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| • | . •• | | | 27 | | ~ • • | |
|---|--|----------------------------|---------------|------------------------|------------------------|---------------|---|
| Form 990-T | Exempt Organ | nization Bus | siness | Income T | ax Return | | OMB No 1545-0687 |
| m \ | | nd proxy tax und | | | 1812 190 | 0 | |
| The Vitalian | For calendar year 2018 or other tax yea | r beginning JUL 1, | 2018 | and ending JUI | | 9 | 2018 |
| Department of the Treasury | ➤ Go to www | irs gov/Form990T for in | structions a | and the latest informa | ation. | - L | |
| Internal Revenue Service | Do not enter SSN number | s on this form as it may | / be made p | ublic if your organiza | ition is a 501(c)(3). | Op 50 | en to Public Inspection for 1(c)(3) Organizations Only |
| A Check box if address changed | Name of organization (| Check box if name c | changed and | see instructions.) | | | r identification number ees' trust, see ons) |
| B Exempt under section | Print INVESTIGATIVE REPORTERS & EDITORS, INC. 51-0166741 | | | | | | |
| X 501(c 1)() 3) | or Number, street, and room | | | | | E Unrelate | d business activity code |
| 408(e) 220(e) | Type 138 NEFF AND | | ., | | | (See insu | ructions) |
| 408A 530(a) 529(a) | City or town, state or prov COLUMBIA, MO | | r foreign po | stal code | | 5 41 8 | n n |
| C Book value of all assets at end of year | F Group exemption numb | | <u> </u> | | | 2410 | |
| at end of year 7, 160, 7 | | | noration | 501(c) trust | 401(a) | trust | Other trust |
| | organization's unrelated trades or b | | 1 | | the only (or first) un | | Comor trust |
| | WEB ADVERTISING | | | | complete Parts 1-V. | | an one |
| - | ank space at the end of the previou | | rts Land IL o | | • | | • |
| business, then complete | | o contonuc, complete i a | | oonipioto a concadio | W TO COOK GOOD | | |
| | the corporation a subsidiary in an a | ffiliated group or a parer | nt-subsidiary | controlled group? | ▶ [| Yes | X No |
| | nd identifying number of the parent | | , | controlled group | | | CEE NO |
| | ► HEATHER FELDM | | . | Telepho | one number 🕨 (| 573) | 884-7902 |
| Part Unrelated | Trade or Business Inc | ome | | (A) Income | (B) Expenses | ĺ | (C) Net |
| 1a Gross receipts or sale | s — | - | | | T WEET | | |
| b Less returns and allow | vances | c Balance | 1c | | | 1 | |
| 2 Cost of goods sold (S | chedule A, line 7) | • | 2 | | | | |
| 3 Gross profit. Subtract | · | | 3 | | | | |
| 4a Capital gain net incom | ne (attach Schedule D) | | 4a | | | | |
| b Net gain (loss) (Form | 4797, Part II, line 17) (attach Form | 4797) | 4b | | | | |
| c Capital loss deduction | for trusts | | 4c | | | | |
| 5 Income (loss) from a | partnership or an S corporation (att | ach statement) | 5 | | | | |
| 6 Rent income (Schedu | le C) | | 6 | | • / | | |
| 7 Unrelated debt-finance | ed income (Schedule E) | | 7 | | | | |
| 8 Interest, annuities, roy | alties, and rents from a controlled o | rganization (Schedule F) | 8 | | | | |
| 9 Investment income of | a section 501(c)(7), (9), or (17) or | ganization (Schedule G) | 9 | | | | |
| 10 Exploited exempt activ | vity income (Schedule I) | | 10 | | | | |
| 11 Advertising income (S | schedule J) | | 11 | 1,800. | | | |
| 12 Other income (See ins | structions; attach schedule) | | 12 | | | | |
| 13 Total: Combine lines | 3 through 12 | | 13 | 1,800. | | | 1,800. |
| | ns Not Taken Elsewhere | | | | | | |
| / (Except for c | contributions, deductions must | be directly connected | with the u | nrelated busness i | income) | | |
| • | cers, directors, and trustees (Sched | Jule K) | | | | 14 | |
| 15 Salaries and wages | | / | | | | 15 | |
| 16 Repairs and mainten | ance | / RI | ECEIV | ED 7 | | 16 | |
| 17 · Bad debts | | | | O | ļ | 17 | |
| | dule) (see instructions) | | UL 01: | 2020 (8) | ĺ | 18 | |
| 19 Taxes and licenses | | 191 | OL U I | נטבט יאָן | | 19 | |
| | ons (See instructions for limitation i | rules) | - | , | ļ | 20 | |
| 21 Depreciation (attach | | 00 | 3DEN, | 21 | | | |
| | imed on Schedale A and elsewhere | on return | | 22a- | | 22b | |
| 23 Depletion | | | | | 1 | 23 | |
| | rred compensation plans | | | | | 24 | |
| 25 Employee benefit pro | , | | | | | 25 | |
| 26 Excess exempt exper | | | | | } | 26 | |
| 27 Excess readership co | | | | | } | 27 | |
| 28 Other deductions (at | - | | | | | 28 | A A |
| | dd lines 14 through 28 | nijara er og er e | Nima CC 1 | - l 40 | ŀ | 29 | 1,756. |
| | exable income before net operating | | | | - | 30 | 1,/50. |
| • | erating loss arising in tax years beg | | ry 1, 2018 (s | ee instructions) | ν, | 31 | 1,756. |
| | exable income, Subtract line 31 from | | | | | 32 | 1 , 756 • . Form 990-T (2018) |
| ACCOUNT OF SOME INTO THE | r Danaguark Daduction Act Notice | COO INCTILICATIONS | | | | | eoon 2205 [/IIIX] |

