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			4.5		х
	excess parachute payment(s) during the year?			15		- 22
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	it income?		16		Х
10	If "Yes," complete Form 4720, Schedule O.	r illoome:		10		
	ii 100, complete i citii 4120, conecicie c.			Eorm	990	(2018)

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

	Check if Schedule O contains a response or note to any line in this Part VI								
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 1a 18								
	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 in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17								
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?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in 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	<u> </u>					
b	Other officers or key employees of the organization	15b		Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			,,					
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O								
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	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
40	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	cıal						
00	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► ALAN MILLER - 301-651-7499								
	5525 DEVON ROAD, BETHESDA, MD 20814								
	JULU DETULE PETILIDELL IID AUUTT								

Form **990** (2018)

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALAN MILLER FOUNDER AND CEO	40.00	х		Х				240,311.	0.	30,365.
(2) GREG MCCAFFERY	2.00	^		Λ				240,311.	0.	30,303.
CHAIRMAN	2.00	X		х				0.	0.	0.
(3) KAREN WICKRE	2.00			22					0.	0.
VICE CHAIR	2.00	x		х				0.	0.	0.
(4) NEIL BUDDE	1.00								•	
TREASURER		x		х				0.	0.	0.
(5) GERALDINE BAUM	1.00	ļ <u> </u>								
SECRETARY		Х		х				0.	0.	0.
(6) WALT MOSSBERG	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) EVA HALLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MOLLIE HEMINGWAY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) LESLIE HILL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ROBERT KING	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) LIZ RAMOS	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(12) JULIET STIPECHE	1.00	l								
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) TERRY PETERSON	1.00	١							_	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) DON BAER	1.00	,,							_	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) PETER KADZIK	1.00	-						0.	0.	^
BOARD MEMBER	1.00	Х						0.	0.	0.
(16) CHRISTINA VAN TASSELL	1.00	X						0.	0.	0.
BOARD MEMBER (FROM MAY 2019) (17) MOLLY HILL PATTEN	1.00	^				-		0.	0.	0.
BOARD MEMBER (FROM MAY 2019)	1.00	x						0.	0.	0.
832007 12-31-18							<u> </u>	<u> </u>	<u> </u>	Form <b>990</b> (2018)

832007 12-31-18

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Part VII   Section A. Officers, Directors, T (A)	(B)	1			<u> </u>	J5		(D)	(E)			(F)	
Name and title	Average			Pos	•	า		Reportable	Reportable			( <b>r)</b> imate	٨
name and title	hours per		not c	heck	more	than			compensation			ount c	
	week					or/trus		from	from related			other	"
	(list any	ctor						the	organizations			ensat	ion
	hours for	r director				pe		organization	(W-2/1099-MISC)	)		m the	
	related	stee o	nstee			ensa		(W-2/1099-MISC)			orga	nizatio	วท
	organizations	al trus	nal tr		loyee	omb e						relate	
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	m er				orgai	nizatio	ns
(18) TUCKER ESKEW	1.00	트	Ĕ	₽	, Ke	ijĘ, Ē	요			$\dashv$			
BOARD MEMBER (FROM JUNE 2019)	1.00	X						0.	(	).			0.
(19) CHARLES SALTER	40.00	122	1			+		0.		<del>'  </del>			
COO	40.00	1				x		196,510.	(	).	7	3,62	20.
(20) PETER ADAMS	40.00					+		130/3101		~		,, 0.	
SENIOR VICE PRESIDENT	1000	1				x		153,741.	(	).	4	1,90	)2.
(21) MARY LYNN HICKEY	40.00					1				$\dashv$			
VICE PRESIDENT						X		116,148.	(	).	11	.,64	14.
(22) DARRAGH WORLAND	40.00									一			
VICE PRESIDENT						X		115,282.	(	).	9	05	58.
(23) LESLIE HOFFECKER	40.00												
SENIOR EDITOR						X		102,017.	(	) •	2	2,74	17.
										_			
		1											
		-	-			+				$\dashv$			
		1											
1b Sub-total						<u> </u>		924,009.	(	).	62	2,33	36.
c Total from continuation sheets to Par								0.		).		., .	0.
d Total (add lines 1b and 1c)								924,009.		5.	62	2,33	
2 Total number of individuals (including bu								received more than \$100	0,000 of reportable				
compensation from the organization													6
												Yes	No
3 Did the organization list any former office										- 1			
line 1a? If "Yes," complete Schedule J fo											3		X
4 For any individual listed on line 1a, is the	•							•	•	- 1		37	
and related organizations greater than \$											4	Х	
5 Did any person listed on line 1a receive	•				•	•		· ·		- 1	_		х
rendered to the organization? If "Yes," of Section B. Independent Contractors	ompiete Scriedui	e J i	or s	ucn	pers	SOH					5		
Complete this table for your five highest	compensated in	den	ende	ent c	ont	racto	ors :	that received more than	\$100,000 of comp	-ns:	ation fr	om	
the organization. Report compensation		-								51100	2001111	0111	
(A)	,							(B)			(C)	)	
Name and busine	ess address	N	CNC	E				Description of s	ervices	C	ompen	sation	1
											-		
2 Total number of independent contractor	rs (including but r	not li	mite	d to		_	ste	d above) who received n	nore than				
\$100,000 of compensation from the org	anization 🕨					0							

