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

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

OMB No. 1545-0047 2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Form 990 and its instructions is at www.irs.gov/form990.

B Cheese Solitable Solit	A	For t	the 2015 calendar year, or tax year beginning JUL 1, 2015 and endir	TITAL	20 2016	
INVESTIGATIVE REPORTERS & EDITORS, INC. Doing business as Do	121174	_	The state of the s	-		
Doing Dusiness as S1-0166741		Add				ioddon namber
Sumble and street (of P.D. took if mail is not delivered to street accress) Room/suite E Telephone numbers		Nar				
138 NEFF ANNEX - UNC (573) 882 - 2042		Initi	al			
COLUMBIA, MO 65211 Represent		Fina	138 NEFF ANNEX-UMC	/suite E)882-2042
Flame and address of principal officer. DOUG HADDIX Firm's address Vest on formation: 1978 Misses of principal officer. DOUG HADDIX Firm's address Vest on formation: 1978 Misses of principal officer. DOUG HADDIX Firm's address Vest on formation: 1978 Misses of principal officer. DOUG HADDIX Firm's address Vest on formation: 1978 Misses of principal officer. DOUG HADDIX Vest on formation: 1978 Misses of principal officer. DOUG HADDIX Vest on formation: 1978 Misses of principal officer. DOUG HADDIX Vest on formation: 1978 Misses of principal officer. DOUG HADDIX Vest on formation: 1978 Misses of principal officer. DOUG HADDIX Vest on formation: 1978 Misses of principal officer. DOUG HADDIX Vest on formation: 1978 Misses of principal officer. DOUG HADDIX Vest on formation: 1978 Misses of principal officer. DOUG HADDIX Vest on formation: 1978 Misses of principal officer. DOUG HADDIX Misses of principal officer. DOUG HADDIX Vest on formation: 1978 Misses of principal officer. Dougle of principal officer. Dougle of principal officer. Dougle officer.		Ame	or state of province, country, and Zip of loreign postal code	G	Gross receipts \$	3,229,211.
141 NEFF ANNEX, COLUMBIA, MO 65211 Tex-exement status: LX 501(c)(s)]		App		H(a) Is this a group r	
Tax-exempt status \$1.501(c)(3) \$51(c)(-) \$(insert no.) 4947(a)(1) or \$227 \$27 \$Vebsites \$WiW1 - RES \$CRG \$Very \$Vebsites \$Ve		pen	ding 141 NEEF ANNEY COLUMNIA WO CECAL			
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Bert Summary Extract Summary Extract Summary Extract Summary Extract Summary			, , , , , , , , , , , , , , , , , , ,	H(c	Group exemptio	n number >
Second Control Contr				year of for	mation: 19/8	M State of legal domicile: MC
Second Control Contr	9	1	Briefly describe the organization's mission or most significant activities: EDUCATE	AND	TNSTRIICT	DED\D###D@
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 2, 0, 96, 455. 1, 4, 01, 746. 10 Prior Year 2, 0, 96, 455. 1, 4, 01, 746. 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other expense (Part VIII, column (A), lines 4, 2, 2, 3, 3, 3, 3, 2, 3, 3, 3, 3, 3, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	anc		ON HOW TO BECOME BETTER, MORE IN-DEPTH AND	COMPU	TER LITTER	ATE
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 2, 0, 96, 455. 1, 4, 01, 746. 10 Prior Year 2, 0, 96, 455. 1, 4, 01, 746. 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other expense (Part VIII, column (A), lines 4, 2, 2, 3, 3, 3, 3, 2, 3, 3, 3, 3, 3, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	ern	2	Check this box if the organization discontinued its operations or disposed of	more than	25% of its net as	ceate
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 2, 0,96,455, 1,401,746. 3,096,481, 1,106,328. 3,097,384, 2,807,660. 3,097,384, 2,807,660. 3,097,384, 2,807,660. 3,097,399, 105,049. 3,097,384, 2,807,660. 3,097,399, 105,049. 3,097,399, 105,04	NOE	3	Number of voting members of the governing body (Part VI, line 1a)		2	
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 2, 0,96,455, 1,401,746. 3,096,481, 1,106,328. 3,097,384, 2,807,660. 3,097,384, 2,807,660. 3,097,384, 2,807,660. 3,097,399, 105,049. 3,097,384, 2,807,660. 3,097,399, 105,049. 3,097,399, 105,04	~	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 2, 0,96,455, 1,401,746. 3,096,481, 1,106,328. 3,097,384, 2,807,660. 3,097,384, 2,807,660. 3,097,384, 2,807,660. 3,097,399, 105,049. 3,097,384, 2,807,660. 3,097,399, 105,049. 3,097,399, 105,04	ies	5	rotal number of individuals employed in calendar year 2015 (Part V. line 2a)		E	
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 2, 0,96,455, 1,401,746. 3,096,481, 1,106,328. 3,097,384, 2,807,660. 3,097,384, 2,807,660. 3,097,384, 2,807,660. 3,097,399, 105,049. 3,097,384, 2,807,660. 3,097,399, 105,049. 3,097,399, 105,04	Σį	255	lotal number of volunteers (estimate if necessary)		6	
Second color of the facted dusiness taxable income from Form 990-T, line 34 76 0.	Act	7 a	rotal direlated business revenue from Part VIII, column (C), line 12		72	
Section Prior Year Current Year 2,096,455 1,401,746 2,096,455 1,401,746 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,110,773 1,166,328 1,100,773		b	Net unrelated business taxable income from Form 990-T, line 34	***********	7b	
Secont butions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1p) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 13) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10) 16 Professional fundraising fees (Part IX, column (A), line 1te) 16 Professional fundraising expenses (Part IX, column (A), line 1te) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Vart assets or fund balances. Subtract line 21 from line 20 22 Net assets or fund balances. Subtract line 21 from line 20 23 Signature Block 24 Jugger penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rure, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 24 Printry perpearer's name 25 HEIDI A CHICK 26 Firm's name 26 WILLIAMS – KEEPERS LLC 37 Firm's address this return with the preparer shown above? (see instructions) 27 Phone no. (573) 442-6171 38 May the IRS discuss this return with the preparer shown above? (see instructions)						
10 10 10 10 10 10 10 10	Je	8	Contributions and grants (Part VIII, line 1h)	2	096,455.	
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	lua/	1000	Program service revenue (Part VIII, line 2g)			
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3 , 227 , 384 2 , 807 , 060 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 50 , 319 105 , 049 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 1 , 061 , 029 1 , 063 , 919 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 17 Other expenses (Part IX, column (D), line 25) 72 , 912 18 Total expenses (Part IX, column (A), lines 21 11 , 064 , 874 1 , 067 , 059 19 Revenue less expenses. Subtract line 18 from line 12 1 , 051 , 162 571 , 033 20 Total assets (Part X, line 16) 2		11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,343.	
The second similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses (Part IX, column (D), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 319,775. 634,140. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name HEIDI A CHICK Firm's name Preparer's signature Print/Type preparer's name HEIDI A CHICK Firm's name Preparer's signature Print/Type preparer's name HEIDI A CHICK Firm's name Preparer's signature Print/Type preparer's name HEIDI A CHICK Firm's name Preparer's signature Print/Type preparer's name HEIDI A CHICK Firm's name Preparer's signature Print/Type preparer's name HEIDI A CHICK Firm's name Preparer's signature Print/Type preparer's name HEIDI A CHICK Firm's name Preparer's signature Preparer's signatur	_	111.00	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,		2,807,060.
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16a Professional fundraising fees (Part IX, column (A), line 11e)					The state of the s	0.
Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1	ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,		
Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1	nec	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
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Total assets (Part X, line 16) Total assets (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Signature Block Signature Block True, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer DOUG HADDIX, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name HEIDI A CHICK Preparer Bee dinning of Current Year 5, 887, 833. 6,773, 231. 319,775. 634, 140. 5, 568,058. 6, 139,091. Date Date Date Print/Type preparer's name Preparer's signature HEIDIA CHICK Print/Type preparer's name WILLIAMS - KEEPERS LLC Firm's address 2005 WEST BROADWAY, SUITE 100 COLUMBIA, MO 65203 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No		10	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
Net assets or fund balances. Subtract line 21 from line 20 5, 568, 058. 6, 139, 091. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Printrype or print name and title Printrype preparer's name HEIDI A CHICK Prim's name WILLIAMS - KEEPERS LLC Firm's name WILLIAMS - KEEPERS LLC Firm's address 2005 WEST BROADWAY, SUITE 100 COLUMBIA, MO 65203 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	es es	15	nevenue less expenses. Subtract line 18 from line 12			
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Doug Haddle Record Type or print name and title Print/Type preparer's name HEIDLA CHICK Firm's name WILLIAMS-KEEPERS LLC Date Preparer's signature Preparer's signature Preparer's signature Date Check PTIN if self-employed P0 0 0 4 3 9 4 5 Firm's name WILLIAMS-KEEPERS LLC Firm's name WILLIAMS-KEEPERS LLC COLUMBIA, MO 65203 May the IRS discuss this return with the preparer shown above? (see instructions) No						634,140.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign	Pa	rt II	Signature Block	5,	508,058.	6,139,091.
Sign Here DOUG HADDIX, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature HEIDI A CHICK Firm's name WILLIAMS-KEEPERS LLC Jse Only Firm's address 2005 WEST BROADWAY, SUITE 100 COLUMBIA, MO 65203 May the IRS discuss this return with the preparer shown above? (see instructions) Date Date Check PTIN FIRM's PTIN Self-employed P00043945 Firm's EIN 43-1126847 Phone no. (573) 442-6171 May the IRS discuss this return with the preparer shown above? (see instructions)				tomanto n	ad to the best of mo	to a company of the second
Signature of officer DOUG HADDIX, EXECUTIVE DIRECTOR Type or print hame and title Print/Type preparer's name HEIDI A CHICK Firm's name WILLIAMS-KEEPERS LLC Jse Only Firm's address 2005 WEST BROADWAY, SUITE 100 COLUMBIA, MO 65203 May the IRS discuss this return with the preparer shown above? (see instructions) Date Date Check PTIN ### PROADWAY AND 100 AND 10	true,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	arer bac ar	no to the best of my	knowledge and belief, it is
DOUG HADDIX, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Date Check PTIN Firm's name WILLIAMS-KEEPERS LLC Firm's address 2005 WEST BROADWAY, SUITE 100 COLUMBIA, MO 65203 May the IRS discuss this return with the preparer shown above? (see instructions) No No			The state of the s	arer rias ar	y Knowledge.	
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Jee Only Firm's name WILLIAMS - KEEPERS LLC Firm's ell 43-1126847 COLUMBIA, MO 65203 Phone no. (573) 442-6171 May the IRS discuss this return with the preparer shown above? (see instructions)	Paid				if	
Asy the IRS discuss this return with the preparer shown above? (see instructions) Phone no. (573) 442-6171 X Yes No			Firm's name WILLIAMS-KEEPERS LLC			
COLUMBIA, MO 65203 Phone no. (573) 442-6171 May the IRS discuss this return with the preparer shown above? (see instructions) X yes No	Use (Only	Firm's address 2005 WEST BROADWAY, SUITE 100			
May the IRS discuss this return with the preparer shown above? (see instructions)			COLUMBIA, MO 65203		Phone no. (57	3) 442-6171
	May	the IF	RS discuss this return with the preparer shown above? (see instructions)			
Form 990 (2015)						Form 990 (2015)

