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 Open to Public

Department of the Treasury

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2018 calendar year, or tax year beginning 2018, and ending , 20 D Employer identification number C Name of organization SOLUTIONS JOURNALISM NETWORK, INC. 46-2265729 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 79 MADISON AVENUE 224 (646) 719-1443 Initia! return Final return/ City or town, state or province, country, and ZIP or foreign postal code Amended return NEW YORK, NY 10016 5,022,601. G Gross receipts \$ Application pending Name and address of principal officer: JULIA POWER BURNS H(a) Is this a group return for Yes subordinates? 79 MADISON AVENUE224, NEW YORK, NY 10016 H(b) Are all subordinates included? X 501(c)(3) 501(c) (If "No," attach a list. (see instructions)) < (insert no.) 4947(a)(1) or Website: ▶ WWW.SOLUTIONSJOURNALISM.ORG H(c) Group exemption number Form of organization: X Corporation L Year of formation: 2013 M State of legal domicile: Trust Other > DE Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO ESTABLISH SOLUTIONS JOURNALISM AS A CORE FUNCTION IN JOURNALISM CONFORMING TO THE PROFESSION'S HIGHEST Governance STANDARDS OF INDEPENDENCE AND ACCURACY. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 11. 3 8. 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 34. 5 6 Total number of volunteers (estimate if necessary) 6 0. 7a 14,047. **Prior Year Current Year** 5,158,674. 4,999,012. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 37,761. 23,886. Investment income (Part VIII, column (A), lines 3, 4, and 7d). 1,523. 1,331. 10 2,790. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). -1,628.5,200,748. 5,022,601. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 13 143,500. 1,297,370. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 1,546,597. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,468,388. 16a Professional fundraising fees (Part IX, column (A), line 11e) 27,885. 6,250. b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,483,319. 1,724,446. 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,201,301. 5,496,454. Revenue less expenses. Subtract line 18 from line 12 1,999,447. -473,853. **Beginning of Current Year** End of Year 5,902,930. 6,103,541. 20 Total assets (Part X, line 16) 21 498,303. 1,172,767. Total liabilities (Part X, line 26) 5,404,627. 4,930,774. 22 Net assets or fund balances. Subtract line 21 from line 20. Signature Block Part II 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 Signature of officer Here Ju Ba Type or print name and title Print/Type preparer's name Preparer's signature Date Check 06-19-2019 Paid CANDICE METH self-employed P01306891 Preparer ▶EISNERAMPER LLP Firm's E!N ▶ 13-1639826 Firm's address ▶750 THIRD AVENUE NEW YORK, NY 10017-2703 212-949-8700 Phone no.

8E1010 1.000

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

X | Yes

Form 990 (2018)

Eom 8868

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of this f	iorm, visit www.irs.gov/e-file-providers/e-file-f	or-charities	-and-non-profits.			
Automatic	6-Month Extension of Time. Only subm	it original	no copies needed).			
All corporation	ons required to file an income tax return othe	r than Forr	n 990-T (including 1120-C fil	lers), partnerships,	REMICs,	and trusts
must use Fo	rm 7004 to request an extension of time to f	ile income	tax returns.			
				Enter filer's identifying	g number, s	ee instructions
T	Name of exempt organization or other filer, see in	structions.	Empl	oyer identification nu	mber (EIN)	or
Type or						
print	SOLUTIONS JOURNALISM NETWORK,	INC.		46-2265729	9	
File by the due date for	Number, street, and room or suite no. If a P.O. bo	x, see instruc	tions. Socia	I security number (SS	SN)	
filing your	79 MADISON AVENUE 224					
return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.			
instructions.	NEW YORK, NY 10016					
Enter the Re	turn Code for the return that this application	is for (file	a separate application for eac	h return)		0 1
Application		Return	Application			Return
ls For		Code	Is For			Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL	-	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than indi	vidual)		09
Form 990-PF		04	Form 5227			10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870			12
Telephone If the orga If this is fo	JULIA POWER BURN 79 MADISON AVEN No. > 646 719-1443 Inization does not have an office or place of large a group, check this box	UE NEW S business in ur digit Gro f it is for pa	fax No. ▶_ the United States, check this up Exemption Number (GEN) rt of the group, check this bo	x▶	. If t	his is tach
1 reque	st an automatic 6-month extension of time ur	ntil	<u>11/15</u> , 20 <u>19</u> ,	to file the exempt	organizal	ion return
X	organization named above. The extension is calendar year $20 \underline{18}$ or tax year beginning	, 20	, and ending		20	
	ax year entered in line 1 is for less than 12 m hange in accounting period	onths, ched	k reason: Initial return	Final return	1	
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	, or 6069, enter the tental	tive tax, less any		
nonrefu	undable credits. See instructions.				3a \$	0.
b If this	application is for Forms 990-PF, 990-T,	4720, oi	6069, enter any refunda			
estimat	ted tax payments made. Include any prior yea	r overpayn	ent allowed as a credit.		3b \$	0.
c Balanc	e due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if required			
(Electro	onic Federal Tax Payment System). See instru	ctions.		-	3c \$	0.
Caution: If you	are going to make an electronic funds withdrawa	l (direct deb	t) with this Form 8868, see Forr			for payment
instructions.						
For Privacy A	ct and Paperwork Reduction Act Notice, see instr	uctions.			Form 8868	Rev. 1-2019)

JSA

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Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 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....... Χ 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, Χ assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . 5 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 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 8 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 Χ Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII..................... 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 Х 11d X e Did the organization report an amount for other liabilities in Part X, line 25? # "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 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 . X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ 19 X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.,
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			7.7
	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			37
	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)			3.7
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
2.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		X
35.0	or IV, and Part V, line 1	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	SSA		
ມ	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	330		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	٠.		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA		Form	990	(2018)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1001000	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			7.7
	solicit 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 contributions or			
	gifts were not tax deductible?	6b	Este S	
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	K HERE		37
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	~ .		Х
_	required to file Form 8282?	7c		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year	-		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		X
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	(1)		21
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
	sponsoring organization have excess business holdings at any time during the year?	0		
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Part VI

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 Χ Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?..... 8a Χ 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X Χ 13 13 14 14 Did the organization have a written document retention and destruction policy?...... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 5 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JULIA POWER BURNS 79 MADISON AVENUE NEW YORK, NY 10016 20

'S JOURNALISM NETWORK, INC.