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Pa	rt V	<b>/</b>	Statement of Rever	nue					
			Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
ar our		b	Membership dues	1b					
s, ( Am		С	Fundraising events	1c					
Giff		d	Related organizations	1d					
ns, Simi		е	Government grants (contribut	tions) 1e					
rtio er S		f	All other contributions, gifts, gran	its, and					
ğ.			similar amounts not included abo	ve <b>1f</b>	9,441,878.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lines		1,213,619.				
<u>න ල</u>		h	Total. Add lines 1a-1f			9,441,878.			
_	_		autanot ogu		Business Code	01 505	01 707		
/ice	2		CHECKOLOGY		900099	91,727. 12,538.	91,727.		
Servine		-	PROF. DEVELOPMENT		900099		12,538. 4,715.		
Men S		Ξ.	PROF. DEVELOPMENT		900099	4,715.	4,715.		
Program Service Revenue		d							
Pro		e f	All other program service reve	2010					
			Total. Add lines 2a-2f			108,980.			
	3	9	Investment income (including			, , , , , , ,			
			other similar amounts)			25,706.			25,706.
	4		Income from investment of ta			•			
	5 Royalties				: H				
			·	(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)		<b></b>				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	1,953,289					
		b	Less: cost or other basis						
			and sales expenses	2,048,245	95,903.				
		С.	Gain or (loss)	-94,956	-95,903.	100 050			100 050
	•	a	Net gain or (loss)		····· •	-190,859.			-190,859.
Other Revenue	8	а	Gross income from fundraisin						
ver			including \$contributions reported on line						
æ			Part IV, line 18						
the.		h	Less: direct expenses						
Ó			Net income or (loss) from fund						
			Gross income from gaming ac						
			Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gan						
			Gross sales of inventory, less						
			and allowances	a					
		b	Less: cost of goods sold	b					
		С	Net income or (loss) from sale	es of inventory	<b></b>				
			Miscellaneous Revenu	ıe	Business Code				
	11	а							
		b							
		С							
			All other revenue						
	12	е	Total. Add lines 11a-11d			9 385 705	108 980.	0.	-165 153.
			TOTAL LEVELINE DEE HISHDICTIONS						

#### 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).

	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		224 522	40.400	
	trustees, and key employees	273,077.	201,520.	18,120.	53,437
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 605 004	4 000 550	455 054	
7	Other salaries and wages	1,695,331.	1,238,570.	157,954.	298,807
8	Pension plan accruals and contributions (include	100 505	C1 200	04 040	15 005
	section 401(k) and 403(b) employer contributions)	100,525.	61,398.	24,040.	15,087
9	Other employee benefits	109,644.	66,968.	26,221.	16,455
10	Payroll taxes	130,041.	79,426.	31,099.	19,516
11	Fees for services (non-employees):				
а	Management	04 560			04 560
b	Legal	24,760.		50.040	24,760
С	Accounting	58,242.		58,242.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	4.65 50.6	406 500	54 505	- 440
	column (A) amount, list line 11g expenses on Sch O.)	165,736.	106,529.	51,797.	7,410
12	Advertising and promotion	227,378.	224,379.	10 760	2,999
13	Office expenses	51,769.	28,829.	18,762.	4,178
14	Information technology	114,597.	105,646.	8,951.	
15	Royalties		5 0 1 1	66.400	444
16	Occupancy	73,158.	6,941.	66,103.	114
17	Travel	187,213.	118,571.	41,537.	27,105
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	61 102	44 640	14 560	1 000
19	Conferences, conventions, and meetings	61,193.	44,648.	14,562.	1,983
20	Interest				
21	Payments to affiliates	E0 000	EU 016	1 0 6 77	
22	Depreciation, depletion, and amortization	58,283.	57,216.	1,067.	
23	Insurance	5,755.		5,755.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	AUDIO/VIDEO/PHOTO PROD.	69,906.	69,906.		
b	SUBCRIPTIONS	26,864.	11,890.	4,621.	10,353
C	RECRUITMENT	9,012.	150.	4,862.	4,000
d	PROFESSIONAL DEVELOPMEN	4,284.	4,035.	249.	=,=30
	All other expenses	4,235.	873.	3,364.	-2
25	Total functional expenses. Add lines 1 through 24e	3,451,003.	2,427,495.	537,306.	486,202
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)				
	n 12-31-18				Form <b>990</b> (2018