	rm 990 (2015) INVESTIGATIVE REPORTERS & EDITORS, INC. 51-0166741 Page 2 art III Statement of Program Service Accomplishments
	Ch. 1.10.1.1.1.0
1	Briefly describe the organization's mission: THE MISSION OF INVESTIGATIVE REPORTERS AND EDITORS IS TO FOSTER EXCELLENCE IN INVESTIGATIVE JOURNALISM, WHICH IS ESSENTIAL TO A FREE
	SOCIETY. WE ACCOMPLISH THIS BY PROVIDING TRAINING, RESOURCES AND A COMMUNITY OF SUPPORT TO INVESTIGATIVE JOURNALISTS, PROMOTING HIGH
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 300,800. including grants of \$ 48,591.) (Revenue \$ 411,279. CONFERENCES TO EDUCATE AND INFORM MEMBERS ON ISSUES REGARDING INVESTIGATIVE REPORTING AND EDITING.
	REVENUES SHOWN ABOVE DO NOT INCLUDE \$287,990 OF CONTRIBUTIONS THAT WERE RESTRICTED BY DONORS FOR USE IN FUNDING THE CONFERENCE EXPENSES SHOWN ABOVE. THE REQUIREMENTS FOR CLASSIFYING REVENUES IN THE FORM 990 DO NOT PERMIT CONTRIBUTIONS TO BE REPORTED ABOVE AS PROGRAM SERVICE REVENUE, BUT INSTEAD THEY ARE REPORTED ELSEWHERE AS CONTRIBUTION REVENUE.
4b	(Code:)(Expenses \$ 507,935. including grants of \$ 56,458.) (Revenue \$ 397,245.) NATIONAL INSTITUTE FOR COMPUTER-ASSISTED REPORTING OPERATES TO TRAIN AND EDUCATE THOSE IN THE JOURNALISM PROFESSION IN TECHNIQUES AND TECHNOLOGIES OF COMPUTER-ASSISED REPORTING.
	REVENUES SHOWN ABOVE DO NOT INCLUDE \$274,240 OF CONTRIBUTIONS THAT WERE RESTRICTED BY DONORS FOR USE IN FUNDING NICAR EXPENSES SHOWN ABOVE. THE REQUIREMENTS FOR CLASSIFYING REVENUES IN THE FORM 990 DO NOT PERMIT CONTRIBUTIONS TO BE REPORTED ABOVE AS PROGRAM SERVICE REVENUE, BUT INSTEAD THEY ARE REPORTED ELSEWHERE AS CONTRIBUTION REVENUE.
4c	(Code:) (Expenses \$ 393,010. including grants of \$) (Revenue \$) OPERATE AND IMPROVE DOCUMENTCLOUD, AN ONLINE TOOL THAT ALLOWS JOURNALISTS TO ANALYZE DOCUMENTS AND PRESENT THEM TO THEIR AUDIENCES IN A MEANINGFUL WAY.
	REVENUES SHOWN ABOVE DO NOT INCLUDE \$412,801 OF CONTRIBUTIONS THAT WERE RESTRICTED BY DONORS FOR USE IN FUNDING DOCUMENTCLOUD EXPENSES SHOWN ABOVE. THE REQUIREMENTS FOR CLASSIFYING REVENUES IN THE FORM 990 DO NOT PERMIT CONTRIBUTIONS TO BE REPORTED ABOVE AS PROGRAM SERVICE REVENUE, BUT INSTEAD THEY ARE REPORTED ELSEWHERE AS CONTRIBUTION REVENUE.
	LIKEWISE, THE ABOVE EXPENSES DO NOT INCLUDE \$143,707 OF NET COSTS THAT HAVE BEEN CAPITALIZED ON THE BALANCE SHEET DURING THE YEAR. TOTAL FUNDS
12	Other program services (Describe in Schedule O.) (Expenses \$ 377, 852. including grants of \$) (Revenue \$ 418, 305.)
4e	Total program service expenses ► 1,579,597.

51-0166741 Page 3 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 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 X 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 X 6 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 X 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a 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 X 11b c 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 X 11c 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a 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 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 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 X 15 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 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

18

19

X

X

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form 990 (2015)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
b	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	- 200		+
T0000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	LL		-
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		21
	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 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	bid 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	1 1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	and the organization inducate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
	and an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2015)

INVESTIGATIVE REPORTERS & EDITORS, INC.

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if School 10 Constitution of the Co

4.	. Fateration				Yes	N
16	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1	7		
k	and the state of t	1b		0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors ar	nd reporta	able gaming			
200	(gambling) winnings to prize winners?			1c	X	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
h	filed for the calendar year ending with or within the year covered by this return	2a	(
D	If at least one is reported on line 2a, did the organization file all required federal employment tax re	eturns?		2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction)	ons)				
oa h	bid the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	
n	if res, has it filed a Form 990-1 for this year? If "No," to line 3b, provide an explanation in Sched	ule O		3b	X	
40	At any time during the calendar year, did the organization have an interest in, or a signature or other financial constraint.	er autho	rity over, a			
h	financial account in a foreign country (such as a bank account, securities account, or other finance)	ial accou	nt)?	4a		X
D	If "Yes," enter the name of the foreign country:					
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	al Accour	its (FBAR).			
h	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	?		5a		X
0	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer to line 5a or 5b did the arrestication of the control of the c	nsaction?		5b		X
62	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
ou	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	d the orga	anization solicit			
h	any contributions that were not tax deductible as charitable contributions?			6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contril	outions o	rgifts			
7	were not tax deductible? Organizations that may receive deductible analytical in the contribution of the			6b		
	or garnizations that may receive deductible contributions under section 170(c).					
h	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	services p	rovided to the payor?	7a		X
C	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	to file Form 8282?		uired	7c		Х
d	if "Yes," indicate the number of Forms 8282 filed during the year	7d		7.0		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	t contrac	t?	7e		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co	ntract?	20000000000000000000000000000000000000	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file	Form 88	99 as required?	7g		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ	ization fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ed by the		Ward!		
	sponsoring organization have excess business holdings at any time during the year?		***********	8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:					
b	Initiation fees and capital contributions included on Part VIII, line 12					
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	1 1				
b	Gross income from members or shareholders	11a				
D	Gross income from other sources (Do not net amounts due or paid to other sources against	C20050				
22	amounts due or received from them.)	11b				
h	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For	m 1041?		12a		
3	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
-	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
15 6	organization is licensed to issue qualified health plans	1 45. 1	1			
С	Enter the amount of reserves on hand	13b				
4a	Did the organization receive any payments for indoor tanning services during the tax year?	13c		44		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ulo O		14a		Λ
	Estimated in the provided an explanation in Schedul			14b	990 (2	

Form	agn	(201	E
LOHIII	220	ZU	131

Form 990 (2015) INVESTIGATIVE REPORTERS & EDITORS, INC. 51-0166741 Page 6

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			X
Se	ction A. Governing Body and Management	*******		43
			Yes	I NI
1a	Enter the number of voting members of the governing body at the end of the tax year1a1	3	165	INC
	if there are material differences in voting rights among members of the governing body, or if the governing	1		
	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 1.			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	4		Hij
	officer, director, trustee, or key employee?			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2	+	Λ
	of officers, directors, or trustees, or key employees to a management company or other person?	,		X
4	order organization make any significant changes to its governing documents since the prior Form 900 was fleet?	3		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	-		
6	Did the organization have members or stockholders? Did the organization have members estockholders?	5	v	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6	X	
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to expressed by) reserved by).		17	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a	X	_
	persons other than the governing body? Did the organization contemporangously document the medical ball and the properties of the propert	10000	**	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	X	
а	The governing body?			
b	The governing body? Each committee with authority to act on behalf of the governing body?	8a	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	X	
	organization's mailing address? If "Yes " provide the pages and addresses in Caharitation's			
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X
	(vinio destion b requests information about policies not required by the Internal Revenue Code.)			
10a	Did the organization have local chapters, branches, practices		Yes	No
b	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their opportunities are applicated with the chapters.			
11a	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
h	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		Burk	
h	Were difference of treatment and a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
13	in Schedule O how this was done Did the organization have a written which below a refer of	12c	X	-
14	and organization have a written whistieblower policy?	13	X	
	bid the organization have a written document retention and destruction policy?	14	X	
10	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?			
d L	The organization's CEO, Executive Director, or top management official	15a		X
	officers of key employees of the organization	15b		X
	The state of the process in Schedule () (see instructions)			
ioa	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
D	responded the organization follow a written policy or procedure requiring the organization to evaluate its participation	10511		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
Cast	exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►IN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ailabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.			
	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	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	HEATHER FELDMANN HENRY - (573) 884-7902			
	141 NEFF ANNEX, COLUMBIA, COLUMBIA, MO 65211			_

	Check if Schedule O contains a response or note to any line in this Part VII	
	Employees, and independent Contractors	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	rage r
Form 990 ((2015) INVESTIGATIVE REPORTERS & EDITORS, INC. 51-0166741	Page 7

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.