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

Part VII Compensation of Officers, Lirectors, Trustees, Key Employees, Hig. st Compensated Employees, and Independent Contractors

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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or di	ot ch unles	Pos neck s pe	more rson	e than control Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)DAVID BOARDMAN	2.00									
CHAIRMAN / DIRECTOR	0.	X		Х				0.	0.	0.
(2)SUSAN DAVIS	2.00									
VICE-CHAIR / DIRECTOR	0.	Х		Х				0.	0.	0.
(3)DAVID BORNSTEIN	55.00									
CEO / CO-FOUNDER / DIRECTOR	0.	Х		X				180,457.	0.	8,196.
(4)NATHALIE LAIDLER-KYLANDER	2.00									·
SECRETARY / DIRECTOR	0.	Х		Х				0.	0.	0.
(5)DEAN FURBUSH	2.00									
TREASURER / DIRECTOR	0.	Х		Х				0.	0.	0.
(6)TINA ROSENBERG VARENIK	30.00									
CO-FOUNDER / DIRECTOR	0.	Х						128,550.	0.	30.
(7)MORGAN DIXON	2.00									
DIRECTOR (AS OF 10/2018)	0.	Х						0.	0.	0.
(8)BARNABY MARSH	2.00									-
DIRECTOR	0.	Х						0.	0.	0.
(9)COURTNEY MARTIN	2.00									
CO-FOUNDER / DIRECTOR	0.	Х						21,200.	0.	0.
(10)NICCO MELE	2.00									
DIRECTOR (AS OF 05/2018)	0.	Х						0.	0.	0.
(11)TRABIAN SHORTERS	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(12)KEITH H. HAMMONDS	55.00									
PRESIDENT AND COO	0.			Χ				169,641.	0.	30.
(13)JULIA POWER BURNS	55.00									
CFO AND GENERAL MANAGER	0.			Χ				177,674.	0.	6,606.
(14)MAURISSE JOHNSON	55.00									
VP, FINANCE AND ACCOUNTING	0.			Χ				147,858.	0.	30.

Form 990 (2018)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	ıplo	ye	es,	and I	ligi	nest Compensat	ed Employ	ees (c	ontinue	d)	
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe d a d	rson lirect	than o	an ee)	(D) Reportable compensation from the	(E) Reportal compensation related organizat	n from	am com	(F) timated ount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	orga and	om the anizatio I related nization	t
15) MARIA ELISA GROSS	55.00												
DIR NEWSROOM PRACTICE CHANGE	0.					Х		121,982.		0.		6,6	506.
16) SAMANTHA MCCANN DIR JOURNALIST PRACTICE CHANGE	55.00					X		101,972.		0.		6,2	246.
					3								
1b Sub-total							▶	825,380.		0.		14,8	
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)								223,954. 1,049,334.		0.		12,8 27,7	
Total number of individuals (including but not reportable compensation from the organization)	limited to t						o re	ceived more than	\$100,000 c	of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations great	sum of rep eater than	ortab \$15	le c	om 00?	pen	satio	n ar	nd other compens	sation from le <i>J for</i> s	the <i>uch</i>			
 individual	accrue co	mpen	satio	on 1	from	any	unr	related organization	on or individ	dual	5	Х	X
Section B. Independent Contractors	es, compre	ie our	iedu	ne o	101	Sucri	pera	son	<u></u>] 3		
1 Complete this table for your five highest com- compensation from the organization. Report of year.													
(A) Name and business add	tress							(B) Description of se	rvices	С	(C) ompens	ation	
2 Total number of independent contractors (in			lin	nite	d to	thos	e li	sted above) who	received				

Part VIII Statement of Revenue

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		Check if Schedule O contains a re	sponse or note to any	/ line in this Part VII	II		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
a t	1a	Federated campaigns	1a				
Grants nounts	b		1b				
Contributions, Giffs, Grants and Other Similar Amounts	c		1c				
ᇍ	d	-	1d				
imis	e		1e				
ıtio er S	f	All other contributions, gifts, grants,					
듗			1f 4,999,012.				
id it	g	Noncash contributions included in lines 1a-1f: \$	5				
	h	Total. Add lines 1a-1f		4,999,012.			
une			Business Code				
Program Service Revenue	2a	CURRICULUM - PROGRAM TRAINING	611430	23,886.	23,886.		
ě	b						
ξ	С	41					
Se	d						
am	е						
ogr	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f		23,886.			
	3	investment income (including di	vidends, interest,				
		and other similar amounts)		1,331.			1,331.
	4	Income from investment of tax-exempt		0.			
	5	Royalties		0.	ATTOCKETS ELECTRICATED ATTOCKET		
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	(1) C + + + + + + + + + + + + + + + + + +	(0) (0)	0.	SANTENNA DE LA COMPANSA DEL COMPANSA DE LA COMPANSA DEL COMPANSA DE LA COMPANSA D		
	7a	Gross amount from sales of (i) Securiti	es (ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	C	Gain or (loss)					
	d	Net gain or (loss)	<u> </u>	0.			
e	8a	Gross income from fundraising					
Ven		events (not including \$					
Re		of contributions reported on line 1c).					
Other Revenue		See Part IV, line 18					
ŏ	b	Less: direct expenses		0.			
	C	Net income or (loss) from fundraising ev	rents P				
	9a	Gross income from gaming activities.	0.				
		See Part IV, line 19	• •				
	b	Less: direct expenses	. D	0.		CONTRACTOR PORTS IN THE ST	THE CHECK SHOULD THE STORY
	, c	Net income or (loss) from gaming activ	ILIES	V-			
	10a	Gross sales of inventory, less returns and allowances	0.				
	١.		0000				
	p c	Less: cost of goods sold	. 0	0.			
		Miscellaneous Revenue	Business Code				
	44-	LOSS ON FOREIGN CURRENCY EXCHANGE	900099	-3,908.			-3,908.
	11a	OTHER REVENUE	813990	2,280.	2,280.		
	b				.,		
	C	All other revenue					
	d	Total. Add lines 11a-11d		-1,628.			
	12	Total revenue. See instructions		5,022,601.	26,166.		-2,577.

Part IX Statement of Functional Expenses

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Section 501(c)(3) and 501(c)(4) organizations mus Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations	1 044 570	1 044 570		
and domestic governments. See Part IV, line 21	1,244,570.	1,244,570.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	52,800.	52,800.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	840,272.	649,059.	138,038.	53,175.
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.	1 151 017	100 160	12 (77
7 Other salaries and wages	1,354,157.	1,151,317.	189,163.	13,677.
8 Pension plan accruals and contributions (include	0.			
section 401(k) and 403(b) employer contributions)	94,883.	77,627.	14,267.	2,989.
9 Other employee benefits	179,076.	147,077.	26,435.	5,564.
10 Payroll taxes	175,070.	147,077.	20,133.	3,301.
11 Fees for services (non-employees):	0.			
a Management	19,150.	17,649.	1,501.	
b Legal	97,224.	76,680.	20,544.	
d Lobbying	0.	,	· · · · · · · · · · · · · · · · · · ·	
e Professional fundraising services. See Part IV, line 17.	6,250.			6,250.
f Investment management fees	0.			
9 Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.) ATCH 6	550,565.	480,705.	64,535.	5,325.
12 Advertising and promotion	11,706.	8,285.	1,176.	2,245.
13 Office expenses	85,463.	68,088.	15,856.	1,519.
14 Information technology	31,523.	12,654.	18,869.	
15 Royalties	0.			
16 Occupancy	102,702.	74,983.	27,719.	00 500
17 Travel	266,915.	226,788.	11,395.	28,732.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	140,813.	136,504.	3,901.	408.
20 Interest ,	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	106,111.	104,573.	1,538.	
23 Insurance	15,423.	12,264.	2,896.	263.
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)	196,063.	194,925.	1,138.	
aCURRICULUM/TRAINING/RESEARCH bWEBSITE DESIGN/MAINTENANCE	20,818.	20,050.	768.	
COTHER EXPENSES	79,970.	43,888.	25,438.	10,644.
•	15,510.	45,000.	25,450.	10,014.
d				
e All other expenses	5,496,454.	4,800,486.	565,177.	130,791.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.	.,,		,
	٠,١			Form 990 (2018