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X	·····		
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	33,149.	1	240.		
	2	Savings and temporary cash investments			1,482,834.	2	3,072,780.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		222,675.	4	4,914,442.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)		6			
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2,477.	9	3,696.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		630,924.			
	b	Less: accumulated depreciation	10b	63,811.	391,637.	10c	567,113.
	11	Investments - publicly traded securities			294,078.	11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		8,533.	14	7,466.	
	15	Other assets. See Part IV, line 11			3,200.	15	5,700.
	16	Total assets. Add lines 1 through 15 (must equ			2,438,583.	16	8,571,437.
	17	Accounts payable and accrued expenses		77,465.	17	275,618.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and forme					
ij		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	). Complete Part X of			
		Schedule D			77 165	25	275 610
	26	Total liabilities. Add lines 17 through 25			77,465.	26	275,618.
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🔼 and			
ces		complete lines 27 through 29, and lines 33 ar			1,510,136.		2,759,006.
Fund Balances	27	Unrestricted net assets			850,982.	27	5,536,813.
Ва	28	Temporarily restricted net assets	030,902.	28	3,330,013.		
pur	29			N -b - b b b		29	
		Organizations that do not follow SFAS 117 (A	SC 958	s), cneck nere			
S O	200	and complete lines 30 through 34.				20	
set	30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or ed				31	
Net	32	Retained earnings, endowment, accumulated in			2,361,118.	32	8,295,819.
-	33	Total lich liking and not accept (fund balances			2,438,583.	33	8,571,437.
	34	Total liabilities and net assets/fund balances			4,430,303.	34	0,3/1,43/.

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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 9	,38	5,7	05.
2	Total expenses (must equal Part IX, column (A), line 25)		,45		
3	Revenue less expenses. Subtract line 2 from line 1		,93		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 2	,36	1,1	<u> 18.</u>
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10 8	,29	5,8	20.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (	(2018)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number THE NEWS LITERACY PROJECT, INC. 27-4011343 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

# Schedule A (Form 990 or 990-EZ) 2018 THE NEWS LITERACY PROJECT, INC. 27-40113 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	1,100,952.	1,250,127.	2,835,617.	1,448,244.	9,441,878.	16,076,818.
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	1,100,952.	1,250,127.	2,835,617.	1,448,244.	9,441,878.	16,076,818.
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)						4,048,863.
6	Public support. Subtract line 5 from line 4.						12,027,955.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
	Amounts from line 4	1,100,952.	1,250,127.	2,835,617.	1,448,244.	9,441,878.	16,076,818.
	Gross income from interest,				_,,	, , , , , , , , , ,	
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	5,767.	2,743.	8,190.	8,521.	25,706.	50,927.
9	Net income from unrelated business	3,7070	2,7130	0,1200	0,321	2377000	3073274
9	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						16,127,745.
	<b>Total support.</b> Add lines 7 through 10					12	393,670.
12	Gross receipts from related activities,			fourth or fifth to			333,010.
13	First five years. If the Form 990 is for				•	1 50 1 (0)(3)	▶□
Sec	organization, check this box and storection C. Computation of Publ		centage				<u></u>
	Public support percentage for 2018 (		<u>-</u>	olumn (fl)		14	74.58 %
14 15	Public support percentage for 2017 (					15	68.04 %
	33 1/3% support test - 2018. If the o				_		,-
IUa	•••	· ·		,		,	x and ▶ X
h	stop here. The organization qualifies						
i.	33 1/3% support test - 2017. If the c	-					
47-	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances tes	J					*
	and if the organization meets the "fac			-		_	
_	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the		•		•		
	organization meets the "facts-and-circ			•			
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2018

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

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

Sec	ction A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(a) 2011	(2) 2010	(0) 2010	(4) 23 17	(6) 2010	(i) rotal
•	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						
6	Total. Add lines 1 through 5						
7a	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	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(u) 2014	(5) 2010	(0) 2010	(a) 2017	(6) 2010	(i) rotar
	Gross income from interest,						
.00	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						<del>                                     </del>
L	Unrelated business taxable income (less section 511 taxes) from businesses						
	` '						
	acquired after June 30, 1975						
44	Add lines 10a and 10b						
• • •	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	_					
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	zation,
	check this box and stop here						<u></u> ▶□
Sec	ction C. Computation of Public	c Support Pe	ercentage				
15	Public support percentage for 2018 (lin	ne 8, column (f), o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	: III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 201	18 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2018. If the o					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an	-					ightharpoons
b	33 1/3% support tests - 2017. If the o						and
-	line 18 is not more than 33 1/3%, chec	•			·	•	
20	Private foundation. If the organization						