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	Position (do not check more than one box, unless person is both a officer and a director/trustee						(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) MATT GOLDBERG	1.00									
PRESIDENT		X		X				0.	0.	0
(2) ZIVA BRANSTETTER	1.00									
VICE PRESIDENT		X		X				0.	0.	0
(3) ANDREW DONOHUE	1.00							200		
TREASURER		X		X				0.	0.	0
(4) ELLEN GABLER	1.00			-				20.24	2763	-
SECRETARY	1 00	X		X				0.	0.	0.
(5) SARAH COHEN	1.00								0517	93917
BOARD MEMBER (6) JOSH MEYER	1 00	X						0.	0.	0.
BOARD MEMBER	1.00									
(7) T. CHRISTIAN MILLER	1.00	X		_				0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0	
(8) STEVEN RICH	1.00	Δ	-					0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(9) JILL RIEPENHOFF	1.00							0 *	0.	0.
BOARD MEMBER		х						0.	0.	0.
(10) CHERYL W. THOMPSON	1.00							0.	0.	0.
BOARD MEMBER		Х						0.	0.	0.
(11) NICOLE VAP	1.00								0.	0 .
BOARD MEMBER		X						0.	0.	0.
(12) PHIL WILLIAMS	1.00			\neg			\dashv			0.
BOARD MEMBER	Total Paracola Control	X						0.	0.	0.
(13) LEE ZURIK	1.00						\neg			
BOARD MEMBER		X						0.	0.	0.
(14) MARK HORVIT	40.00			\neg			\Box			
EXECUTIVE DIRECTOR				X				87,106.	0.	30,638.
(15) ANTHONY DEBARROS	40.00							5-11-20-11-1 00-12-1-10-1		
DIRECTOR OF PRODUCT DEVELOPMENT		-	+		+	X	+	125,303.	0.	43,829.
		+	+	1	+	+	+			

532008

Form 990 (2015)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenue excluded from tax under Related or Total revenue Unrelated exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 10 d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 1,401,746. g Noncash contributions included in lines 1a-1f. \$ h Total. Add lines 1a-1f 1,401,746 **Business Code** 2 a CONFERENCES 900099 Program Service Revenue 781,119. 781,119. b MEMBERSHIP DUES 900099 290,333. 290,333. c DATA LIBRARY & WEB SER 900099 62,406. 62,406. d AWARDS CONTEST FEES 900099 32,470. 32,470. f All other program service revenue g Total. Add lines 2a-2f 1,166,328. Investment income (including dividends, interest, and other similar amounts) 171,918. 171,918. Income from investment of tax-exempt bond proceeds 4,898. 5 Royalties 4,898. (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 402,946. b Less: cost or other basis and sales expenses 387,864. 16,138. c Gain or (loss) 15,082.-16,138. d Net gain or (loss) -1,056. -1,056. 8 a Gross income from fundraising events (not Other Revenue including \$ ____ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 27,023. a b Less: cost of goods sold 18,149. b c Net income or (loss) from sales of inventory 8,874. 8,874. Miscellaneous Revenue **Business Code** 11 a SALES AND SERVICE 900099 51,627. 51,627. b ADVERTISING INCOME 541800 2,725. 2,725. d All other revenue 54,352. e Total. Add lines 11a-11d 12 Total revenue. See instructions. 2,807,060.1,226,829. 2,725. 175,760.

Form 990 (2015) INVESTIGATIVE
Part IX Statement of Functional Expenses

36	ction 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons	olete all columns. All oth	ner organizations must co	emplete column (A).	
D	o not include amounts reported on lines 6b,	(A)	(B)	(c) T	(D)
	o, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	and the desired to define of garnzational				CAPCHISCS
10.22	and domestic governments. See Part IV, line 21				
2	and an additional to domestic	1202020	AND RESIDENCE OF THE PARTY		
	individuals. See Part IV, line 22	105,049.	105,049.		
3	and an addictarios to foleigh				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
5					
. 3	Compensation of current officers, directors,	101 000	10 100	10 100	
6	trustees, and key employees Compensation not included above, to disqualified	121,232.	12,123.	48,492.	60,617
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		728,378.	175 214	252 264	
8	Pension plan accruals and contributions (include	120,310.	475,314.	253,064.	
	section 401(k) and 403(b) employer contributions)	214,309.	147 270	67 020	
9	Other employee benefits	214,309.	147,270.	67,039.	
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management		>		
E		15,954.	75.	15,879.	
	Accounting	20,410.	73.	20,410.	
c	Lobbying	20,110.		20,410.	
е	Professional fundraising services. See Part IV, line 17				7
f		16,747.		16,747.	
	Other. (If line 11g amount exceeds 10% of line 25,	20//2/.	2 22 22 2 2 2 2	10,747.	NAME OF TAXABLE PARTY.
	column (A) amount, list line 11g expenses on Sch O.)	6,519.	901.	4,618.	1 000
12	Advertising and promotion	3,627.	3,434.	4,010.	1,000.
13	Office expenses	265,209.	138,364.	122,881.	3,964.
14	Information technology	24,825.	7,079.	16,361.	1,385.
15	Royalties		.,,,,,,	10,301.	1,303.
16	Occupancy				
17	Travel	87,806.	74,449.	7,604.	5,753.
18	Payments of travel or entertainment expenses				377331
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	262,171.	262,171.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	170,664.	160,241.	10,423.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line		remetrical reservoir		
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PROJECT WORD	79,113.	79,113.		
b	DOCUMENT CLOUD	62,218.	62,218.		
c	AWARDS EXPENSE	20,187.	20,187.		
d	OUTLINERS	8,000.	8,000.		
е	All other expenses	23,609.	23,609.		
25	Total functional expenses. Add lines 1 through 24e	2,236,027.	1,579,597.	583,518.	72,912.
26	Joint costs. Complete this line only if the organization			7-2-2-1	/ > - 2 - 3 - 4
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)
Part X | Balance Sheet

		Check if Schedule O contains a response or no	ote to any li	no in this Doct V			
		a response of the	ote to arry i	He III this Part X	(A)	T	(B)
_					Beginning of year		(B) End of year
	1	de la constant d		***************************************	822,867		1,484,19
	2	Savings and temporary cash investments	200,022	. 2	200,07		
	3	rieuges and grants receivable, net	RECOGNICATION OF THE PROPERTY	799,573	• 3	102,23	
	4	Accounts receivable, net		225,943		282,13	
	5	coarrs and other receivables from current and					
		trustees, key employees, and highest compens	sated emplo	oyees. Complete			
		Part II of Schedule L		***************************************		5	
	6	Loans and other receivables from other disqua	ified persor	ns (as defined under			
		section 4958(f)(1)), persons described in sectio	n 4958(c)(3)(B), and contributing			
in.		employers and sponsoring organizations of sec	tion 501(c)	(9) voluntary			
Assets	7	employees' beneficiary organizations (see instr	. Complete	Part II of Sch L		6	
AS	7	Notes and loans receivable, net		*******		7	
	8	inventiones for sale or use		************	13,562.		16,333
	-	repaid expenses and deterred charges			18,375.	9	25,330
	10a	Land, buildings, and equipment: cost or other				500	
		basis. Complete Part VI of Schedule D	10a	88,406.			
		Less: accumulated depreciation	10b	86,633.	22,282.	10c	1,773
	11	Investments - publicly traded securities			3,432,021.	11	1,773
	13	Investments - other securities. See Part IV, line	11			12	
	14	Investments - program-related. See Part IV, line	11			13	
	15	Intangible assets	353,188.	14	581,549		
	16	Other assets. See Part IV, line 11				15	
	17	Total assets. Add lines 1 through 15 (must equ	5,887,833.	16	6,773,231		
	payable and accided expenses				313,635.	17	347,309
	19	Grants payable	******			18	
	20	Deferred revenue			6,140.	19	31,850
	21	Tax-exempt bond liabilities				20	
	22	Escrow or custodial account liability. Complete F	art IV of So	chedule D		21	
	22	Loans and other payables to current and former	officers, di	rectors, trustees,			
- 1		key employees, highest compensated employee	s, and disq	ualified persons.			
-	23	Complete Part II of Schedule L Secured mortgages and notes payable to unrela				22	
	24	Unsecured notes and loans payable to unrelated	ted third pa	arties		23	
	25	Other liabilities (including federal income tax, pay	third partie	98		24	
		parties, and other liabilities not included on lines	1704) 0-	ated third			
- 1		C-k1.1 D			0	5/5/5/11	
	26	Total liabilities. Add lines 17 through 25			0.	25	254,981
T		Organizations that follow SFAS 117 (ASC 958)	check ho	Y and	319,775.	26	634,140
		complete lines 27 through 29, and lines 33 and	1 34	e and			
	27	Unrestricted net assets	. 04.		683,053.		1 100 000
	28	Temporarily restricted net assets			1,562,838.	27	1,100,868
1	29	Permanently restricted net assets			3,322,167.	28	1,659,718
		Organizations that do not follow SFAS 117 (AS	C 958), ch	eck here	5,522,107.	29	3,378,505
		and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				20	
	31	Paid-in or capital surplus, or land, building, or equ	ipment fun	d		30	
1	32	Retained earnings, endowment, accumulated inc	ome, or oth	er funds		31	
	33	Total net assets or fund balances	, 0, 001		5,568,058.	32	6,139,091