| | INVESTIGATIVE REPORTERS & EDITORS, INC. | 2T-0T96 | 0/41 | Page Z |
|------------|---|--|---------------|---------------------------------------|
| Part | | | | |
| 33 | Yotal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | () | 33 | 1,756. |
| 34 | Amounts paid for disallowed fringes | | 34 | |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | l | 35 | |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of | | | |
| | lines 33 and 34 | | 35 | 1,756. |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 8[| 37 | 1,000. |
| 38 | Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36, | ,, l | | |
| /i | enter the smaller of zero or line 36 | H | 38 | 756. |
| Part J | Tax Computation | | Ī | |
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) | | 39 | 159. |
| 40 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: | \ _ } | 1 | |
| 40 | Tax rate schedule or Schedule D (Form 1041) | | 40 | |
| 41 | Proxy tax See instructions | | 411 | |
| | Alternative minimum tax (trusts only) | - | 42 | |
| 42 | Jax on Noncompliant Facility Income See Instructions | F | 43 | |
| 43 | Tetal. Add lines 41, 42, and 43 b line 39 or 40, whichever applies | -ŋ } | 44 | 159. |
| Part) | Tax and Payments | <u></u> | 44 | |
| | | - | | |
| | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | | - 1 | |
| b | Other credits (see instructions) | | | |
| C | General business credit. Attach Form 3800 | | - | - |
| | Credit for prior year minimum tax (attach Form 8801 or 8827) | | <u> </u> | |
| | Total credits. Add lines 45a through 45d | + | 45e | 150 |
| 46 | Subtract line 45e from line 44 | | 46 | 159. |
| 47 | | ttach schedule) | 47 | 150 |
| 48 | Total tax Add lines 46 and 47 (see instructions) | ŊĻ | 48 | 159. |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | - | 49 | 0. |
| 50 a | Payments: A 2017 overpayment credited to 2018 | | 1 | |
| b | 2018 estimated tax payments 5bb | | | |
| C | Tax deposited with Form 8868 | | ł | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) 50d | | | |
| е | Backup withholding (see instructions) | | | |
| f | Credit for sma [!] ! employer health insurance premiums (attach Form 8941) | | ľ | |
| g | Other credits, adjustments, and payments: Form 2439 | | | |
| | Form 4136 Other Total ▶ <u>50g</u> | · | · | |
| 51 | Total payments. Add lines 50a through 50g | Ĺ | 51 | |
| 52 | Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲 | | 52 | |
| 53 | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed STATEMENT 1 | 9 ▶ [| 53 | 159. |
| 54 | Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | `▶[| 54 | |
| 55 | Enter the amount of line 54 you want. Credited to 2019 estimated tax | inded 📂 | 55 | |
| Part V | | ions) | | |
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority | | | Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | | |
| | here > | | | X |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore | ian trust? | | X |
| ٠. | If "Yes," see instructions for other forms the organization may have to file. | 9 | | |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year >\$ | | | |
| | Under genalties of persury. I declare that I have examined this return, including accompanying schedules and statements, and to the b | est of my knowledg | e and belief, | it is true, |
| Sign | correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | | | Str Senite |
| Here | NOVA Hadde V 6/84/20 EXECUTIVE DIREC | TOR the | | uss this return with wn below (see |
| | Signature of offeer Date Title | | ructions)? | |
| | Print/Type preparer's name Preparer's signature Date C | heck If | PTIN | |
| ъ | 1 | elf- employed | ' ' ''' | |
| Paid | by an unity $\int \int \int \sqrt{2/3} dx$ | Jii Gilipioyeu | P01 | 749573 |
| Prepa | - NITH TAME VEEDERS II.C | Firm's EIN | | 1126847 |
| Use C | 2005 WEST BROADWAY, SUITE 100 | amo Env | | |
| | | Phone no. (5 | 573) 4 | 442-6171 |
| 000711 01 | | nonono. \ J | | rm 990-T (2018) |
| 823711 01- | NG- 19 | | 70 | 1111 222 • (2010) |

| ГОКМ \ | INTERE | ST AND PENAL | TIES | | STA | TEMENT 1 |
|--------------------------------|------------|---------------|--------------------|---------------|------|----------|
| TAX FROM FORM 990-T | , PART IV | | | | | 159 |
| LATE PAYMENT INTER | | | | | | 7 |
| LATE PAYMENT PENAI | | | | | | 5 |
| LATE FILING PENALT | Ϋ́ | | | | | _ 159 |
| TOTAL AMOUNT DUE | | | | | | 330 |
| | | | | | | |
| FORM 990-T | LA | TE PAYMENT II | NTEREST | | STA' | TEMENT 2 |
| | LA DATE | TE PAYMENT II | NTEREST BALANCE | RATE | | TEMENT 2 |
| FORM 990-T DESCRIPTION | DATE | AMOUNT | BALANCE | | | |
| FORM 990-T | | | | RATE .0500 | DAYS | |
| FORM 990-T DESCRIPTION TAX DUE | DATE | AMOUNT | BALANCE | .0500 | DAYS | INTEREST |

| FORM 990-T | ORM 990-T LATE PAYMENT PENALTY | | | | ATEMENT 3 | |
|-----------------------|--------------------------------|-------|--------------|--------|-----------|--|
| DESCRIPTION | DATE | TUOMA | BALANCE | MONTHS | PENALTY | |
| TAX DUE DATE FILED | 11/15/19 04/30/20 | 159. | 159. 159. | 6 | 5. | |
| TOTAL LATE PAYMENT | PENALTY | | | | 5. | |