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
01-		
9b		
9с		
10a		
40.		
10b		

Par	Part IV   Supporting Organizations (continued)			
			Yes	No
11	1 Has the organization accepted a gift or contribution from	any of the following persons?		
а	a A person who directly or indirectly controls, either alone	or together with persons described in (b) and (c)		
	below, the governing body of a supported organization?	11a		
b	<b>b</b> A family member of a person described in (a) above?	11b		
С	c A 35% controlled entity of a person described in (a) or (b)	) above?If "Yes" to a, b, or c, provide detail in Part VI.		
Sect	ection B. Type I Supporting Organizations			
			Yes	No
1	1 Did the directors, trustees, or membership of one or mor	e supported organizations have the power to		
	regularly appoint or elect at least a majority of the organi	zation's directors or trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported	organization(s) effectively operated, supervised, or		
	controlled the organization's activities. If the organization	had more than one supported organization,		
	describe how the powers to appoint and/or remove direct	tors or trustees were allocated among the supported		
	organizations and what conditions or restrictions, if any, a	applied to such powers during the tax year.		
2	. , , , , , , , , , , , , , , , , , , ,			
	organization(s) that operated, supervised, or controlled t	, ,		
	Part VI how providing such benefit carried out the purpo			
	supervised, or controlled the supporting organization.	2		
Sec	ection C. Type II Supporting Organizations			
			Yes	No
1	, ,			
	or trustees of each of the organization's supported organ			
	or management of the supporting organization was veste the supported organization(s).	thrule same persons that controlled of managed		
Sect	ection D. All Type III Supporting Organization			
	oddon Drym Typo m oupporting organization	•	Yes	No
1	Did the organization provide to each of its supported organization.	anizations, by the last day of the fifth month of the		110
		type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently f	iled as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date	e of notification, to the extent not previously provided?		
2	2 Were any of the organization's officers, directors, or trus	tees 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 work	ing relationship with the supported organization(s).		
3	3 By reason of the relationship described in (2), did the org	anization's supported organizations have a		
	significant voice in the organization's investment policies	-		
	income or assets at all times during the tax year? If "Yes	" describe in Part VI the role the organization's		
0	supported organizations played in this regard.	3		
	ection E. Type III Functionally Integrated Supp			
1		used to satisfy the Integral Part Test during the yea(see instructions).		
a b				
C		Describe in Part VI how you supported a government entity (see instruction	s)	
2		Boothie in Fait Timon you supported a goronimon, charg (see meadosis	Yes	No
	<b>5</b> 0	the tax year directly further the exempt purposes of		110
	the supported organization(s) to which the organization			
	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 acti	vities. 2a		
b	<b>b</b> Did the activities described in (a) constitute activities that	t, but for the organization's involvement, one or more		
	of the organization's supported organization(s) would ha	ve 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				
		· ·		
	trustees of each of the supported organizations? <i>Provide</i>			
b	<b>b</b> Did the organization exercise a substantial degree of dire			
	of its supported organizations? If "Yes," describe in Part	VI the role played by the organization in this regard. 3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
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 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-functiona	lly integra	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	<sup>ব</sup> V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

(See instructions.)

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

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

OMB No. 1545-0047

2018

27-4011343

Name of the organization Employer identification number

INC.

THE NEWS LITERACY PROJECT,

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 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 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

27-4011343

Name of organization Employer identification number

### THE NEWS LITERACY PROJECT, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person **Payroll** 1,213,358. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 Person **Payroll** 1,020,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person **Payroll** 1,000,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person **Payroll** 421,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Pavroll** Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### THE NEWS LITERACY PROJECT, INC.

27-4011343

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_	50,000 SHARES SONOS STOCK		
1	-		
			06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-08	10	\$Schodulo B /Form 0	90, 990-EZ, or 990-PF) (20

**Employer identification number** 

Name of organization

27-4011343 THE NEWS LITERACY PROJECT, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE NEWS LITERACY PROJECT, INC.

**Employer identification number** 27-4011343

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Day			
Pai		·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	`	
	Preservation of land for public use (e.g., recreation or e		corically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year •	annual to to a short	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserve	ation accoments during the year
7	\$	diling of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0/b)/4)/R)/i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
5	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion's interioral statements that describes	the organization's accounting for
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or O	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	, · · · · · · · · · · · · · · · · · · ·
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			· ·
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		> \$