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	art X		
Market and			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,109,166.	1	1,622,646.
	2	Savings and temporary cash investments	1,993,158.	2	2,044,989.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	2,576,516.	4	2,317,837.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
es.		organizations (see instructions). Complete Part II of Schedule L	0.	-	0.
Assets	7	Notes and loans receivable, net	0.	-	0.
As	8	Inventories for sale or use	0.	0	0.
	9	Prepaid expenses and deferred charges	73,801.	9	25,828.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	0.
	11	Investments - publicly traded securities	0.		0.
	12	Investments - other securities. See Part IV, line 11	0.		0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	1 1 7	0.
	15	Other assets. See Part IV, line 11	150,289.		92,241.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,902,930.		6,103,541.
	17	Accounts payable and accrued expenses,	206,286.		240,665.
	18	Grants payable ,	292,017.	18	932,102.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.		0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
jab		disqualified persons. Complete Part II of Schedule L	0.		0.
_	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.		0.
	26	Total liabilities. Add lines 17 through 25	498,303.	26	1,172,767.
S		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
JCe	27		604,489.	27	367,354.
8	28		4,800,138.		4,563,420.
ä	1	Temporarily restricted net assets	4,800,138.	28	4,303,420.
ŭ	29	Permanently restricted net assets	0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
S	30	Conital stock or trust principal, or ourrest funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	5,404,627.	33	4,930,774.
_	34	Total liabilities and net assets/fund balances	5,902,930.	34	6,103,541.
	1		, , , , , , , , , , , , , , , , , , , ,	, , ,	Form 990 (2018)

art ²	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,0	22,	501.
2	Total expenses (must equal Part IX, column (A), line 25)	2			96,4	
3	Revenue less expenses. Subtract line 2 from line 1	3			73,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,4	04,0	527.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	·			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		4,9	30,	774.
art						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					The line
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			1100
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ent?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		<u> </u>
				Form	990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Pub.ic Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOLUTIONS JOURNALISM NETWORK

Employer identification number 46-2265729

JO.	υо г.	TONO COCKNABIDE NEI	MOTULY TING.				40 22001	4.5				
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	<u> </u>				
Γhe	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	nh 12, ch	eck only	one box.)					
1	ΙŤ	A church, convention of chu			-	-	· ·					
2	П	A school described in secti										
3		A hospital or a cooperative			-		• •					
4	Н	A medical research organiz		_		, ,		(iii) Enter the				
•	ш	hospital's name, city, and st	·	oonjanotton with a not	pital ac	oonbed ii	TOOLOT TOOLOT THE	mij. Emor mo				
5		An organization operated f		a college or universit		d or one	vroted by a gayarama	ntal unit described in				
J				a college of universit	y Owner	u or ope	stated by a governme	intal unit described in				
•		section 170(b)(1)(A)(iv). (C			al :	4 7 04	UEVAVAVA AVA					
6	37	A federal, state, or local go	•									
7	A	An organization that norma	•	· ·	pport tr	om a go	ivernmental unit or tri	om the general public				
_		described in section 170(b)										
8	\vdash	A community trust describe										
9		An agricultural research org										
		or university or a non-land-	grant college of ag	priculture (see instruct	ions). E	nter the	name, city, and state o	f the college or				
		university:					<u> </u>					
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ited to its exempt f nent income and u in after June 30, 1	functions - subject to on functions tax 1975. See section 509 1975. See section 509	certain e able inco (a)(2) . (0	xceptior ome (les Complete	ıs, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 %of its				
11	\square	An organization organized			-							
12		An organization organized										
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) o	section 509(a)(2). S	see section 509(a)(3).				
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of si	upporting	g organiz	zation and complete li	nes 12e, 1 <mark>2f, and</mark> 12g.				
а			anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving				
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste					
		_ supporting organization.	You must complet	e Part IV, Sections A	and B.							
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having				
		control or management of	•									
		_ organization(s). You must		-				3				
c		Type III functionally integ	· _		ited in co	onnectio	n with and functional	Ilv integrated with				
_		_ its supported organization		* *				ny mogratou man,				
d		Type III non-functionally						ted organization(s)				
u	_				-		* *					
		that is not functionally inte			-		·	an attentiveness				
_		requirement (see instructi	-	•				1 T 111				
е	_	☐ Check this box if the orga						ı, rype ııı				
		functionally integrated, or										
T		ter the number of supported						• • • • • • • • • • • • • • • • • • • •				
g		ovide the following information	1									
	(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see				
				above (see instructions))		ment?	instructions)	instructions)				
					Yes	No						
(A)												
					ļ							
B)												
(C)												
(V)												
D)												
D)					1							
<u></u>												
E)												
_												
Γot	al											

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 II Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,457,697.	2,869,020.	4,886,200.	5,158,674.	4,999,012.	20,370,603.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,457,697.	2,869,020.	4,886,200.	5,158,674.	4,999,012.	20,370,603.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						10, 200, 400
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4						10,360,408.
	tion B. Total Support					Diges Hot Settle South Red Hour	10,010,195.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2,457,697.	2,869,020.	4,886,200.	5,158,674.	4,999,012.	20,370,603.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	768.	1,360.	1,416.	1,523.	1,331.	6,398.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . A T.C.H. 1	815.	14.	140.	2,790.	-1,628.	2,131.
11	Total support. Add lines 7 through 10						20,379,132.
12	Gross receipts from related activities, etc. (s	ee instructions).				12	
13	First five years. If the Form 990 is for organization, check this box and stop here.			d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	port Percentag	ge				
14	Public support percentage for 2018 (lin					14	49.12%
15	Public support percentage from 2017					15	<u>%</u>
16a	331/3% support test - 2018. If the org						
	box and stop here . The organization qu						
b	33 1/3 % support test - 2017. If the org						
	this box and stop here. The organization			-			
1/a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization			•			•
	Part VI how the organization meets the			_			
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization						-
40	Explain in Part VI how the organization supported organization.						· · -
18	Private foundation. If the organization						
	instructions						· · · -

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						<u> </u>
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf				17		
5	The value of services or facilities					1	
	furnished by a governmental unit to the					1	ı
	organization without charge					-	
6	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.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6,						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources					_	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
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.)						
14	First five years. If the Form 990 is for	r the organiza	ation's first, seco	nd, third, fourth,	or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here.	<u> </u>		<u>. ,</u>	<u></u>		▶
Sec	tion C. Computation of Public Supp	ort Percenta	age				
15	Public support percentage for 2018 (line 8,	column (f), divid	ded by line 13, colu	mn (f))		. 15	%
16	Public support percentage from 2017 Sched	dule A, Part III, li	ne 15			16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2018 (lin	e 10c, column	(f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2017 S	schedule A, Pari	III, line 17			18	%
19 a	331/3% support tests - 2018. If the org					e than 331/3 %, a	and line
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2017. If the organ						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of		•			• •	

Yes No

Page 4

46-2265729

Part IV **Supporting Organizations**

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

Section	A. Al	Supporting	Organizations
---------	-------	------------	----------------------

1	Are all of the	organization's	supported	organizations	listed	by	name	in	the	organiza	ation'	s govern	ing
	documents? If	"No," describe i	n Part VI h	ow the suppo	rted or	ganiz	zations	are	des	signated.	If de	signated	by
	class or purpose	, describe the de	esignation. It	f historic and co	ontinuin	ig rel	lationsh	ip, e	expla	in.			

- Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporte 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," answe (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how th organization made the determination.
- 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")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreig supported organization? If "Yes," describe in Part VI how the organization had such control and discretio 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 determinatio under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and Eli 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 alread designated in the organization's organizing document?
- 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) t anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support of benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 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 describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of sectio 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate 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, t determine whether the organization had excess business holdings.)

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Part	IV Supporting Organizations (continued)			Page 5
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			INC.
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
Secti	on 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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	and the	
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,				
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	1 2		
0000	on o. Type ii oupporting organizations		Yes	No
4	Many a majority of the experimetion's diseases or tructure during the tay year also a majority of the diseases			140
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
		3		
	ion E. Type III Functionally Integrated Supporting Organizations		, ,	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
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.	a inatru	otional	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	3 11150 U		No
2	Activities Test. Answer (a) and (b) below.	The e	163	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	22.881	
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g	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			11546171

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b 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.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2018

S	JOURNALISM	NETWORK,	INC.		46-2265729	
				11		Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionall		ated Type III supporting	organization (see
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Schedule A (Form 990 or 990-EZ) 2018

instructions).

$\overline{}$	lle A (Form 990 or 990-EZ) 2018			Page /
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		<u> </u>	
6	Other distributions (describe in Part VI). See instructions.		_	
7	Total annual distributions. Add lines 1 through 6.		_	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.	Concess (see all form of the support of the second of the		
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
a	Excess from 2014 Excess from 2015			
b	Excess from 2016			
d	Excess from 2017			
	Excess from 2018			
е	LAUGOO HUHI ZUIU			

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

				Ī	ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOME			_		
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS INCOME	815.	14.	140.	2,790.	2,280.	6,039.
LOSS ON FOREIGN CURRENCY						
EXCHANGE					-3,908.	-3,908.
TOTALS	815.	14.	140.	2,790.	-1,628.	2,131.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Name of the organization Employer identification number SOLUTIONS JOURNALISM NETWORK, INC. 46-2265729 Organization type (check one): Filers of: Section: 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Employer identification number 46-2265729

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$\$	Person X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 46-2265729

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

46-2265729

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$,
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	The state of the s	1	1

Name of organization SOLUTIONS JOURNALLSM NETWORK, INC.

Employer identification number

46-2265729

		ions completing Par e year. (Enter this in	t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc., ee instructions.) ▶ \$				
(a) No. from Part I	b). (b) Purpose of gift (c) Use of gift		of gift	(d) Description of how gift is held				
		(e) Transf	er of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transf	er of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address, at	nd ZIP + 4	Relatio	nship of transferor to transferee				
	~							

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Employer identification number Name of the organization 46-2265729 SOLUTIONS JOURNALISM NETWORK, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . . Aggregate value at end of year, Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b b Number of conservation easements on a certified historic structure included in (a) С 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.............. 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X..... 🕨 \$ _ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

Schedule D (Form 990) 2018

_	idle D (1 0111 990) 2010								44		Page Z
	rt Ⅲ Organizations Maintain										
3	Using the organization's acquisition		sion, and otl	her reco	rds, checl	k any of	the follov	ving that are a sig	nificant	use (of its
	collection items (check all that app	oly):		_	_						
а	Public exhibition			d L	Loan	or exchan	ge progra	ms			
b	Scholarly research			е	Other						
C	Preservation for future gene	erations									
4	Provide a description of the orga	nization's	collections	and expl	ain how t	they furth	er the or	ganization's exemp	t purp	ose in	Part
	XIII.										
5	During the year, did the organization	on solicit o	r receive do	nations o	of art, hist	orical trea	sures, or	other similar			_
	assets to be sold to raise funds rat			ned as pa	art of the	organizati	on's colle	ction?	Ye	s	No
Pa	rt IV Escrow and Custodial A										
	Complete if the organization	ation ansv	vered "Yes	" on For	m 990, F	Part IV, Iir	ne 9, or r	eported an amou	nt on F	orm	
	990, Part X, line 21.										
1a	Is the organization an agent, trust	ee, custod	ian or other	intermed	diary for c	ontributio	ns or othe	r assets not			
	included on Form 990, Part X?							[Ye	s	No
b	If "Yes," explain the arrangement										
								Amount			
C	Beginning balance					1	С				
	Additions during the year										
	Distributions during the year						e				
f	Ending balance										
2a	Did the organization include an an						custodial	account liability?	Ye	s	No
þ	If "Yes," explain the arrangement	in Part XIII	. Check her	e if the e	xplanation	has been	provided	on Part XIII]
Pa	rt V Endowment Funds.										
	Complete if the organiz	ation ansv	vered "Yes	on For	m 990, F	Part IV, lin	ne 10.				
		(a) Curr	ent year	(b) Prid	or year	(c) Two y	ears back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance										
	Contributions	1									
	Net investment earnings, gains,										
•	and losses										
d	Grants or scholarships	1									
e	Other expenditures for facilities										
_	and programs		1								
f	Administrative expenses	1									
	End of year balance	1									
2	Provide the estimated percentage		rent vear er	nd haland	e (line 1a	column (a	a)) beld as	·	•		
a	Board designated or quasi-endowr			%	o (iii lo 19,	001011111 (0	2// 11010 00	•			
b	Permanent endowment >	%									
С	Temporarily restricted endowment		%								
	The percentages on lines 2a, 2b,	and 2c sho	uld equal 10	0%.							
3a	Are there endowment funds not in	the posse	ssion of the	organiza	ation that	are held	and admir	nistered for the			
	organization by:	·								Yes	No
	(i) unrelated organizations								3a(i))	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the relat								3b		
4	Describe in Part XIII the intended	-		-							
Pa	rt VI Land, Buildings, and Eq	uipment.									
	Complete if the organiz	ation ans									}.
	Description of property		(a) Cost or of (investm			or other basis ther)		cumulated (creciation	i) Book	value	
1 a	Land				1			1			
b	Buildings	-									
C	Leasehold improvements	-									
d	Equipment						1				
e	Other										
	I. Add lines 1a through 1e. (Column		equal Form	990. Part	X. colum	n (B), line	10c.)	•			