	n 990 (2015) INVESTIGATIVE REPORTERS & EDITORS, INC.	51-01	6674	1 -	2000 12
Pa	Reconciliation of Net Assets	01 01	00/1.		age 12
_	Check if Schedule O contains a response or note to any line in this Part XI				
4			-		
2	Total revenue (must equal Part VIII, column (A), line 12)	1			060.
3	Total expenses (must equal Part IX, column (A), line 25)	2			027.
4	revenue less expenses. Subtract line 2 from line 1	3			033.
5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,56	58,	058.
6	Net unrealized gains (losses) on investments	5			
7	borrated services and use or facilities	6			
8	Investment expenses	7			
9	Prior period adjustments	8			
10	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or furid balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Pa	column (B))	10	6,13	9,0)91.
	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			*******	X
1	Accounting method used to excess the February			Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other				
22	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2.0	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
h	Don't College and Senarate Dasis			ALF.	
	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	T				
C					
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
За	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
200	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
b	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.		. 3a		X
- 5	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit			
			3b	006	
			Form	990	(2015)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		INV	ESTIGATIVE	REPORTERS &	EDIT	ORS.	INC.		51-0166741			
-	art I	Reason for Public	Charity Statu	S (All organizations must	complete	this part.)	See instructions	5.	31 0100/41			
The	organ	nization is not a private four	ndation because it i	s: (For lines 1 through 11	. check or	ly one box	(.)					
1		A church, convention of o	churches, or associa	ation of churches describ	oed in sect	tion 170(b)	(1)(A)(i).					
2		A school described in sec	ction 170(b)(1)(A)(ii). (Attach Schedule E (Fo	orm 990 or	990-EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organ	nization operated in	conjunction with a hospi	tal describ	ed in secti	ion 170(b)(1)(A)	(iii). Ente	er the hospital's name			
		city, and state:										
5		An organization operated	for the benefit of a	college or university owr	ed or ope	rated by a	governmental u	nit descr	ibed in			
		section 1/0(b)(1)(A)(iv).	(Complete Part II.)									
6	77	A federal, state, or local g	overnment or gover	nmental unit described i	n section	170(b)(1)(A	A)(v).					
7	X	An organization that norm	nally receives a subs	stantial part of its suppor	t from a go	overnmenta	al unit or from th	ne genera	al public described in			
220		section 1/0(b)(1)(A)(VI). (Complete Part II.)									
8	H	A community trust describ	bed in section 170(b)(1)(A)(vi). (Complete Pa	art II.)							
9		An organization that norm	nally receives: (1) mo	ore than 33 1/3% of its si	upport from	n contribut	tions, membersl	hip fees,	and gross receipts from			
		activities related to its exe	empt functions - sub	ject to certain exception	s, and (2) i	no more th	an 33 1/3% of it	ts suppo	rt from aross investment			
		income and unrelated bus	siness taxable incon	ne (less section 511 tax)	from busir	esses acq	uired by the org	ganization	n after June 30, 1975.			
10		See section 509(a)(2). (Co	omplete Part III.)									
10 11		An organization organized	and operated exclu	usively to test for public :	safety. See	section 5	609(a)(4).					
1.1		An organization organized	and operated exclu	usively for the benefit of,	to perform	the functi	ons of, or to car	rry out th	e purposes of one or			
		more publicly supported of	organizations descri	bed in section 509(a)(1)	or section	509(a)(2).	See section 50	09(a)(3).	Check the box in			
а		lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.										
6.0	-	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 Pert IV	regularly appoint or elect	a majority	of the dire	ectors or trustee	es of the	supporting			
b		Type II. A supporting or	complete Part IV,	Sections A and B.	-12- 701		8.0					
		Type II. A supporting org	of the supporting or	gapization vested in the	ction with	its suppor	ted organization	n(s), by h	aving			
		control or management organization(s). You must	st complete Part IV	/ Sections A and C	same pers	sons that c	ontrol or manag	e the su	pported			
С		Type III functionally into	egrated A support	ng organization energia	d (-41						
		its supported organization	on(s) (see instruction	as) You must complete	In conne	ction with,	and functionally	/ integrat	ed with,			
d		Type III non-functional	ly integrated. A sur	porting organization one	rated in a	ections A,	D, and E.		*			
		that is not functionally in	tegrated. The organ	ization generally must se	atiefy a die	tribution re	with its support	ed organ	ization(s)			
		requirement (see instruct	tions). You must co	mplete Part IV. Section	s A and D	and Dart	v	an atten	riveness			
е		Check this box if the org	anization received a	written determination fr	om the IRS	S that it is	Type I Type II	Type III				
		functionally integrated, o	r Type III non-functi	onally integrated suppor	ting organ	ization	a Type I, Type II	, Type III				
f	Enter	the number of supported	organizations	, ,	9 9 11	Lation.						
	Provi	de the following information		ted organization(s).								
	(i)	Name of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of m	onetary	(vi) Amount of			
		organization		(described on lines 1-9 above (see instructions))	governing	in your document?	support (s		other support (see			
_				(Control of the control of the contr	Yes	No	instruction	15)	instructions)			
_												
									=			

Schedule A (Form 990 or 990 EZ) 2015 INVESTIGATIVE REPORTERS & EDITORS, INC. 51-0166741 Page 2

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

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

	ction A. Public Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and				127	(0)2010	(i) Total
	membership fees received. (Do not						
	include any "unusual grants.")	1231349.	1201372.	982,427.	2096455.	1401746.	6913349
2	Tax revenues levied for the organ-					22027201	0713343
	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	12,000.	12,000.	12,000.	12,000.	12 000	60 000
4	Total. Add lines 1 through 3	1243349.	1213372.	994,427.	2108455.	12,000. 1413746.	60,000
	The portion of total contributions	1110019.	1213372.	224,421.	2100455.	1413/46.	6973349
	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,						
	a alivera (f)						220.0.
G	****************************		Market Co. Co.				3484935.
Sal	Public support. Subtract line 5 from line 4.						3488414.
		ALCO CONTROL OF THE PARTY OF TH					
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	1243349.	1213372.	994,427.	2108455.	1413746.	6973349.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	165 100				Secretary variety accepts the	
	and income from similar sources	165,192.	164,980.	166,350.	166,882.	176,816.	840,220.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support, Add lines 7 through 10					Description (1989)	7813569.
	Gross receipts from related activities,					12 5,	,173,999.
13	First five years. If the Form 990 is for	the organization's	first, second, third	i, fourth, or fifth ta	x year as a section	501(c)(3)	
_	organization, check this box and stop	here			*************************	***************************************	
_	tion C. Computation of Publi		•				
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	44.65 %
15	Public support percentage from 2014	Schedule A, Part I	I, line 14			15	37.22 %
16a	33 1/3% support test - 2015. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies a	as a publicly suppo	orted organization				The state of the s
b	33 1/3% support test - 2014. If the o	rganization did not	check a box on lir	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali	fies as a publicly si	upported organizat	tion			>
7a	10% -facts-and-circumstances test	- 2015. If the orga	nization did not ch	neck a box on line	13, 16a, or 16b, ar	nd line 14 is 10% o	or more.
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	organization	The seguine	>
b	10% -facts-and-circumstances test	- 2014. If the orga	nization did not ch	eck a box on line	13 16a 16b or 1	7a and line 15 is 1	0% or
	more, and if the organization meets th	e "facts-and-circun	nstances" test, che	eck this box and s	top here. Explain i	n Part VI how the	070 01
	organization meets the "facts-and-circ	umstances" test T	he organization or	ualifies as a public	v supported organ	W 12 14 15 15 15 15 15 15 15 15 15 15 15 15 15	
			Garmenton de	a publici	, supported organ	nization	
8	Private foundation. If the organization	did not check a h	ox on line 13 16a	16h 17a or 17h	check this have	d con instructions	

Schedule A (Form 990 or 990-EZ) 2015 INVESTIGATIVE REPORTERS & EDITORS, INC. 51-0166741 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	now, please com	ipiete Part II.)				
-	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and		1272312	(0) 2010	(4) 20 14	(e) 2015	(f) Total
	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-						
	inges under section E12						
4							
4	Tax revenues levied for the organ-						1
	ization's benefit and either paid to						727
-	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)	TO LELL SA	THE STREET STREET				
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	1-10010	/ 0 004 /	1	1 202/01/2010
	Amounts from line 6	(8) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gross income from interest.						
0.50	dividends, payments received on						
	securities loans, rents, royalties						
T.	and income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_ C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	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.)						
	First five years. If the Form 990 is for the	ne organization's	first, second, third	d, fourth, or fifth ta	x vear as a secti	on 501(c)(3) organiza	ation
	check this box and stop here					MANUS IN SEC.	NION,
Sec	tion C. Computation of Public	Support Per				**********	
	Public support percentage for 2015 (line			olumn (f))		15	0/
16	Public support percentage from 2014 S	chedule A Part	III line 15				%
Sec	tion D. Computation of Invest	ment Income	Percentage		***************************************	16	%
	Investment income percentage for 2015			- 10! (0)		I and	
18	Investment income percentage for 2018	14 Cabadala A. F	in (i) divided by line	e 13, column (f))	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17	%
102	Investment income percentage from 20	14 Schedule A, F	art III, line 17			18	%
. Ja	33 1/3% support tests - 2015. If the or	ganization did no	or check the box o	n line 14, and line	15 is more than	33 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box and	stop here. The	organization qualif	ies as a publicly si	upported organiz	zation	▶□
D	33 1/3% support tests - 2014. If the or	ganization did no	ot check a box on	line 14 or line 19a,	and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, check	this box and sto	op here. The organ	nization qualifies a	s a publicly supp	oorted organization	
20	Private foundation. If the organization of	did not check a b	oox on line 14, 19a	, or 19b, check thi	s box and see in	structions	.
DODOO	00.00.45						

Schedule A (Form 990 or 990-EZ) 2015 INVESTIGATIVE REPORTERS & EDITORS, INC. 51-0166741 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 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 11a or 11b 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)
- 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?
- 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
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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.)