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15411025 745960 24084

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

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 THE NEWS	LITERACY PRO	JECT,	INC.		27-	40113	43 ı	⊃age <b>2</b>
Pai	t III Organizations Maintaining Col	lections of Art, His	torical T	reasures,	or Other	Similar A	ssets(co	ntinued	)
3	Using the organization's acquisition, accession,	, and other records, chec	ck any of the	following that	at are a sig	nificant use o	f its collec	tion ite	ms
	(check all that apply):								
а	Public exhibition	d <u> </u>	Loan or exc	change progr	ams				
b	Scholarly research	e 🔲	Other						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain how t	hey further	the organizat	ion's exem	pt purpose in	Part XIII.		
5	During the year, did the organization solicit or re								
	to be sold to raise funds rather than to be main						Yes		☐ No
Pai	t IV Escrow and Custodial Arrange						t IV, line 9	, or	
	reported an amount on Form 990, Part X		Ü			•	,	•	
	Is the organization an agent, trustee, custodian		r contributio	ns or other as	ssets not in	ncluded			
	on Form 990, Part X?						Yes	. Г	□No
h	If "Yes," explain the arrangement in Part XIII and							_	
	Troo, explain the arrangement in rate xin an	a complete the following	tubic.				Amo	unt	
_	Beginning balance					1c	Amo	unt	
C C						<del>                                     </del>			
	Additions during the year								
e	Distributions during the year					1e			
f O-	Ending balance						Vac	.	Na
	Did the organization include an amount on Form				-		Yes		⊢ No
Pa	If "Yes," explain the arrangement in Part XIII. Ch <b>t V</b> Endowment Funds. Complete if the			_		······		L	
Га	<u> </u>			1			aal. ( ) [		م ام ما د
	<del></del>	a) Current year (b)	Prior year	(C) Two year	is back (c	I) Three years b	ack (e) F	our year	SDack
	Beginning of year balance			1					
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships			1					
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	t year end balance (line	1g, column (	a)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment >	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c should	l equal 100%.							
За	Are there endowment funds not in the possessi	ion of the organization th	at are held a	and administe	ered for the	e organization			
	by:							Yes	No
	(i) unrelated organizations						3a	(i)	
	(ii) related organizations							ii)	
b	If "Yes" on line 3a(ii), are the related organizatio	ns listed as required on	Schedule R?	?			31	,	
4	Describe in Part XIII the intended uses of the or								
Pai	t VI Land, Buildings, and Equipme								
	Complete if the organization answered "		V, line 11a.	See Form 99	0, Part X, liı	ne 10.			
	Description of property	(a) Cost or other	<del>-                                    </del>	t or other	<del> </del>	umulated	(y) ⊢	ook val	ue
		basis (investment)	` '	(other)		eciation	(4, 5	vui	
12	Land	,	1	, ,	= =   #1				
	Buildings		1						
	Leasehold improvements		1						
·	Loadonola improvementa		1		l .		l		

11. 567,113. ► 567,113. Schedule D (Form 990) 2018

63,811.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

630,924.

<u>Sche</u>	<u>edı</u>	Л	e	) (Fori	m 990)	2018	

	Complete if the organization answered "Yes	on Form 990, Part IV, lir	ne 11b. See Form 990	, Part X, line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
l) Financia	al derivatives				
) Closely-	held equity interests				
) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	15 000 D 17 1 (D) II 10 \ \				
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.			D	
	Complete if the organization answered "Yes (a) Description of investment	on Form 990, Part IV, III  (b) Book value	1e 11c. See Form 990	, Part X, line 13.	d-of-year market value
(4)	(a) Description of investment	(b) Book value	(C) Method of	valuation. Cost of en	d-or-year market value
(1)					
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes	on Form 990, Part IV, lir	ne 11d. See Form 990	, Part X, line 15.	
	(a)	<b>Description</b>			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
. ,					
(7)					
(7) (8) (9)					
(7) (8) (9) otal. (Colu	mn (b) must equal Form 990, Part X, col. (B) lii	ne 15.)			
(7) (8) (9) otal. (Colu	Other Liabilities.			<b>&gt;</b>	
(7) (8) (9) otal. (Colu	Other Liabilities.  Complete if the organization answered "Yes			m 990, Part X, line 2	5.
(7) (8) (9) otal. (Colum Part X	Other Liabilities.  Complete if the organization answered "Yes  (a) Description of liability		ne 11e or 11f. See For <b>(b)</b> Book value	m 990, Part X, line 2	5.
(7) (8) (9) otal. (Column Part X  (1) Fed	Other Liabilities.  Complete if the organization answered "Yes			 m 990, Part X, line 2:	5.
(7) (8) (9) otal. (Column Art X)  (1) Fed (2)	Other Liabilities.  Complete if the organization answered "Yes  (a) Description of liability			m 990, Part X, line 2	5.
(7) (8) (9) Otal. (Columbia X) (1) Fed (2) (3)	Other Liabilities.  Complete if the organization answered "Yes  (a) Description of liability			m 990, Part X, line 2	5.
(7) (8) (9) Otal. (Column of the column of t	Other Liabilities.  Complete if the organization answered "Yes  (a) Description of liability			m 990, Part X, line 2	5.
(7) (8) (9)  Part X  (1) Fed (2) (3) (4) (5)	Other Liabilities.  Complete if the organization answered "Yes  (a) Description of liability			m 990, Part X, line 2	5.
(7) (8) (9)  otal. (Column of the column of	Other Liabilities.  Complete if the organization answered "Yes  (a) Description of liability				5.
(7) (8) (9) otal. (Columna (Co	Other Liabilities.  Complete if the organization answered "Yes  (a) Description of liability				5.
(7) (8) (9) otal. (Columna (Co	Other Liabilities.  Complete if the organization answered "Yes  (a) Description of liability			m 990, Part X, line 25	5.
(7) (8) (9) otal. (Columna (Co	Other Liabilities.  Complete if the organization answered "Yes  (a) Description of liability	" on Form 990, Part IV, lin		m 990, Part X, line 2	5.