Part VII	Investments - Other Securities. Complete if the organization answered	l "Ves" on Form 990) Part IV line 11h See Form 990	Part Y line 12
			1	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financia	al derivatives			
(2) Closely-	-held equity interests			<u>.</u>
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
T GIT VIII	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11c. See Form 990,	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion: et value
(1)				
_(2)				
(3)				
(4)				
(5)				
(6)	100			
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			5
	Complete if the organization answered), Part IV, line 11d. See Form 990	
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X	Other Liabilities.			
1 dit X	Complete if the organization answered	"Yes" on Form 990). Part IV. line 11e or 11f. See For	m 990. Part X.
	line 25.	. 100 0111 01111 000	,,, a.t.,,	
4	(a) Description of liability	(b) Book valu	A STORY STORY CONTROL OF THE PROPERTY OF THE P	
1. (1) Endor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Book valu		
_ , ,	ral income taxes	-		
(2)				
(3)				
(4)				
(5)				
_(6)				
_(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)	>		
	or uncortain tay positions. In Part VIII. provide the		a arganization's financial statements that re	

organization's liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Part :	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	5,069,806.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	47,205.
3	Subtract line 2e from line 1	3	5,022,601.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)	4c	
С 5	Add lines 4a and 4b		5,022,601.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu		0,002,0021
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	5,543,659.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	2-	47,205.
	Add lines 2a through 2d	2e 3	5,496,454.
3	Subtract line 2e from line 1	3	3/130/131.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	5,496,454.
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		e 4; Part X, line

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART X, LINE 2

SOLUTI

THE ORGANIZATION IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. FOR THE ORGANIZATION, THESE PROVISIONS COULD BE APPLICABLE TO THE INCURRENCE OF UNRELATED BUSINESS INCOME TAX ("UBIT") ON THE DISALLOWED TRANSIT AND QUALIFIED PARKING FRINGE BENEFITS. BECAUSE THE ORGANIZATION HAS ACCRUED THE TAX LIABILITY FOR UBIT AND BECAUSE OF ITS GENERAL NOT-FOR-PROFIT STATUS, MANAGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD, AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOLUTIONS JOURNALISM NETWORK, INC.

Employer identification number

46-2265729

	OLIONO OCCUMENTON MILING	DIGITY TINO.			10 22007	20
Pai	General Information o Form 990, Part IV, line 14		Outside the	United States. Compl	ete if the organization a	answered "Yes" on
1	For grantmakers. Does the orga	nization mainta	in records to	substantiate the amount of	its grants and other	
	assistance, the grantees' eligibili					
	grants or assistance?					Yes No
2	For grantmakers Describe in I	Dort V the ere	opization's pr	anaduraa far manitaring t	the use of its grants on	d ather assistance
2	For grantmakers. Describe in I outside the United States.	rait ville org	anizations pre	ocedures for monitoring t	the use of its grants an	d Other assistance
	outered the ermod states.					
3	Activities per Region. (The follow		3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	TRAINING/WORKSHOPS	91,629.
(2)	EUROPE	0.	0.	PROGRAM SERVICES	TRAINING/WORKSHOPS	47,679.
_(3)	SOUTH AMERICA	0.	0.	PROGRAM SERVICES	TRAINING/WORKSHOPS	7,870.
(4)	NORTH AMERICA	0.	0.	PROGRAM SERVICES	TRAINING/WORKSHOPS	489.
(E)						
(5)						
_(6)						
_(7)						
_(8)	1					<u> </u>
_(9)						
<u>(10)</u>						
<u>(11)</u>	·					
(12)						
(13)	1					
(14)						
7						
<u>(15)</u>						
(16)	<u> </u>					
(17)						
3 a	Subtotal					147,667.
b						20 20 20 20 20 20 20 20 20 20 20 20 20 2
	sheets to Part I					147 667

Schedule F (Form 990) 2018

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. Part II

	section and EIN (if applicable)	(d) Pulpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(1)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							1
(14)							
(15)							
(16)							

organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	A	A
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×	itee or counsel has provided a section 501(c)(3) equivalency letter	anizations or entities.
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Schedule F (Form 990) 2018

SOLUTIONS JOURNALISM NETWORK, INC.

Schedule F (Form 990) 2018

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. Part III

Pa	Part III can be duplicated if additional space is needed.	itional space is needed.			•			
(a) T	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
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(13)								
(14)								
(15)								
(16)								
(17)								
(18)								
							Sche	Schedule F (Form 990) 2018

Page	4

Schedule F (Form 990) 2018

Part	IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	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)	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	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	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	No

Part V

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

FORM 990, SCHEDULE F, PART I, LINE 3, COLUMN F

AMOUNTS REPORTED ON THE ACCRUAL BASIS OF ACCOUNTING.

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2018	
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OMB No. 1545-0047

Department of the Treasury	9	A At	◆ Attach to Form 990.	atost information			Open to Public Inspection
Name of the organization	3					Employer identification number	on number
SOLUTIONS JOURNALISM NETWORK, INC						46-226572	თ
Part I General Information on Grants and Assistance	d Assistanc	d					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	substantiate th	e amount of the	grants or assistar	nce, the grantees	' eligibility for the grants	s or assistance, and	
the selection criteria used to award the grants or assistance?	its or assistand dures for mor	e?	of grant funds in the	in the United States.			X Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization at Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Or that received	ganizations an	id Domestic Gov	ernments. Com	rganizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, demore than \$5.000. Part it can be duplicated if additional space is needed.	ation answered "Y	es" on Form 990,
1 (a) Name and address of organization or government	(a) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE SEATTLE TIMES							
100 DENNY WAY SEATTLE, WA 98109	91-0403890		825,000.		FMV		SUPPORT TRAINING
(2) THE MONTGOMERY ADVERTISER							
425 MOLTON STREET MONTGOMERY, AL 36104	63-0458983		75,000.		FMV		SUPPORT TRAINING
(3) U.S. NEWS AND WORLD REPORT							
1050 T JEFFERSON ST WASHINGTON, DC 35203	52-1399776		50,000.		FMV		SUPPORT TRAINING
(4) PURPLE STATES LLC							
407 HUMPHREY STREET NEW HAVEN, CT 06511	20-5877775		49,750.		FMV		SUPPORT TRAINING
(5) NEW HAMPSHIRE PUBLIC BROADCASTING							
268 MAST ROAD DURHAM, NH 03824	94-3443883	501(C)(3)	45,000.		FMV		SUPPORT TRAINING
(6) THE GROUNDTRUTH PROJECT, INC.							
10 UEST STREET BOSTON, MA 02135	46-0908502	501(C)(3)	40,000.		FMV		SUPPORT TRAINING
(7) LENFEST INSTITUTE FOR JOURNALISM							
801 MARKET STREET PHILADELPHIA, PA 19107	04-3731829	501(C)(3)	25,000.		FMV		SUPPORT TRAINING
(8) ARIZONA DAILY STAR							
4850 S. PARK AVENUE TUCSON, AZ 85714	86-0621785		10,000.		FMV		SUPPORT TRAINING
(9) HONOLULU CIVIL BEAT							
3465 WALALAE AVVENUE HONOLULU, HI 96816	81-2803662		8,000.		FMV		SUPPORT TRAINING
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government	government	organizations lis	organizations listed in the line 1 table	e			3.
	sted in the line	1 table				A	5.
For Paperwork Reduction Act Notice, see the Instructions for Form	tions for Form 9	.090				Sch	Schedule I (Form 990) (201

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Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) Part III

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.

	and the second of the second o		Commence of the Commence of th			Control of the Contro
	(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 JOURNE	1 JOURNALIST GRANTS	.09	52,800.		FMV	
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7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	nformation re	quired in Part I, I	ine 2, Part III, o	olumn (b); and any o	ther additional

FORM 990, SCHEDULE I, PART I, LINE 2: information.