	Ye	s	No
1			
North State			
2			
3a			
3b			
Зс			
4a	THIII	of	
4b			
			ħ.
4c			
50			
5a	Truit		
5b 5c		+	
30			
6		+	
7			
8			
9a			
	mai		
9b	man y		
9c			_
10a			

Sch	edule A (Form 990 or 990-EZ) 2015 INVESTIGATIVE REPORTERS & EDITORS, INC. 51	-016674	11 p	age 5
Pa	rt IV Supporting Organizations (continued)			age o
1000000			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
12	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
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.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
0	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
-	tion of Type it outporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	BHIII DINES	Yes	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		Edit.	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		MALE	L.
	significant voice in the organization's investment policies and in directing the use of the organization's	THE		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	rs):		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
2 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) below.	instructions)		
			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes.			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		mimi	
		2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.			
	Parent of Supported Organizations. Answer (a) and (b) below.	2b	Safety Co.	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		Fig.	
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	0-	111	
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h		

Sch	nedule A (Form 990 or 990-EZ) 2015 INVESTIGATIVE REPORTER:	S & EI	DITORS, INC.	51-0166741 Pa
_	- 1770 m Horr I directionally integrated 509(a)(3) Supporti	ng Orgai	nizatione	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	na trust on	Nov 20 1970 See instr	uctions. All
_	other Type III non-functionally integrated supporting organizations must of	omplete Se	ections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
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		
-	MAX (ART) 14424A	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
i.	Aggregate fair market value of all non-exempt-use assets (see			
_	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
D	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
98	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		
3	Minimum Asset Amount (add line 7 to line 6)	8		
cti	on 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		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to	5		
	emergency temporary reduction (see instructions)			
7	Check here if the current year is the organization's first as a non-functionally	6		

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Schedule A (Form 990 or 990-EZ) 2015 INVESTIGATIVE REPORTERS & EDITORS, INC. 51-0166741 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued). Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (ii) (iii) Underdistributions **Excess Distributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: a b C d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2015 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see 7 Excess distributions carryover to 2016. Add lines 3j and 4c. 8 Breakdown of line 7: a b c Excess from 2013 d Excess from 2014 e Excess from 2015

Part VI	Supplemental Information Business REPORTERS & EDITORS, INC. 51-0166741 Page
T CITY VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1, 2a, 2b, 3a and 3b; Part V, Iine 1; Part V, Section B, line 1; Part V, Section B, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6, Alexandria Section D, lines 5, 6, and 8; and Part V, Section B, line 1; Part V, Section B, line 1e; Part V, Section B, line
	(See instructions.)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

INVESTIGATIVE REPORTERS & EDITORS, INC.

Employer identification number 51-0166741

Pa	art I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds of	or Accounts Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(a) and and other accounts
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 w	vriting that the assets held in donor advised	funda
	are the organization's property, subject to the organization's e	exclusive legal control?	Tunds V N
6	Did the organization inform all grantees, donors, and donor ad	tyisors in writing that grant funds can be use	Yes No
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other aurease as	ed only
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Vos" on Form 900 Ded	Yes No
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	tiv, line 7.
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a historic	-11. :
	Protection of natural habitat	Preservation of a nistoric	
	Preservation of open space	Preservation of a certified	d historic structure
2	Complete lines 2a through 2d if the organization held a qualified	ad consequation contribution in the form of	
	day of the tax year.	od conservation contribution in the form of a	
а	Total number of conservation easements		Held at the End of the Tax Year
b	Total acreage restricted by conservation easements		2a
	Number of conservation easements on a certified historic structure.	cture included in (a)	2b
d	Number of conservation easements included in (c) acquired af	the P/17/06 and not are bit to it.	2c
	listed in the National Register	iter o/ 17/06, and not on a historic structure	
3	listed in the National Register		2d
	year >	ased, extinguished, or terminated by the org	ganization during the tax
4	Number of states where property subject to conservation ease	ment is leasted	
5	Does the organization have a written policy regarding the period	adia manifesia a increation has Illinois	
0.000	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		Yes No
	>	anding of violations, and emorcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing engage esting	
	▶ \$	ng of violations, and emorcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/h//	IVDVA
	and section 170(h)(4)(B)(ii)?	satisfy the requirements of section 170(n)(4	F)(B)(I)
9	In Part XIII, describe how the organization reports conservation	a agramante in ite ravenue and everyone at-	Yes No
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	tement, and balance sneet, and
	conservation easements.	and a manifest statements that describes the	organization's accounting for
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures or Othe	r Similar Assats
	Complete if the organization answered "Yes" on Form 9	90. Part IV. line 8.	olithidi Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC		and belongs that well a feet
	historical treasures, or other similar assets held for public exhib	nition, adjugation, or received in first harmon	and balance sneet works of art,
	the text of the footnote to its financial statements that describe	es these items	or public service, provide, in Part XIII,
b	If the organization elected, as permitted under SFAS 116 (ASC		I belease the state of the state of
	treasures, or other similar assets held for public exhibition, edu	cation, or recognish in further and a children	balance sheet works of art, historical
	relating to these items:	cation, or research in furtherance of public s	service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		> 5
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treas	tree examples shall be a first to the state of the state	> 5
~	the following amounts required to be reported and a CEAS 446	ures, or other similar assets for financial gail	n, provide
а	the following amounts required to be reported under SFAS 116	(ASC 938) relating to these items:	. .
h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
-	riodeta ilididada ili Fulli 330, Falt A		- %

	edule D (Form 990) 2015 INVESTI	GATIVE REPO	ORTERS & E	DITORS, IN	NC. 51-01	L66741 Page 2
Pa	organizations Maintaining (Collections of Ar	t, Historical Tr	easures, or Oth	ner Similar Asse	ets/continued)
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that are a	significant use of its	collection items
	(check all that apply):			E	(5)	
а		d	Loan or exc	hange programs		
b	7	e	Other			
C	gonorations					
4	Provide a description of the organization's co	ollections and explain	how they further t	he organization's ex	empt purpose in Pa	rt XIII.
5	During the year, did the organization solicit of	r receive donations of	of art, historical trea	sures, or other simil	ar assets	
	to be sold to raise funds rather than to be m	aintained as part of the	ne organization's co	ollection?		Yes No
Pa	irt IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Yes" o	n Form 990, Part IV	line 9, or
_	reported an amount on Form 990, Pa	rt X, line 21.				
1a	Is the organization an agent, trustee, custod	ian or other intermedi	iary for contribution	s or other assets no	ot included	
	on Form 990, Part X?	F111451446000-1-1220-1-1-1-1		******************************		Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:			
						Amount
C	Beginning balance		***************************************		1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
ī	Ending balance				1f	
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	stodial account liab	oility?	Yes No
Do	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Part XI	<u> </u>	
Pa	rt V Endowment Funds. Complete it	the organization ans	wered "Yes" on Fo			
900		(a) Current year	(b) Prior year		(d) Three years back	
1a	***************************************	3,460,526.	3,562,520.	3,420,785.	3,413,913.	3,425,149.
b	Contributions	39,295.	67,050.	28,113.		18,270.
С	Net investment earnings, gains, and losses	170,196.	-19,044.	315,075.	142,564.	165,494.
d	Grants or scholarships		100,000.	45,500.	51,000.	36,000.
е	Other expenditures for facilities		15.507 55.505			
	and programs		50,000.	104,500.	94,000.	159,000.
f	Administrative expenses			51,453.		
g	End of year balance	3,670,017.	3,460,526.	3,562,520.	3,420,785.	3,413,913.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:		
	Board designated or quasi-endowment		%			
b	Permanent endowment ▶ 92.06	%				
C	Temporarily restricted endowment ▶					
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.				
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administered for	the organization	
	by:					Yes No
	(i) unrelated organizations				**********	3a(i) X
la.	(ii) related organizations					3a(ii) X
	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?			3b
Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm	organization's endow	ment funds.			
T ai						
	Complete if the organization answered			Company of the Compan		
	Description of property	(a) Cost or oth basis (investme	10 M		ccumulated preciation	(d) Book value
	Land				Sull Rolling	
b	Buildings	,				
C	Leasehold improvements				**	
	Equipment		88	3,406.	86,633.	1,773.
е	Other	8				
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X,	column (B), line 10)c.)	>	1,773.