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Schedule D (Form 990) 2018

Part :	Reconciliation of Revenue per Audited Financial State		Revenue per F	Return	<b>).</b>
1 T	Complete if the organization answered "Yes" on Form 990, Part IV, line obtail revenue, gains, and other support per audited financial statements			1	9,495,435.
	mounts included on line 1 but not on Form 990, Part VIII, line 12:			-	7,475,455
	et unrealized gains (losses) on investments	2a			
	onated services and use of facilities		109,730.	-	
	ecoveries of prior year grants				
	ther (Describe in Part XIII.)			-	
	dd lines <b>2a</b> through <b>2d</b>			2e	109,730.
	ubtract line <b>2e</b> from line <b>1</b>			3	9,385,705.
	mounts included on Form 990, Part VIII, line 12, but not on line 1:				· · · · ·
	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
	ther (Describe in Part XIII.)				
	dd lines <b>4a</b> and <b>4b</b>			4c	0.
<b>5</b> T	otal revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	9,385,705.
	XII Reconciliation of Expenses per Audited Financial State			Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1 T	otal expenses and losses per audited financial statements			1	3,560,734.
<b>2</b> A	mounts included on line 1 but not on Form 990, Part IX, line 25:				
<b>a</b> D	onated services and use of facilities	2a	109,730.		
<b>b</b> P	rior year adjustments	2b			
c C	ther losses	2c			
<b>d</b> O	ther (Describe in Part XIII.)	2d			
	dd lines <b>2a</b> through <b>2d</b>			2e	109,730.
<b>3</b> S	ubtract line <b>2e</b> from line <b>1</b>			3	3,451,004.
	mounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	vestment expenses not included on Form 990, Part VIII, line 7b			-	
	ther (Describe in Part XIII.)				0
	dd lines <b>4a</b> and <b>4b</b>			4c	0.
	otal expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.) <b>XIII</b> Supplemental Information.			5	3,451,004.
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; If and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			4; Part	X, line 2; Part XI,
PART	X, LINE 2:				
FOR	THE YEAR ENDED JUNE 30, 2019, THE NLP	HAS DOCU	MENTED ITS	COI	NSIDERATION
OF F	ASB ASC 740-10, INCOME TAXES, THAT PRO	VIDES GU	IDANCE FOR	RE	PORTING
UNCE	RTAINTY IN INCOME TAXES AND HAS DETERM	INED THA	T NO MATER	RIAL	UNCERTAIN
TAX	POSITIONS QUALIFY FOR EITHER RECOGNITION	ON OR DI	SCLOSURE I	N TI	HE
FINA	NCIAL STATEMENTS.				

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE NEWS LITERACY PROJECT, INC. Employer identification number 27-4011343

Pa	art I Questions Regarding Compensation						
			Yes	No			
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees						
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	2					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?						
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	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						
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:	4-		х			
a	Receive a severance payment or change-of-control payment?	4a 4b		X			
D	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
C	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.						
	The storage of lines 4a-c, list the persons and provide the applicable amounts for each item in Fart III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
-	contingent on the revenues of:						
а	The organization?	5a		х			
	b Any related organization?						
	If "Yes" on line 5a or 5b, describe in Part III.	5b					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
а	The organization?	6a		X			
b	<b>b</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						
8							
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III						
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ALAN MILLER	(i)	240,311.	0.	0.	6,972.	23,393.	270,676.	0.
FOUNDER AND CEO	(ii)	0.	0.	0.	0.	0.		0.
(2) CHARLES SALTER	(i)	196,510.	0.	0.	0.	3,620.		
C00	(ii)	0.	0.	0.	0.	0.		0.
(3) PETER ADAMS	(i)	153,741.	0.	0.	4,902.	0.	158,643.	
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization THE NEWS LITERACY PROJECT, INC. **Employer identification number** 27-4011343