THE ORGANIZATION PROVIDES GRANTS TO NEWSROOMS AND INDIVIDUAL JOURNALISTS

TO PRODUCE JOURNALISM CONTENT CONSISTENT WITH THE ORGANIZATION'S MISSION

ORGANIZATIONAL STAFF EVALUATE ALL PROPOSALS SUBMITTED BY NEWSROOMS,

INDIVIDUAL JOURNALISTS, AND OTHER ORGANIZATIONS FOR THEIR ALIGNMENT WITH

UPON APPROVAL OF A GRANT THE PRACTICE OF SOLUTIONS JOURNALISM.

THE ORGANIZATION APPLICATION, AND WITH THE IMPLEMENTATION OF A GRANT, BY THE GRANTEE MONITORS THE FINANCIAL REPORTING AND JOURNALISM PRODUCED

THROUGHOUT THE GRANT PERIOD FOR COMPLIANCE WITH THE TERMS OF

RECORDS OF GRANTS, INCLUDING BUDGETS ORGANIZATION'S GRANT AGREEMENTS. Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

Part I

46-2265729

Page 2

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is. Complete if the organization answered "Yes" on Form 990, Part IV, lin	
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	and the second s				Contraction of the Contract of	
	(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
-						
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7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	nformation re	quired in Part I, Ii	ine 2, Part III, c	olumn (b); and any of	her additional

AND SUBSEQUENT DELIVERABLES ARE KEPT IN A CENTRAL DATABASE. information.

FORM 990, SCHEDULE I, PART II LINE 1(H) AND PART III, LINE 1

GRANTS ARE AWARDED TO SUPPORT THE TRAINING IN, AND PRODUCTION OF,

SOLUTIONS JOURNALISM.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

SOLUTIONS JOURNALISM NETWORK, INC.

Employer identification number

46-2265729

Par	Questions Regarding Compensation			
1.	Check the appropriate having if the organization provided any of the following to as for a parent listed as Form		Yes	No
ıa	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	41		
_	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	4		X
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		^
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of:			
2	The organization?	5a		Х
b	Any related organization?	5b		X
IJ	If "Yes" on line 5a or 5b, describe in Part III.	30		23
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
U	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
a b	Any related organization?	6b		X
Ų	If "Yes" on line 6a or 6b, describe in Part III.	- UD		2.1
_				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7		X
8	payments not described on lines 5 and 6? If "Yes," describe in Part III	'		<u> </u>
O	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
		8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		23
3	Regulations section 53.4958-6(c)?	9		
				1

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

Schedule J (Form 990) 2018

46-2265729

Schedule J (Form 990) 2018

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

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

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

individual.

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
	Ξ	180,457.	0	0	0	8,196.	188,653.	0
CEO / CO-FOUNDER / DIRECTOR	€	0	.0	0.	0	.0	.0	0
MONDS	ε	169,641.	0	0.	.0	30.	169,671.	0
2 PRESIDENT AND COO	€	0	0	0.	0	.0	.0	0
ß	€	167,674.	10,000.	0.	0.	6,606.	184,280.	10,000
3CFO AND GENERAL MANAGER	€	0	0	0.	0	.0	.0	0.
	Ξ							
4	(ii)							
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)	(E)							
	(1)							
8	(E)							
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10	€							
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	8							
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13	€							
	8							
14	(ii)							
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15	€							
	€							
16	€							
							Sch	Schedule J (Form 990) 2018

Page 3

Schedule J (Form 990) 2018

Part III Supplemental Information

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 5-0-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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SOLUTIONS JOURNALISM NETWORK, INC.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES

Employer identification number

46-2265729

FORM 990, PART I, LINES 7A AND 7B; PART V, LINES 3A AND 3B DUE TO THE TAX CUTS AND JOBS ACT, THE ORGANIZATION IS SUBJECT TO UNRELATED BUSINESS INCOME TAX ON THE DISALLOWED TRANSIT AND QUALIFIED PARKING FRINGE BENEFITS AND, ACCORDINGLY, FILED THE FEDERAL FORM 990-T.

CURRICULUM - (FORMERLY KNOWN AS "EDUCATION"): THE ORGANIZATION HAS CREATED A CORE CURRICULUM DESIGNED TO INTRODUCE ITS DISTINCTIVE APPROACH TO JOURNALISM PROFESSIONALS AND STUDENTS; AND TO FURTHER DEVELOP AND STRENGTHEN THE SKILLS OF THOSE WHO ALREADY INTEGRATE SOLUTIONS-ORIENTED REPORTING INTO THEIR WORK. THE ORGANIZATION PROVIDES AN ONLINE SUITE OF COURSES, THE "LEARNING LAB," WHICH IS FREE TO ACCESS. IT INCLUDES CORE TRAINING IN SOLUTIONS JOURNALISM, AS WELL AS SPECIALIZED GUIDES FOR EDITORS AND REPORTERS FOCUSING ON SPECIFIC BEATS, SUCH AS VIOLENCE, EDUCATION, AND HEALTH. THESE RESOURCES, IN ADDITION TO A GROWING ARCHIVE OF THOUSANDS OF MODEL-SOLUTIONS STORIES, ARE INTENDED TO ADVANCE THE UNDERSTANDING AND PRACTICE OF SOLUTIONS-JOURNALISM FOR REPORTERS AND EDITORS WHO DO NOT

INCLUDING GRANTS OF \$0 REVENUE EXPENSES \$224,796

HAVE ACCESS TO ITS DIRECT TRAININGS. WORKING WITH PARTNERS, THE

ORGANIZATION IS TRANSLATING SOME OF THESE RESOURCES INTO MULTIPLE

LANGUAGES, MAKING THEM ACCESSIBLE TO NON-ENGLISH-SPEAKING CONSTITUENTS.

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

THE CHIEF FINANCIAL OFFICER AND GENERAL MANAGER, THE PRESIDENT AND THE

CHIEF OPERATING OFFICER REVIEW THE FORM 990. UPON THEIR SATISFACTION,

THE FORM 990 IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND

APPROVAL PRIOR TO THE ELECTRONIC FILING WITH THE INTERNAL REVENUE

SERVICE.

