DLN: 93493007007120 OMB No 1545-0047 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 Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 C Name of organization THE NEWSGUILD OF NEW YORK D Employer identification number B Check if applicable ☐ Address change CWA - LOCAL 31003 13-1105115 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1500 BROADWAY SUITE 900 \square Amended return ☐ Application pending (212) 575-1580 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY $\,$ 10036 **G** Gross receipts \$ 3,270,642 Name and address of principal officer H(a) Is this a group return for **GRANT GLICKSON** ☐Yes **☑**No subordinates? 1500 BROADWAY SUITE 900 H(b) Are all subordinates NEW YORK, NY 10036 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(5) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) Website: ► WWW NYGUILD ORG **H(c)** Group exemption number ▶ L Year of formation M State of legal domicile **K** Form of organization \square Corporation \square Trust \square Association \square Other \blacktriangleright Summary 1 Briefly describe the organization's mission or most significant activities
THE NEWSGUILD OF NEW YORK IS THE UNION FOR NEWS PROFESSIONALS IN AMERICAS MEDIA CAPITAL WE ARE THE WORKPLACE ADVOCATE FOR PEOPLE IN THE MEDIA BUSINESS, INCLUDING SOME OF THE BEST JOURNALISTS IN THE COUNTRY THE NATIONAL NEWSGUILD IS THE LARGEST UNION FOR NEWS PROFESSIONALS AND WE ARE ITS BIGGEST LOCAL, FEARLESSLY REPRESENTING OVER 3,000 JOURNALISTS AND OTHER MEDIA EMPLOYEES AT NEW YORK-BASED MEDIA ORGANIZATIONS AND THEIR RESPECTIVE BUREAUS WE UNDERSTAND JOURNALISM, FROM PRINT TO DIGITAL TO BROADCAST OUR GUIDING PRINCIPLE, AS STATED IN THE NEWSGUILD CONSTITUTION, IS TO RAISE THE STANDARDS OF JOURNALISM AND ETHICS IN THE INDUSTRY OUR MISSION IS TO ADVANCE THE ECONOMIC INTERESTS AND IMPROVE THE WORKING CONDITIONS OF OUR MEMBERS THE GUILD IS COMMITTED TO GUARANTEEING, THROUGH COLLECTIVE BARGAINING, EQUAL EMPLOYMENT AND OPPORTUNITY IN THE NEWS INDUSTRY AND CONSTANT HONESTY IN Activities & Governance NEWS, EDITORIALS, ADVERTISING, AND BUSINESS PRACTICES WE ARE A COMMUNITY OF PROFESSIONALS, AND ENCOURAGE COOPE Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 2,971,838 3,226,968 34,704 **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 43,674 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,006,542 3,270,642 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . **14** Benefits paid to or for members (Part IX, column (A), line 4) 32,959 28.834 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,423,392 2,756,139 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,169,631 2,094,112 4,625,982 4,879,085 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) **19** Revenue less expenses Subtract line 18 from line 12 -1,619,440 -1,608,443 d Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . . 8,748,184 7,282,227 **21** Total liabilities (Part X, line 26) 258,895 353,392 8,489,289 6,928,835 Net assets or fund balances Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-12-17 Signature of officer Sign Here GRANT GLICKSON PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check \square if 2020-01-06 P00956964 self-employed Firm's name BARATZ & ASSOCIATES PA Firm's EIN ► 22-2212404 **Preparer** Use Only Firm's address ► 7 EVES DRIVE SUITE 100 Phone no (856) 985-5688 MARLTON, NJ 080533196

May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y Form **990** (2018)