Pai	rt I Types of Property							
		(a) Check if	<b>(b)</b> Number of	<b>(c)</b> Noncash contribution	(d) Method of de	termini	na	
		applicable	contributions or	amounts reported on	noncash contribu		-	s
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property		4.4	1 010 610				
9	Securities - Publicly traded	X	44	1,213,619	F.W∧			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz		•				_	
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement <b>29</b>			0	
						$\rightarrow$	Yes	No
30a	During the year, did the organization receive by	/ contribution	on any property rep	ported in Part I, lines 1 thro	ugh 28, that it			
	must hold for at least three years from the date		•	•				
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contrib	utions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncasl	า			_
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is ch	ecked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

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Schedule M (Form 990) 2018

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

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

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE NEWS LITERACY PROJECT, INC.

Employer identification number 27-4011343

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

AND OTHER CONSTITUTIONAL RIGHTS UNDER THE FIRST AMENDMENT.

DURING THE 2018-19 SCHOOL YEAR, WE ALSO HELD EIGHT NEWSLITCAMP EVENTS 
FULL-DAY PROFESSIONAL DEVELOPMENT TRAINING FOR TEACHERS AND LIBRARIANS

THAT ARE DESIGNED TO CULTIVATE THEIR NEWS LITERACY SKILLS AND INTRODUCE

THEM TO SPECIALIZED RESOURCES FOR TEACHING NEWS LITERACY. THESE

NEWSLITCAMPS TOOK PLACE IN LEXINGTON, KENTUCKY; ARLINGTON, VIRGINIA;

LOS ANGELES; HOUSTON; CHICAGO; CHARLOTTE, NORTH CAROLINA; MIAMI; AND

NEW YORK CITY. AT THESE TRAININGS, EDUCATORS HAD THE OPPORTUNITY TO

ATTEND SESSIONS LED BY JOURNALISTS FROM LOCAL NEWS ORGANIZATIONS 
INCLUDING OUTLETS SUCH AS BLOOMBERG BNA (NOW KNOWN AS BLOOMBERG

INDUSTRY GROUP), THE HOUSTON CHRONICLE, UNIVISION NOTICIAS AND THE WALL

STREET JOURNAL - TO LEARN MORE ABOUT THE PROCESSES AND DECISIONS

INVOLVED IN GATHERING AND DISSEMINATING THE NEWS.

IN ADDITION, NLP SENT THE SIFT - OUR NEWSLETTER FOR EDUCATORS - EACH

WEEK DURING THE 2018-19 SCHOOL YEAR. IT SORTS THROUGH THE LATEST VIRAL

RUMORS, HOAXES, CONSPIRACY THEORIES AND OTHER FORMS OF MISINFORMATION

AND GIVES TEACHING TIPS THAT PUT THEM IN CONTEXT FOR CLASSROOM

DISCUSSION. THE NUMBER OF SUBSCRIBERS TO THE SIFT INCREASED FROM 6,209

IN SEPTEMBER 2018 TO 8,363 SUBSCRIBERS IN JUNE 2019.

FINALLY, NLP PROVIDED BOTH ON-SITE AND ONLINE PROFESSIONAL DEVELOPMENT

WORKSHOPS FOR EDUCATORS DURING THE 2018-19 SCHOOL YEAR. THESE INCLUDED

A WEBINAR SERIES, COVERING TOPICS SUCH AS DIGITAL VERIFICATION TOOLS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization **Employer identification number** THE NEWS LITERACY PROJECT, INC. 27-4011343

AND THE USE OF NEWS LITERACY TO SPUR CIVIC ENGAGEMENT.

NLP'S GOAL IS THAT BY 2022, NLP WILL BUILD A COMMUNITY OF 20,000 PRACTITIONERS WHO USE OUR PROGRAMS AND RESOURCES TO TEACH NEWS LITERACY SKILLS TO 3 MILLION MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS EACH YEAR AND SUPPORT THE ADOPTION OF NEWS LITERACY INTO THE AMERICAN EDUCATION EXPERIENCE.

YOUNG PEOPLE TODAY HAVE ACCESS TO MORE INFORMATION THAN ANY GENERATION IN HISTORY, YET MANY LACK THE KNOWLEDGE AND CRITICAL-THINKING SKILLS NEEDED TO NAVIGATE TODAY'S COMPLEX AND CHALLENGING INFORMATION ECOSYSTEM. THE POTENTIAL FOR MISINFORMATION HAS NEVER BEEN GREATER, AND THE CONCEPT OF NEWS LITERACY HAS NOT BEEN WIDELY TAUGHT IN THE NATION'S CLASSROOMS.