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

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO BE REVIEWED

AND SIGNED BY ALL MEMBERS OF THE BOARD OF DIRECTORS AND STAFF. THE

ANNUAL NOTIFICATION STATES THAT ALL DIRECTORS AND STAFF ARE REQUIRED TO

DISCLOSE ANY CONFLICTS TO THE ORGANIZATION'S DESIGNATED COMPLIANCE

OFFICER OR THE CHIEF EXECUTIVE OFFICER. AS A PART OF THE ORGANIZATION'S

ONGOING MONITORING OF COMPLIANCE WITH THE POLICY, ALL DIRECTORS AND STAFF

ARE ASKED TO REMAIN COGNIZANT OF THEIR ACTIVITIES.

FORM 990, PART VI, SECTION B, LINE 15

THE INDEPENDENT MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS REVIEW

THE NEW YORK SALARY DATA PUBLISHED IN GUIDESTAR'S ANNUAL NON-PROFIT

COMPENSATION REPORT TO ASSIST IN EVALUATING COMPENSATION LEVELS FOR ALL

OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. IN ADDITION, THE

EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS ALL SALARY OFFERS

EXTENDED TO NEWLY-HIRED KEY EMPLOYEES AND OFFICERS TO DETERMINE

APPROPRIATE LEVELS OF COMPENSATION. FOLLOWING A REVIEW OF THE

AFOREMENTIONED DATA AND INPUTS, COMPENSATION FOR THOSE KEY EMPLOYEES AND

OFFICERS OF THE ORGANIZATION ARE DISCUSSED AND SET IN AN EXECUTIVE

SESSION MEETING OF THE INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S FINANCIAL STATEMENTS AND PUBLIC DISCLOSURE COPY OF THE

FORM 990 ARE PUBLISHED ON THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE

UPON REQUEST. THE ORGANIZATION DOES NOT MAKE ANY OF ITS GOVERNING

DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SOLUTIONS JOURNALISM NETWORK, INC. WORKS TO DEFINE, LEGITIMIZE AND SPREAD THE PRACTICE OF "SOLUTIONS JOURNALISM" - RIGOROUS, UNBIASED REPORTING ABOUT CREDIBLE RESPONSES TO SOCIAL PROBLEMS. THE ORGANIZATION'S MISSION IS TO ESTABLISH SOLUTIONS JOURNALISM AS A CORE FUNCTION IN JOURNALISM, CONFORMING TO THE PROFESSION'S HIGHEST STANDARDS OF INDEPENDENCE AND ACCURACY. IN KEEPING WITH JOURNALISM'S HISTORIC RESPONSIBILITY TO SPOTLIGHT AND CONTEXTUALIZE SIGNIFICANT ACTIVITY IN THE PUBLIC INTEREST, SOLUTIONS JOURNALISM WILL CIRCULATE RELIABLE INFORMATION ABOUT HOW SOCIETY IS CONFRONTING AND ADAPTING TO MAJOR SOCIAL, ECONOMIC, AND ENVIRONMENTAL CHALLENGES.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

NEWSROOM PRACTICE CHANGE (FORMERLY KNOWN AS "PRACTICE CHANGE"):

THE ORGANIZATION LEVERAGES ITS CURRICULUM TO CATALYZE AND SUSTAIN

THE PRACTICE OF SOLUTIONS JOURNALISM IN NEWS ORGANIZATIONS. IT

CULTIVATES RELATIONSHIPS WITH INDIVIDUAL OUTLETS OR WITH GROUPS OF

OUTLETS, OFTEN RESULTING IN HIGH-IMPACT SOLUTIONS-FOCUSED

ATTACHMENT 2 (CONT'D)

REPORTING PROJECTS. REPRESENTATIVE RECENT COLLABORATIONS INCLUDE
THOSE WITH THE MIAMI HERALD, MISSISSIPPI TODAY, AND WBEZ PUBLIC
RADIO IN CHICAGO, AS WELL AS WITH COLLABORATIONS OF MULTIPLE NEWS
ORGANIZATIONS IN PHILADELPHIA, PENNSYLVANIA, MONTANA, NEW
HAMPSHIRE, AND CONNECTICUT.

THESE RELATIONSHIPS TYPICALLY BEGIN WITH A WORKSHOP INTRODUCING NEWSROOM STAFF TO THE SOLUTIONS APPROACH. THE ORGANIZATION THEN PROVIDES RESEARCH AND EDITORIAL CONSULTING SUPPORT TO REPORTERS, PRODUCERS, AND EDITORS. IN MANY CASES, THE ORGANIZATION ALSO OFFERS MODEST FINANCIAL RESOURCES TO SUPPORT REPORTER TRAVEL AND OTHER HIGH-VALUE ACTIVITIES. IN 2018, THE ORGANIZATION SUPPORTED PROJECTS FOCUSED ON STRENGTHENING DEMOCRACY, HEALTH, EDUCATION AND OTHER TOPICS. HAVING BUILT A NETWORK OF OVER 160 NEWS OUTLETS, THE ORGANIZATION IS NOW ALSO FOCUSED ON ENSURING THE SUSTAINABILITY OF THE SOLUTIONS-JOURNALISM TECHNIQUE IN THESE NEWSROOMS AND ON FOSTERING SHARED-LEARNING ACROSS ITS NEWSROOM PARTNERS. IN CERTAIN SPECIAL RELATIONSHIPS, CASES THAT PROMISE TO GENERATE GREAT VISIBILITY, IMPACT, AND LEARNING, THE ORGANIZATION INVESTS IN LONGER-TERM, HIGHER-IMPACT NEWSROOM PROJECTS. IN 2018, IT EXTENDED ITS "EDUCATION LAB" COLLABORATION WITH THE SEATTLE TIMES FOR A SIXTH YEAR. "EDUCATION LAB" HAS GENERATED DOZENS OF PROMINENT FEATURE STORIES, HUNDREDS OF BLOG POSTS AND INTERACTIVE FEATURES, AND A SERIES OF LIVE EVENTS - WHICH TOGETHER HAVE INCREASED AUDIENCE ENGAGEMENT AROUND EDUCATION ISSUES AND CATALYZED NOTABLE POLICY CHANGES. AS A FISCAL SPONSOR, THE

ATTACHMENT 2 (CONT'D)

ORGANIZATION HAS ALSO SUPPORTED HONEYGUIDE MEDIA, A START-UP
ONLINE NEWS ORGANIZATION THAT PRODUCES SOLUTIONS ORIENTED COVERAGE
OF EDUCATION, HEALTH, AND INTERNATIONAL DEVELOPMENT ISSUES. THE
FISCAL SPONSORSHIP AGREEMENT WITH HONEYGUIDE MEDIA ENDED ON JUNE
30, 2018.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

KNOWLEDGE DISSEMINATION - (FORMERLY KNOWN AS "PATTERN CHANGE"):
THE ORGANIZATION CONTINUES TO EXPAND AND MANAGE THE SOLUTIONS
STORY TRACKER, WHICH NOW CONTAINS OVER 5,500 STORIES TAGGED BY
ISSUE AND PROBLEM-SOLVING APPROACH, AS WELL AS SOLUTIONSU, A SUITE
OF TOOLS TO HELP ALL LEARNERS EASILY FIND, INTEGRATE, AND SHARE
SOLUTIONS STORIES, TO SUPPORT TEACHING AND LEARNING IN SOCIAL
INNOVATION AND OTHER TOPICS.