☐ Yes ☐ No

orm 9	90 (2018)			Page 2
Part I	Statement of Program Service A	ccomplishments		
	Check if Schedule O contains a response	or note to any line in this Part III	<u> </u>	🗹
. Е	riefly describe the organization's mission			
OR PE ARGES THER ROM P TANDA ORKI	WSGUILD OF NEW YORK IS THE UNION FOR NOPLE IN THE MEDIA BUSINESS, INCLUDING SOFT UNION FOR NEWS PROFESSIONALS AND WE MEDIA EMPLOYEES AT NEW YORK-BASED MED RINT TO DIGITAL TO BROADCAST OUR GUIDINARDS OF JOURNALISM AND ETHICS IN THE INING CONDITIONS OF OUR MEMBERS THE GUIL MENT AND OPPORTUNITY IN THE NEWS INDUCES WE ARE A COMMUNITY OF PROFESSIONAL	OME OF THE BEST JOURNALISTS IN THE FARE ITS BIGGEST LOCAL, FEARLESSLY IA ORGANIZATIONS AND THEIR RESPECTIONS AND THEIR RESPECTIONS AND THEIR RESPECTIONS AND THE NEW AND THE NEW MISSION IS TO ADVANCE OF THE NEW AND THE TO GUARANTEEING, TOUSTRY AND CONSTANT HONESTY IN NEW	COUNTRY THE NATIONAL NEY REPRESENTING OVER 3,000 J TIVE BUREAUS WE UNDERST SGUILD CONSTITUTION, IS TO THE ECONOMIC INTERESTS A HROUGH COLLECTIVE BARGAI	NSGUILD IS THE OURNALISTS AND AND JOURNALISM, O RAISE THE ND IMPROVE THE NING, EQUAL
C	old the organization undertake any significant p	rogram services during the year which w	ere not listed on	
t	he prior Form 990 or 990-EZ?			🗌 Yes 🗹 No
I	f "Yes," describe these new services on Schedu	le O		
	old the organization cease conducting, or make		nv program	
	ervices?		A processor	☐ Yes ☑ No
	f "Yes," describe these changes on Schedule O			□ 162 ⊡ 140
ا د	Pescribe the organization's program service acciection 501(c)(3) and 501(c)(4) organizations a xpenses, and revenue, if any, for each program	re required to report the amount of gran		
a (Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data			,
-				
b (Code) (Expenses \$	including grants of \$) (Revenue \$)
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с (Code) (Expenses \$	including grants of \$) (Revenue \$)
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•	Code) (Expenses \$	including grants of \$) (Revenue \$)
P	DVANCE THE ECONOMIC INTEREST AND IMPROVE TH	WORKING CONDITIONS OF ITS MEMBERS		
	Other program services (Describe in Schedule C	•		
(Expenses \$ includin	g grants of \$) (Revenue \$)
e 7	otal program service expenses ►			

Form 990 (2018) Page 3 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," complete Nο 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Nο No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 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? 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? Yes 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? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation No

9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable

Nο

11a

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? No

Nο

No

Nο

Nο

No

No

Nο

Nο

No

Nο

Nο

No

Nο

No

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Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

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

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Nο

Yes

Yes

Yes

11h

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

20a

20b

21

34

35a

35b

36

37

38

21

0

1a

Yes

Yes

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No

Nο

Nο

Nο

Pai	Checklist of Required Schedules (continued)			
			Yes	No
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
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		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