		& EDITORS,		51-0166741 Pa
Complete if the organization answered "Yes" on Form 99 (a) Description of security or category (including name of security) (b) Bo	00, Part IV, line	11b. See Form 990	, Part X, line 12.	
	ook value	(c) Method of	valuation: Cost o	r end-of-year market value
Financial derivatives				
Closely-held equity interests				
Other				
(A)				
(B)			-	
(C)				
(D)				
(E)				100000000000000000000000000000000000000
(F)				
(G)				
(H)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		SECURBALISMS		
art VIII Investments - Program Related.				
Complete if the organization answered "Yes" on Form 990	0 Part IV line	11- 0 5 000	D-17 1 40	
(a) Description of investment (b) Boo	ok value	(c) Method of v	ran X, line 13.	end-of-year market value
(1)		(c) Method of V	aluation, Cost of	end-or-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Complete if the organization answered "Yes" on Form 990) Part IV line	11d See Form 990	Part X, line 15.	
(a) Description	of the try mile	14.000101111000,		(h) Book value
(a) Description	y r dictry, mile	14.000101111000,		(b) Book value
(a) Description	7, 4, 7, 110	14. 000 0111 000		(b) Book value
(a) Description (2)	y, deery, mio			(b) Book value
(a) Description (2) (3)	, , , , , , , ,			(b) Book value
(a) Description (2) (3)	, r die iv, inio			(b) Book value
(a) Description (2) (3) (4)	y, act, y, mo			(b) Book value
(a) Description (1) (2) (3) (4) (5)	, , , , , , , , , , , , , , , , , , , ,			(b) Book value
(a) Description (2) (3) (4) (5) (6)	, , , , , , , , , , , , , , , , , , , ,			(b) Book value
(a) Description (1) (2) (3) (4) (5) (6) (7)	, , , , , , , , , , , , , , , , , , , ,			(b) Book value
(a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9)	, , , , , , , , , , , , , , , , , , , ,			(b) Book value
(a) Description (2) (3) (4) (5) (6) (7) (8) (9) (a) Description	, , , , , , , , , , , , , , , , , , , ,			(b) Book value
(a) Description (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15.) art X Other Liabilities.				•
(a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15.) art X Other Liabilities. Complete if the organization answered "Yes" on Form 990,	, Part IV, line 1	1e or 11f. See Form		•
(a) Description (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15.) art X Other Liabilities. Complete if the organization answered "Yes" on Form 990, (a) Description of liability	, Part IV, line 1			•
(a) Description (2) (3) (4) (5) (6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15.) art X Other Liabilities. Complete if the organization answered "Yes" on Form 990, (a) Description of liability 1) Federal income taxes	, Part IV, line 1	1e or 11f. See Form		•
(a) Description (2) (3) (4) (5) (6) (7) (8) (9) (a) Column (b) must equal Form 990, Part X, col. (B) line 15.) (b) Int X Other Liabilities. Complete if the organization answered "Yes" on Form 990, (a) Description of liability (b) Federal income taxes (c) FUNDS ADMINISTERED AS A FISCAL	, Part IV, line 1	1e or 11f. See Form) Book value		•
(a) Description (2) (3) (4) (5) (6) (7) (8) (9) (a) Column (b) must equal Form 990, Part X, col. (B) line 15.) (a) Description of liability (a) Description of liability (b) Federal income taxes (c) FUNDS ADMINISTERED AS A FISCAL (d) AGENT	, Part IV, line 1	1e or 11f. See Form		•
(a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15.) art X Other Liabilities. Complete if the organization answered "Yes" on Form 990, (a) Description of liability 1) Federal income taxes 2) FUNDS ADMINISTERED AS A FISCAL (3) AGENT	, Part IV, line 1	1e or 11f. See Form) Book value		•
(a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15.) art X Other Liabilities. Complete if the organization answered "Yes" on Form 990, (a) Description of liability 1) Federal income taxes 2) FUNDS ADMINISTERED AS A FISCAL (3) AGENT (4)	, Part IV, line 1	1e or 11f. See Form) Book value		•
(a) Description (2) (3) (4) (5) (6) (7) (8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15.) art X Other Liabilities. Complete if the organization answered "Yes" on Form 990, (a) Description of liability (1) Federal income taxes 2) FUNDS ADMINISTERED AS A FISCAL (3) AGENT (4) 5) 6)	, Part IV, line 1	1e or 11f. See Form) Book value		•
(a) Description (1) (2) (3) (4) (5) (6) (7) (8) [9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15.) art X Other Liabilities. Complete if the organization answered "Yes" on Form 990, (a) Description of liability (1) Federal income taxes (2) FUNDS ADMINISTERED AS A FISCAL (3) AGENT (4) (5) (6) (7)	, Part IV, line 1	1e or 11f. See Form) Book value		•
(a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15.) art X Other Liabilities. Complete if the organization answered "Yes" on Form 990, (a) Description of liability (1) Federal income taxes (2) FUNDS ADMINISTERED AS A FISCAL (3) AGENT (4) (5) (6) (7) (8)	, Part IV, line 1	1e or 11f. See Form) Book value		•
(a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) (a) (Column (b) must equal Form 990, Part X, col. (B) line 15.) (art X Other Liabilities. Complete if the organization answered "Yes" on Form 990 (a) Description of liability (1) Federal income taxes (2) FUNDS ADMINISTERED AS A FISCAL (3) AGENT (4) (5) (6) (7) (8) (9)	, Part IV, line 1	1e or 11f. See Form) Book value		>
(a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15.) art X Other Liabilities. Complete if the organization answered "Yes" on Form 990, (a) Description of liability (1) Federal income taxes (2) FUNDS ADMINISTERED AS A FISCAL (3) AGENT (4) (5) (6) (7)	, Part IV, line 1	1e or 11f. See Form b) Book value 254,981.	990, Part X, line	25.

Schedule D (Form 990) 2015

Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With	Revenue per l	Retur	0166741 Page 4
_	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	,		
1	Total revenue, gains, and other support per audited financial statements			1	2,820,462.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2h	12,000		
C	Recoveries of prior year grants	20			
u	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	12,000.
_	Cootract line 2e north line 1			3	2,808,462.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a b	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	(4b	-18,149.	4	nar nanannar
5	Add lines 4a and 4b			4c	-1,402.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Star	temente With	Evnonces	5	2,807,060.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	Expenses per	Hetu	rn.
1	Total expenses and losses per audited financial statements	izd.			2,249,429.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	*************************		1	2,249,429.
а	Donated services and use of facilities	2a	12,000.		
b	Prior year adjustments	2b	12,000:		
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	18,149.		
е	Add lines 2a through 2d		ESTANOVIDA CHANGGO VOCANAVA VA	2e	30,149.
3	Subtract line 2e from line 1			3	2,219,280.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		***************************************		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	16,747.		
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b	STATE OF THE STATE		4c	16,747.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	*****************	*******************	5	2,236,027.
	t XIII Supplemental Information.				
lines	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any TV, LINE 4:	additional inform	and 2b; Part V, line a	1; Part :	X, line 2; Part XI,
THE	PURPOSES OF ENDOWMENT FUNDS ARE: RESOUR	RCES CENT	TER, FUND	FELI	OWSHIPS,
INV	ESTIGATIVE REPORTING TRAINING, AND GENE	RAL SUPPO	ORT OF IRE	OPE	ERATIONS.
PAR	T XI, LINE 4B - OTHER ADJUSTMENTS:				
cos	T OF GOODS SOLD				-18,149.
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:				
cos	I OF GOODS SOLD				18,149.

Schedule D (Form 990) 2015 Part XIII Supplemental In	INVESTIGATIVE	REPORTERS	&	EDITORS,	INC.	51-0166741	Page 5
Supplemental In	formation (continued)						
					,		
4.4							
X							

10							
			-				
						_	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

INVESTIGATIVE H	REPORTERS	& EDIT	ORS, INC.		51-01667	4.1
Part I General Info	rmation on A	Activities Ou	itside the United States. Comp	lete if the organ	ization answered '	Yes" on
Form 990, Part I	V, line 14b.					105 011
1 For grantmakers. Doe	s the organization	n maintain reco	rds to substantiate the amount of its g	rants and other	assistance,	
			the selection criteria used to award th			Yes No
United States.			procedures for monitoring the use of i		ther assistance ou	tside the
3 Activities per Region. (Γ		I, line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prog describe	rity listed in (d) gram service, specific type re(s) in region	(f) Total expenditures for and investments in region
HONG KONG	0	0	PROGRAM SERVICES	CUSTOM TRAI	NING	1,733.
NORWAY	0	0	PROGRAM SERVICES	CUSTOM TRAI	NING	2,856.
TORONTO	0	0	PROGRAM SERVICES	CUSTOM TRAI	NING	4,381.
PAKISTAN	0	0	PROGRAM SERVICES	CUSTOM TRAIL	VING	356.
3 a Sub-total	0	0				9,326.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a						

Page 2

Schedule F (Form 990) 2015 INVESTIGATIVE REPORTERS & EDITORS, INC. 51-0166741

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

2 Enter total number of r the IRS, or for which the					(a) Name of organization
ecipient organizations ne grantee or counsel					(b) IRS code section and EIN (if applicable)
s listed above that are re has provided a section					(c) Region
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter					(d) Purpose of grant
foreign country,					(e) Amount of cash grant
recognized as tax-ex					(e) Amount (f) Manner of of cash grant cash disbursement
empt by					(g) Amount of non-cash assistance
					(h) Description of non-cash assistance
					(i) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2015

532073 10-01-15

Schedule F (Form 990) 2015

Page 3

Schedule F (Form 990) 2015 INVESTIGATIVE REPORTERS & EDITORS, INC. 51-0166/41

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

	v		10		
					(a) Type of grant or assistance
					(b) Region
					(c) Number of recipients
					(d) Amount of cash grant
					(e) Manner of cash disbursement
·					(f) Amount of non-cash assistance
					(g) Description of non-cash assistance
					(h) Method of valuation (book, FMV, appraisal, other)

Sched	dule F (Form 990) 2015 INVESTIGATIVE REPORTERS & EDITORS, INC.	51-0166741 Page 4
Par	t IV Foreign Forms	Tuge 4
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes X No

Schedule F	(Form 990) 2015	INVESTIGATIV	/E REPORTERS	& EDITOR	RS, INC.	51-0166741	Page 5
Part V	Supplemental						
	Provide the information	ation required by Part I,	line 2 (monitoring of fu	nds); Part I, line 3	column (f) (accou	inting method; amounts of	
	investments vs. ex	penditures per region); I	Part II, line 1 (accounti	ng method); Part I	II (accounting met	hod): and Part III. column (d	c)
	(estimated number	of recipients), as applic	able. Also complete th	is part to provide	any additional info	ormation.	
						Hardware Control of the Control of t	

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Attach to Form 990.