IN 2018, THE ORGANIZATION LAUNCHED THE STORY FELLOWSHIP. FELLOWS

VET STORIES FOR HIGH-CALIBER, SOLUTIONS-FOCUSED JOURNALISM FOR THE

SOLUTIONS STORY TRACKER. THE INAUGURAL NINE STORY FELLOWS DOUBLED

THE NUMBER OF STORIES IN THE STORY TRACKER, ADDING 2,748 STORIES.

THEY ALSO CURATED MORE THAN 150 STORY COLLECTIONS.

THE COMMUNITY OF REGISTERED SOLUTIONSU USERS TRIPLED IN 2018,
INCREASING BY 2,203 USERS. THE ORGANIZATION CONTINUES TO SUPPORT
FACULTY IN DEVELOPING AND SHARING TEACHING MATERIALS BASED ON
SOLUTIONS JOURNALISM STORIES IN A RANGE OF DISCIPLINES. SINCE THE
ORIGINAL "STORY TRACKER" LAUNCHED IN 2016, FACULTY MEMBERS HAVE

ATTACHMENT 3 (CONT'D)

COURSES IN 2018 ALONE, IN DISCIPLINES RANGING FROM ANTHROPOLOGY TO BUSINESS TO PUBLIC POLICY. TO DATE, FACULTY MEMBERS HAVE REPORTED THAT MORE THAN 5,200 STUDENTS HAVE BEEN EXPOSED TO SOLUTIONS JOURNALISM STORIES THROUGH THEIR COURSES.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

JOURNALIST PRACTICE CHANGE - (FORMERLY KNOWN AS "MASS SPREAD"):

COMPLEMENTING ITS WORK WITH NEWS ORGANIZATIONS, THE ORGANIZATION

SEEKS TO ADVANCE THE ADOPTION OF THE SOLUTIONS APPROACH BY

INDIVIDUAL JOURNALISTS.

ONLINE NETWORK: THE ORGANIZATION'S MEMBER WEBSITE, THE HUB,

CONTINUED TO ACT AS THE CENTRAL REPOSITORY FOR ALL THE RESOURCES

AND PROGRAMS WE OFFER. NEW TO THE HUB INCLUDES A LIST OF 20+

EDITORS ACCEPTING SOLUTIONS PITCHES, A MENTORSHIP PROGRAM WITH

FOUR ACTIVE COHORTS, AS WELL AS ALMOST A DOZEN TRANSLATIONS OF THE

SJ BASIC TOOLKIT. ON AVERAGE, USERS SPENT 21% LONGER ON THE SITE

THAN IN 2016, AND TOTAL VISITS INCREASED BY 11%. MEMBERSHIP IN THE

HUB GREW BY 218% IN 2018, INCREASING FROM 1,075 TO 3,415 MEMBERS.

THE ORGANIZATION CONTINUES TO PERFORM WELL WITHIN ITS SOCIAL MEDIA COMMUNITIES. IN 2018 ON TWITTER, THE ORGANIZATION'S FOLLOWING INCREASED BY 50% TO MORE THAN 17,000 FOLLOWERS. ITS FACEBOOK GROUP GREW BY 73%, AVERAGING 4.7% GROWTH PER MONTH.

ATTACHMENT 4 (CONT'D)

COMMUNITY BUILDING: THE ORGANIZATION HELD ITS SECOND ANNUAL SUMMIT IN NOVEMBER 2018, BRINGING TOGETHER 90 JOURNALISTS AND JOURNALISM-SCHOOL PROFESSORS FOR COLLABORATIONS AROUND SOLUTIONS JOURNALISM. AS WITH LAST YEAR, FEEDBACK FROM THIS ANCHOR EVENT WAS STRONG: 81% OF ATTENDEES WHO RESPONDED TO OUR SURVEY SAID IT EXCEEDED THEIR EXPECTATIONS. ADDITIONALLY, THE ORGANIZATION HELD KEY EVENTS SUCH AS THE WEST COAST REGIONAL CONVENING, CONNECTING AND SUPPORTING MEMBERS FROM THREE STATES, AND A GATHERING THAT HIGHLIGHTED RESPONSES TO THE #METOO MOVEMENT. THE ORGANIZATION'S VOLUNTEER-LED COMMUNITIES CONTINUED TO HOLD SMALLER EVENTS THROUGHOUT 2018 IN SIX U.S. CITIES.

JOURNALISM SCHOOLS: THE ORGANIZATION'S WORK TO INTEGRATE SOLUTIONS REPORTING INTO JOURNALISM-SCHOOL CURRICULUM HAS CREATED A CORE OF FOUR BEACON JOURNALISM SCHOOLS WHO CHAMPION THE PRACTICE IN THEIR INSTITUTIONS. THE ORGANIZATION HAS ALSO ESTABLISHED MEANINGFUL RELATIONSHIPS WITH AT LEAST TWO DOZEN OTHER INSTITUTIONS THAT HAVE COMMITTED TO INCORPORATING THE SOLUTIONS APPROACH INTO THEIR CURRICULA. FINALLY, 2018 BROUGHT THE LAUNCH OF THE JOURNALISM SCHOOL CURRICULUM BUILDER, A RESOURCE THAT SUPPORTS EDUCATORS INTERESTED IN INCORPORATING SOLUTIONS ELEMENTS INTO THEIR JOURNALISM COURSES. HUB MEMBERSHIP OF JOURNALISM-SCHOOL PROFESSORS GREW BY 20% WITHIN A WEEK OF LAUNCHING THE TOOLKIT.

ATTACHMENT 5

Schedule O (Form 990 or 990-EZ) 2018

Page 2

Name of the organization SOLUTIONS JOURNALISM NETWORK, INC.

Employer identification number 46-2265729

ATTACHMENT 5 (CONT'D)

FORM 990, PART VI, LINE 17 - STATES

AK, CA, CO, CT, DE,

DC, FL, IL, MA, MI,

NH, NJ, NM, NY, NC, OH, OR, PA,

VA,WA,

ATTACHMENT 6

FORM 990, PART IX - OTHER FEES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
PROGRAM CONSULTING FEES	480,705.	480,705.		
INFRASTRUCTURE DEVELOPMENT AND				
	60.060		C4	5 205
OTHER GENERAL CONSULTING FEES	69,860.		64,535.	5,325.
TOTALS	550,565.	480,705.	64,535.	5,325.
TATUTO	330,303.	400,700.	04,000.	J, JLJ.