NLP MEETS THIS URGENT NEED IN TWO WAYS: BY PROVIDING NEWS LITERACY LESSONS AND EXERCISES FOR STUDENTS IN MIDDLE SCHOOL AND HIGH SCHOOL, GIVING THEM THE SKILLS TO DISCERN FACT FROM FICTION AS THEY DEVELOP THE HABITS OF MIND THAT WILL SHAPE THEIR NEWS CONSUMPTION HABITS FOR DECADES TO COME, AND BY EQUIPPING EDUCATORS WITH THE TOOLS AND RESOURCES THEY NEED TO INTEGRATE NEWS LITERACY INTO THEIR LESSON PLANS.

WE ACCOMPLISH THIS THROUGH THE CHECKOLOGY VIRTUAL CLASSROOM, OUR ONLINE CURRICULUM THAT ENABLES EDUCATORS TO TEACH NEWS LITERACY IN A RELEVANT AND ENGAGING WAY. STUDENTS ARE ENCOURAGED TO CONSUME, SHARE AND PRODUCE CREDIBLE INFORMATION THROUGH INTERACTIVE LESSONS THAT MIRROR THE TYPES OF TECHNOLOGY THEY ROUTINELY USE. WE FURTHER SUPPORT EDUCATORS THROUGH

NEWSLITCAMP, A FULL]DAY PROFESSIONAL DEVELOPMENT EVENT HELD IN

Name of the organization

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THE NEWS LITERACY PROJECT, INC. 27-4011343

CONJUNCTION WITH A NEWS ORGANIZATION AND INCLUDING SESSIONS LED BY

JOURNALISTS FROM THAT OUTLET. THROUGH THESE EVENTS, NLP DEVELOPS

TEACHERS' AND LIBRARIANS' NEWS LITERACY EDUCATION SKILLS, INTRODUCES

THEM TO SPECIALIZED RESOURCES FOR TEACHING NEWS LITERACY AND CONNECTS

THEM WITH JOURNALISTS IN THEIR COMMUNITY. THE SIFTR, OUR WEEKLY

NEWSLETTER FOR EDUCATORS AND OTHERS INTERESTED IN NEWS LITERACY TOPICS,

USES RECENT VIRAL RUMORS, HOAXES, CONSPIRACY THEORIES AND OTHER

EXAMPLES OF MISINFORMATION AS THE STARTING POINT FOR DISCUSSION

PROMPTS, STUDENT ACTIVITIES AND OTHER CLASSROOM USE.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE

NLP BOARD FINANCE COMMITTEE, WHO RESOLVES ANY QUESTIONS. A COPY IS THEN

SHARED WITH THE BOARD, WHO SENDS APPROVAL TO THE TAX PREPARER TO FINALIZE

THE RETURN.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES EACH DIRECTOR

AND/OR OFFICER TO ANNUALLY, OR ANY TIME A CIRCUMSTANCE ARISES, DISCLOSE

HIS/HER KNOWLEDGE AND UDERSTANDING OF THE POLICY WHICH INCLUDES THE DUTY OF

THE DIRECTOR AND/OR OFFICER TO DISCLOSE TO THE BOARD OF DIRECTORS ANY

ACTUAL OR POTENTIAL CONFLICTS OF INTEREST IN WRITING. THE BOARD OF

DIRECTORS (EXCLUDING ANY MEMBER WHICH IS PARTY TO THE CONFLICT) IS

RESPONSIBLE FOR REVIEWING THE POTENTIAL CONFLICT AND MAKING THE

DETERMINATION IF AN ACTUAL CONFLICT OF INTEREST EXISTS.

UPON KNOWLEDGE THAT A CONFLICT WAS NOT PROPERLY DISCLOSED TO THE BOARD OF DIRECTORS, APPROPRIATE CORRECTIVE AND DISCIPLINARY ACTIONS SHALL BE TAKEN.

Name of the organization  THE NEWS LITERACY PROJECT, INC.	Employer identification number 27-4011343
INDIVIDUALS PARTY TO ANY CONFLICTS OF INTEREST SHALL LEAV	E THE ROOM IN
WHICH THE DISCUSSION IS CARRIED AND SHALL NOT VOTE ON ANY	MATTERS
ASSOCIATED WITH THE ARRANGEMENT OR TRANSACTION INVOLVING	SUCH CONFLICT.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD TREASURER RESEARCHES RELEVANT COMPENSATION SURV	YEYS AND MAKES A
RECOMMENDATION TO THE BOARD, WHICH IS THEN VETTED AND APP	ROVED WITH THE NLE
BOARD VOTE. THE REVIEW IS DOCUMENTED IN THE MEETING MINUT	ES. THE LAST
COMPENSATION REVIEW TOOK PLACE IN DECEMBER 2017.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY,	OR, PA, RI, SC, TN, UT
VA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES, AND FIN	IANCIAL STATEMENTS
ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	