37

38

Part V

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

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10a

10b

11a

11b

12b

13b

13c

Pa	rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched			o" resp	onse to	lines
		Check if Schedule O contains a response or note to any line in this Part VI	• •				✓
Se	ction	A. Governing Body and Management					
_				l		Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	51			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O					
Ь	Enter	the number of voting members included in line 1a, above, who are independent	1b	49			
2		ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee?			2		No
3	Did th	ne organization delegate control over management duties customarily performed by icers, directors or trustees, or key employees to a management company or other					No
4		ne organization make any significant changes to its governing documents since the			4		No
5	Did th	ne organization become aware during the year of a significant diversion of the orga	nızatıo	n's assets? .	5		No
6	Did th	ne organization have members or stockholders?			6	Yes	
7a		ne organization have members, stockholders, or other persons who had the power to bers of the governing body?		t or appoint one or more	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) ns other than the governing body?		bers, stockholders, or	7b		No
8							
а	The g	overning body?			8a	Yes	
ь	Each	committee with authority to act on behalf of the governing body?			8b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who distributed in Part VII, Section A, who distributed in Section A, which is set to be set of the Section A.			9		No
Se	ection	B. Policies (This Section B requests information about policies not requ	ıred b	y the Internal Revenue	e Code	e.)	
						Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?			10a		No
b		ss," did the organization have written policies and procedures governing the activitie Franches to ensure their operations are consistent with the organization's exempt p			10b		
11a	Has tl form?	he organization provided a complete copy of this Form 990 to all members of its go	vernın	g body before filing the	11a		No
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13 .			12a		No
b	Were confli	officers, directors, or trustees, and key employees required to disclose annually interest	erests	that could give rise to	12b		
С		ne organization regularly and consistently monitor and enforce compliance with the dule O how this was done	policy	? If "Yes," describe in	12c		
13	Did th	ne organization have a written whistleblower policy?			13		No
14	Did th	ne organization have a written document retention and destruction policy? \cdot .			14		No
15		ne process for determining compensation of the following persons include a review ins, comparability data, and contemporaneous substantiation of the deliberation and					
a	The o	rganization's CEO, Executive Director, or top management official			15a	Yes	
b	Other	officers or key employees of the organization			15b	Yes	
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		ne organization invest in, contribute assets to, or participate in a joint venture or si lle entity during the year?	mılar a	rrangement with a	16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organizat nt venture arrangements under applicable federal tax law, and take steps to safegu s with respect to such arrangements?	ard the				
<u> </u>					16b		
<u>56</u> 17		C. Disclosure ne States with which a copy of this Form 990 is required to be filed▶					
18	Section	on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), savailable for public inspection. Indicate how you made these available. Check all the					
		Dwn website 🗹 Another's website 🗆 Upon request 🗀 Other (explain in Sc		•			
19	Descr	ribe in Schedule O whether (and if so, how) the organization made its governing do , and financial statements available to the public during the tax year		•			
20	State	the name, address, and telephone number of the person who possesses the organ CENT MALLOZZI 1500 BROADWAY SUITE 900 NEW YORK NY NEW YORK, NY 1003					

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

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Part VII Section A. Officers, Dir	ectors, Trustees	s, Key	Emp	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours	than o	one b	ox, u in off	t che inles ficer	and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										

	4.	Stee इ		ાકજાહ્ય		
See Additional Data Table						

1b Sub-Total						>		
c Total from continuation sheets to Pa	Sub-Total							

c	Sub-Total			45,907
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1	•		
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No

	otal from continuation sheets to Part VII, Section A	188.802				45,907
2	Total number of individuals (including but not limited to those listed above) who of reportable compensation from the organization ► 1	,		1		13,357
					Yes	No
3	Did the organization list any former officer, director or trustee, key employee, line 1a? <i>If "Yes," complete Schedule J for such individual</i>	-	• •	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and o	other compensation f	rom the			

u	Total (add lines 1b and 1c)			+3,507
2				
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
_		<u> </u>	''	

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

	mile 1a' II les, complete schedule I loi such mulvidual		3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensorganization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J individual</i>				
			4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization 2 If "Yes," complete Schedule 2 for such person		5		No
Se	ction B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the o		compensa	ation	
	(A)	(B)			

	maividual		4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization 7 If "Yes," complete Schedule J for such person		5		No
S	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the o		npensa	ation	
	(A) Name and business address	(B) Description of services		(C Comper	

S	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the		ensation
	(A)	(B)	(C)
	Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than compensation from the organization ▶	\$100,000 of
	Form 000 (2019)