> OMB No. 1545-0047 2015

Open to Public Inspection

Schedule I (Form 990) (2015)					ns for Form 990.	ee the Instructio	- PA For Faperwork Reduction Act Notice, see the Instructions for Form 990.
	***************************************				table	sted in the line 1	
				line 1 table	anizations listed in the	government orga	
(h) Purpose of grant or assistance	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	if applicable	(b) EIN	or government
IV, line 21, for any	res" on Form 990, Part	nization answered "\	omplete if the orgaled.	ional space is need	be duplicated if addir	5,000. Part II car	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
A Yes No			d States.	funds in the United	toring the use of grant	Cedures for moni	Part II Grants and Other Assistance to Domestic Organizations and Domestic Organizations and Other Assistance to Domestic Organizations and Domestic Organiz
4	sistance, and the select	for the grants or ass	grantees' eligibility	s or assistance, the	e amount of the grant	tance?	
						The Proposition	1 Possible and the second seco
Employer identification number 51-0166741			•	EDITORS, INC.	80	TIVE REPO	Part General Information on Grants and Assistance

Schedule I (Form 990) (2015)
Part III Grants and Other Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

T. J. T. J. S.	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	(t) Description of non-cash assistance
PHILIP L. GRAHAM DIVERSITY FELLOWSHIP	4	4,467.	1,320, ЕМV		1 YEAR MEMBERSHIP AND REGISTRATION FEE TO IRE CONFERENCE
MINORITY DEVELOPMENT FELLOWSHIP	G	6,467.	1,650.FMV		1 YEAR MEMBERSHIP AND REGISTRATION FEE TO IRE CONFERENCE
NICHOLAS OTTAWAY MINORITY FELLOWSHIPS	0	4,545.	7,020.FMV		1 YEAR MEMBERSHIP AND REGISTRATION FEE TO IRE CONFERENCE
HOLLY WHISENHUNT STEPHEN FELLOWSHIP	N	1,500.	2,340,FMV		1 YEAR MEMBERSHIP AND REGISTRATION FEE TO IRE BOOTCAMP SEMINAR
BRANT HOUSTON INTERNATIONAL FELLOWSHIP	N	1 746			1 YEAR MEMBERSHIP AND REGISTRATION FEE TO IRE
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.		A, trave		660_FMV	CONFERENCE

APPLICANTS APPLY FOR FELLOWSHIPS ONLINE. THE EXECUTIVE DIRECTOR AND

MEMBERSHIP COORDINATOR REVIEW THE APPLICATIONS AND MAKE THE SELECTION BASED

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

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

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

SI APPLIED MONTHLY. THE EXECUTIVE DIRECTOR AND FINANCIAL OFFICER MEET

MONTHLY TO DISCUSS AVAILABILITY AND USE OF FUNDS.

532242 04-01-15

sistance to Individ	luals in the Unit	ed States (Schedul	le I (Form 990), Part		51-0166741 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					1 YEAR MEMBERSHIP AND
JENNIFER LEONARD SCHOLARSHIPS	1.	1,165.		330. FMV	CONFERENCE TO IKE
					1 YEAR MEMBERSHIP AND
GODFREY WELLS STANCILL FELLOWSHIPS	1.	500.	330.	FMV	REGISTRATION FEE TO IRE CONFERENCE
					1 YEAR MEMBERSHIP AND
JAMES RICHARD BENNETT SCHOLARSHIPS	1.	1,165.	125	125. FMV	REGISTRATION FEE TO IRE CONFERENCE
חשות החשות ה					1 YEAR MEMBERSHIP AND REGISTRATION FEE TO IRE
DESCRIPTION OF THE PROPERTY OF	1.	1,387.		330.FMV	CONFERENCE
532242					Schedule I (Form 990)

SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

(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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Department of the Treesury Internal Revenue Service

Name of the organization

INVESTIGATIVE REPORTERS & EDITORS, INC.

Employer identification number 51-0166741

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INVESTIGATIVE REPORTERS FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROFESSIONAL STANDARDS, PROTECTING THE RIGHTS OF INVESTIGATIVE JOURNALISTS, AND ENSURING THE FUTURE OF IRE. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ACTUALLY SPENT DURING THE YEAR WERE \$412,802. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: CREATE AND ACCUMULATE REFERENCE DATA AND ASSOCIATED SERVICES BY MEMBERS IN INVESTIGATIVE JOURNALISM. EXPENSES \$ 55,775. INCLUDING GRANTS OF \$ 0. REVENUE \$ 37,895. WEB SERVICES: FUNDING OPERATION OF THE WEBSITE, INCLUDING RESOURCES, WORKSHOPS, CONFERENCES, JOB ADS, AND OTHER ONLINE CONTENT. REVENUES SHOWN ABOVE DO NOT INCLUDE \$20,000 OF CONTRIBUTIONS THAT WERE RESTRICTED BY DONORS FOR USE IN FUNDING WEB SERVICES EXPENSES SHOWN ABOVE. THE REQUIREMENTS FOR CLASSIFYING REVENUES IN THE FORM 990 DO NOT PERMIT CONTRIBUTIONS TO BE REPORTED ABOVE AS PROGRAM SERVICE REVENUE, BUT INSTEAD THEY ARE REPORTED ELSEWHERE AS CONTRIBUTION REVENUE. INCLUDING GRANTS OF \$ 0. EXPENSES \$ 69,690. REVENUE \$ 35,001.

Name of the organization

INVESTIGATIVE REPORTERS & EDITORS, INC.

Employer identification number 51-0166741

EXPENSES \$ 20,187. INCLUDING GRANTS OF \$ 0. REVENUE \$ 32,470.

NET SALES OF PROGRAM RELATED ITEMS.

EXPENSES \$ 8,454. INCLUDING GRANTS OF \$ 0. REVENUE \$ 22,606.

PROVIDE GENERAL MEMBERSHIP SERVICES AND THE IRE JOURNAL TO ENHANCE THE SKILLS AND RESOURCES OF JOURNALISTS AND TRAIN AND EDUCATE THEM IN THE TECHNIQUES OF INVESTIGATIVE REPORTING.

EXPENSES \$ 117,631. INCLUDING GRANTS OF \$ 0. REVENUE \$ 290,333.

GRANT AWARDED TO CREATE A COMPREHENSIVE, OPEN DATABASE OF ELECTION RESULTS IN THE UNITED STATES.

REVENUES SHOWN ABOVE DO NOT INCLUDE \$8,064 OF CONTRIBUTIONS THAT WERE RESTRICTED BY DONORS FOR USE IN FUNDING ELECTION DATABASE EXPENSES

SHOWN ABOVE. THE REQUIREMENTS FOR CLASSIFYING REVENUES IN THE FORM 990

DO NOT PERMIT CONTRIBUTIONS TO BE REPORTED ABOVE AS PROGRAM SERVICE REVENUE, BUT INSTEAD THEY ARE REPORTED ELSEWHERE AS CONTRIBUTION REVENUE.

EXPENSES \$ 8,064. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

GRANT AWARDED TO UPDATE AND EXPAND CENSUS.IRE.ORG, A TOOL FOR

JOURNALISTS TO EASILY FIND CENSUS AND OTHER INFORMATION ABOUT

COMMUNITIES.

REVENUES SHOWN ABOVE DO NOT INCLUDE \$11,696 OF CONTRIBUTIONS THAT WERE
RESTRICTED BY DONORS FOR USE IN FUNDING CENSUS DATABASE EXPENSES SHOWN
ABOVE. THE REQUIREMENTS FOR CLASSIFYING REVENUES IN THE FORM 990 DO NOT

INVESTIGATIVE REPORTERS & EDITORS, INC.

Employer identification number 51-0166741

PERMIT CONTRIBUTIONS TO BE REPORTED ABOVE AS PROGRAM SERVICE REVENUE,

BUT INSTEAD THEY ARE REPORTED ELSEWHERE AS CONTRIBUTION REVENUE.

EXPENSES \$ 11,696. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PROVIDE RESEARCH AND TRAINING SERVICES FOR A PILOT PROGRAM WITH PROJECT

WORD THAT PROVIDES FREELANCE INVESTIGATIVE JOURNALISTS WITH REPORTING

TOOLS AND RESOURCES INCLUDING THE HELP DESK RESOURCE AND THE VIRTUAL

NEWSROOM IN-DEPTH RESEARCH ASSISTANCE INCLUDING LEGAL REVIEW,

PROFESSIONAL TRAINING SESSIONS AND ACCESS TO EXPERIENCED FREELANCE

EDITORS.

REVENUES SHOWN ABOVE DO NOT INCLUDE \$200,450 OF CONTRIBUTIONS THAT WERE RESTRICTED BY DONORS FOR USE IN FUNDING PROJECT WORD EXPENSES SHOWN ABOVE. THE REQUIREMENTS FOR CLASSIFYING REVENUES IN THE FORM 990 DO NOT PERMIT CONTRIBUTIONS TO BE REPORTED ABOVE AS PROGRAM SERVICE REVENUE, BUT INSTEAD THEY ARE REPORTED ELSEWHERE AS CONTRIBUTION REVENUE.

EXPENSES \$ 86,355. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

CLASSES OF MEMBERSHIP. THE CORPORATION SHALL HAVE FIVE CLASSES OF
MEMBERSHIP. THE CLASSES OF MEMBERSHIP SHALL BE ENTITLED "PROFESSIONAL",

"ACADEMIC", "RETIRED", "ASSOCIATE" AND "STUDENT" RESPECTIVELY. THE

PROFESSIONAL CLASS SHALL BE LIMITED TO PERSONS SUBSTANTIALLY ENGAGED IN
REPORTING AND/OR EDITING. THE ACADEMIC CLASS SHALL BE LIMITED TO PERSONS
ENGAGED FULL-TIME IN RESEARCH OR TEACHING IN THE FIELD OF JOURNALISM. THE

RETIRED CLASS SHALL BE LIMITED TO PERSONS WHO FORMERLY BELONGED TO THE

PROFESSIONAL AND OR ACADEMIC CLASS BUT HAVE RETIRED FROM THEIR OCCUPATION.

"ASSOCIATE" MEMBERSHIP WILL BE AVAILABLE TO FORMER PROFESSIONAL OR ACADEMIC

INVESTIGATIVE REPORTERS & EDITORS, INC.

Employer identification number 51-0166741

MEMBERS WHO ARE NOT RETIRED, INDIVIDUALS ENGAGED PART-TIME IN REPORTING OR EDITING, PLUS INDIVIDUALS RECOGNIZED BY THE BOARD OF DIRECTORS FOR THEIR CONTRIBUTIONS TO THIS CORPORATION TO THE FIELD OF INVESTIGATIVE REPORTING AND EDITING. THE CORPORATION SHALL RECOGNIZE AS "STUDENT" MEMBERS THOSE COLLEGE STUDENTS PURSUING A DEGREE, WHO SUBSCRIBE TO THE CORPORATION, IN ORDER TO BE ENTITLED TO RECEIVE THE BENEFITS OF ITS EDUCATIONAL ACTIVITIES.

NEITHER ASSOCIATE OR STUDENT MEMBERS SHALL BE ELIGIBLE FOR THE VOTING RIGHTS WHICH ARE RESERVED TO THE OTHER CLASSES OF MEMBERS. (AMENDMENT ADOPTED 6/7/08.)

EACH PROFESSIONAL, ACADEMIC OR RETIRED MEMBER OF THE CORPORATION WHO IS

PRESENT IN PERSON SHALL BE ENTITLED TO ONE (1) VOTE UPON EACH QUESTION

VOTED UPON AT ALL MEETINGS OF THE MEMBERS WITHOUT REGARD TO HIS OR HER

CLASS OF MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS IS ELECTED BY THE MEMBERSHIP. VACANCIES ON THE BOARD OF DIRECTORS SHALL OCCUR UPON THE DEATH, RESIGNATION, INCAPACITATION OR REMOVAL FOR STATED CAUSE BY TWO-THIRDS VOTE OF THE BOARD OF ANY MEMBER OF THE BOARD OF DIRECTORS, AND THE BOARD MAY FILL SUCH VACANCIES WITH THE NEXT QUALIFIED HIGHEST VOTE RECIPIENTS AMONG NOMINEES AT THE LAST PREVIOUS ELECTION, TO SERVE UNTIL THE NEXT MEETING OF THE MEMBERSHIP, WHICH SHALL THEN ELECT A PERSON TO FILL THE BALANCE OF THAT UNEXPIRED TERM.

FORM 990, PART VI, SECTION A, LINE 7B:

THE BOARD OF DIRECTORS IS ELECTED BY THE MEMBERSHIP. ANY CHANGES PROPOSED

TO THE ARTICLES OF INCORPORATION REQUIRE APPROVAL BY A TWO-THIRDS VOTE OF

THE MEMBERSHIP. THOSE ELIGIBLE TO VOTE IN SUCH CASES INCLUDE ALL MEMBERS

EXCEPT ASSOCIATE OR STUDENT MEMBERS.

Employer identification number 51-0166741

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

FIRST THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND FINANCIAL

OFFICER. THEN A COPY OF THE FORM 990 IS E-MAILED TO ALL MEMBERS OF THE

EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW. IT IS REVIEWED

INDIVIDUALLY AND ANY QUESTIONS OR COMMENTS ARE DIRECTED TO THE EXECUTIVE

DIRECTOR.

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

IRE BOARD MEMBERS RECEIVE ANNUAL TRAINING ON THE POLICY AND MEMBERS OF THE BOARD'S EXECUTIVE COMMITTEE, ALONG WITH THE ORGANIZATION'S LEGAL COUNSEL, REVIEW ANY POTENTIAL ISSUES. ALL STAFF, BOARD MEMBERS, AND VOLUNTEERS ARE SUBJECT TO THE CONFLICT OF INTEREST POLICY. ALL CONFLICTS OF INTEREST ARE TO BE REPORTED TO THE FULL BOARD. THE PARTY WITH THE CONFLICT OF INTEREST IS PROHIBITED FROM PARTICIPATION IN ANY FINAL DISCUSSION OR ANY VOTE ON THE TRANSACTION OR ISSUE OF CONFLICT.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT AUDITOR HAS NOT CHANGED FROM PRIOR YEARS.

FORM 990, PART I, LINE 19

ALL OF THE DIRECT EXPENSES FOR A PARTICULAR EVENT, SUCH AS A TRAINING

Employer identification number 51-0166741

SEMINAR, ARE REPORTED IN THE FISCAL YEAR IN WHICH THE EVENT IS HELD.

HOWEVER, BECAUSE CONTRIBUTIONS -- SUCH AS GRANTS THAT PAY FOR SUCH

TRAINING -- ARE RECOGNIZED WHEN RECEIVED, SOME MIGHT BE RECOGNIZED IN

THE FISCAL YEAR PRIOR TO WHEN THE EVENT IS HELD. IN IRE'S AUDITED

FINANCIAL STATEMENTS, SUCH CONTRIBUTIONS ARE PRESENTED AS TEMPORARILY

RESTRICTED IN ONE COLUMN WHEN RECEIVED AND THEN MATCHED WITH THE

EXPENSES IN A DIFFERENT COLUMN IN THE NEXT FISCAL YEAR WHEN THOSE

EXPENSES ARE RECOGNIZED. WITHOUT THE BENEFIT OF THE DISPLAY OF THE

SEPARATE COLUMNS, LINE 19 IN PART I OF THE 990, "REVENUE LESS EXPENSES"

WILL INCLUDE THE EXPENSES FOR THE EVENT IN THE CURRENT YEAR WHEREAS THE

CONTRIBUTED REVENUE WILL BE REPORTED IN THE RESPECTIVE LINE FOR THE

PRIOR YEAR. THEREFORE, A READER OF IRE'S FORM 990 CANNOT DRAW AN

ACCURATE CONCLUSION ABOUT THE SUCCESS OF IRE IN COVERING THE EXPENSES

OF ITS VARIOUS PROGRAMS AND EVENTS FOR A PARTICULAR FISCAL YEAR FROM

THE AMOUNT DISPLAYED AS "REVENUE LESS EXPENSES" ON LINE 19 OF PART I.

FORM 990, PART V, LINE 2A

PURSUANT TO AN AGREEMENT WITH THE UNIVERSITY OF MISSOURI, THE

UNIVERSITY EMPLOYS INDIVIDUALS FROM TIME TO TIME AS INVESTIGATIVE

REPORTERS & EDITORS, INC. (IRE) REQUESTS. THESE EMPLOYEES SHALL

PERFORM THE FUNCTIONS DUTIES AND OBLIGATIONS OF IRE. SUCH INDIVIDUALS

WILL BE DEEMED TO BE UNIVERSITY EMPLOYEES, SUBJECT TO ALL RULES AND

REGULATIONS OF THE UNIVERSITY AND ALL PERSONNEL POLICIES AND BENEFITS

PERTAINING TO UNIVERSITY EMPLOYEES.

FORM 990, PART VI, LINE 15A

THE CURRENT EXECUTIVE DIRECTOR'S COMPENSATION WAS DETERMINED BY A

COMMITTEE CREATED BY THE ORGANIZATION'S BOARD OF DIRECTORS. THE

Name of the organization INVESTIGATIVE REPORTERS & EDITORS, INC. Employer identification numb 51-0166741 COMMITTEE GATHERED COMPARABLE SALARY DATA TO USE IN MAKING THEIR DECISION. FORM 990, PART VII COMPENSATION INFORMATION IN PART VII IS BASED ON THE PORTION OF COMPENSATION PAID BY IRE PURSUANT TO AN AGREEMEENT WITH THE UNIVERSITY OF MISSOURI AS DESCRIBED IN THE EXPLANATION RELATING TO FORM 990, PART V, LINE 2A.
COMMITTEE GATHERED COMPARABLE SALARY DATA TO USE IN MAKING THEIR DECISION. FORM 990, PART VII COMPENSATION INFORMATION IN PART VII IS BASED ON THE PORTION OF COMPENSATION PAID BY IRE PURSUANT TO AN AGREEMEENT WITH THE UNIVERSITY OF MISSOURI AS DESCRIBED IN THE EXPLANATION RELATING TO FORM 990, PART
DECISION. FORM 990, PART VII COMPENSATION INFORMATION IN PART VII IS BASED ON THE PORTION OF COMPENSATION PAID BY IRE PURSUANT TO AN AGREEMEENT WITH THE UNIVERSITY OF MISSOURI AS DESCRIBED IN THE EXPLANATION RELATING TO FORM 990, PART
COMPENSATION INFORMATION IN PART VII IS BASED ON THE PORTION OF COMPENSATION PAID BY IRE PURSUANT TO AN AGREEMEENT WITH THE UNIVERSITY OF MISSOURI AS DESCRIBED IN THE EXPLANATION RELATING TO FORM 990, PART
COMPENSATION INFORMATION IN PART VII IS BASED ON THE PORTION OF COMPENSATION PAID BY IRE PURSUANT TO AN AGREEMEENT WITH THE UNIVERSITY OF MISSOURI AS DESCRIBED IN THE EXPLANATION RELATING TO FORM 990, PART
COMPENSATION PAID BY IRE PURSUANT TO AN AGREEMEENT WITH THE UNIVERSITY OF MISSOURI AS DESCRIBED IN THE EXPLANATION RELATING TO FORM 990, PART
OF MISSOURI AS DESCRIBED IN THE EXPLANATION RELATING TO FORM 990, PART

20000							No.
				EQ TAL PR	1EQUIPMENT * 990 PAGE 10 TOTAL	MACHINERY & EQUIPMENT	Description
					VARIESSL		Acquired
					SL		Method
					.000		Life
					16		No.
				120,367.	120,367.		Cost Or Basis
							Excl
				0.			Basis
				120,367.	120,367.		Depreciation
				95,954. 95,954.	95,954.		Depreciation
THE REAL PROPERTY.				0.			Sec 179
				0.	0.		Current Year Deduction