	90 (2018)						Page 9
Part \	VIII Statement of Re Check if Schedule O		anca ar nota ta anv	line in this Bort VIII			П
	Check II Schedule O	contains a resp	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a			revenue		512 - 514
nts nts	b Membership dues .		<u> </u>				
rat			1				
".G A	c Fundraising events .		1				
重	d Related organizations	1d	i -				
s, (imi	e Government grants (contri		1				
ion r Si	f All other contributions, gift and similar amounts not in above	cluded 1f					
t te	g Noncash contributions	ıncluded	'				
Contributions, Gifts, Grants and Other Similar Amounts	in lines 1a - 1f \$						
ತಿ ಕ	h Total. Add lines 1a-1f		•				
ı.			Business	Code			
nue.	2a MEMBERSHIP DUES			3,2	25,968 3,	225,968	
Service Revenue	b REIMBURSEMENT FROM CW.	A			1,000	1,000	
je Ge	с ———						
<u>\$</u>	d ———						
E	e ————						
Program	f All other program servic	e revenue					
\$	gTotal. Add lines 2a-2f .		▶	226,968			
	3 Investment income (inclu		interest, and other	43,674	4		43,674
	similar amounts) 4 Income from investment		ond proceeds	13,07	·		13,071
	5 Royalties			•			
	,	(ı) Real	(II) Personal				
	6a Gross rents			7			
	b Less rental expenses			\dashv			
	c Rental income or (loss)						
	d Net rental income or (lo	oss)		1			
		(ı) Securities	(II) Other				
	7a Gross amount from sales of						
	assets other than inventory						
	b Less cost or			\dashv			
	other basis and sales expenses						
	C Gain or (loss)						
	d Net gain or (loss)		•				
	8a Gross income from fund (not including \$	raising events of					
E I	contributions reported o See Part IV, line 18		1				
ě	b Less direct expenses			\dashv			
a le	c Net income or (loss) from			_			
Other Revenue	9a Gross income from game						
	See Part IV, line 19 .		}				
	b Less direct expenses	ь		-			
	c Net income or (loss) from	m gamıng actıvı	ties				
	10aGross sales of inventory returns and allowances						
	recurris and anomarices	 a	1				
	b Less cost of goods sold	b)				
	C Net income or (loss) from	m sales of inven	tory ►				
-	Miscellaneous Rev	/enue	Business Code	4			
	11a						
	b						
	_						
	с		+	+			
	d All other revenue			1			
	e Total. Add lines 11a-11	d					
	12 Total revenue. See Ins	tructions		2 270 641	2 226	268	43,674
				3,270,64	2 3,226,9	/vo	43,674 Form 000 (2019)

Part I	X	State	ment of	Functional	Expenses

orm	990 (2018)				Page 10
	on 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
	Grants and other assistance to domestic individuals See Part IV, line 22				
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members	28,834			
	Compensation of current officers, directors, trustees, and key employees	188,802			
	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,478,453			
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	641,462			
9	Other employee benefits	305,184			
10	Payroll taxes	142,238			
11	Fees for services (non-employees)				
а	Management				
b	Legal	85,732			
c	Accounting	29,815			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	52,333			
12	Advertising and promotion				
13	Office expenses	308,549			
14	Information technology				
15	Royalties				
16	Occupancy	370,471			
17	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,557			
20	Interest				
21	Payments to affiliates	643,575			
22	Depreciation, depletion, and amortization	32,146			
23	Insurance	25,123			
	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)				
	UNIT SERVICING	462,299			
b	ORGANIZING	39,110			
c	CONVENTION	21,674			
d	STRATEGIC COMMUNICATION	12,244			
e	All other expenses	3,484			
25	Total functional expenses. Add lines 1 through 24e	4,879,085	0	0	0
	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 > I if following SOP 98-2 (ASC 958-720)				1

Page **11**

7.282.227

353,392

353.392

6,928,835

6,928,835

7,282,227

Form **990** (2018)

8.748.184

258,895

258.895

8,489,289

8,489,289

8,748,184

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Form 990 (2018)

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Liabilities 22

Fund Balances

Assets or 30

Net

	Beginning of year		End of year
1 Cash-non-interest-bearing	517,018	1	514,925
2 Savings and temporary cash investments	5,961,002	2	4,277,035
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net	129,313	4	179,310
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete		_	

	4	Accounts receivable, net			129,313	4	179,310
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L		5			
ts	6	Loans and other receivables from other disquality section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	rsons (as defined under 3(c)(3)(B), and of section 501(c)(9) structions) Complete		6		
ē	,	Notes and loans receivable, net					
Assets	8	Inventories for sale or use			8		
A	9	Prepaid expenses and deferred charges			16,663	9	6,931
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	439,139			
	b	Less accumulated depreciation	10 b	291,545	177,672	10c	147,594

		contributing employers and sponsoring organizations voluntary employees' beneficiary organizations. Part II of Schedule L	(see ın	structions) Complete		6	
ets	7	Notes and loans receivable, net	•			7	
Ass	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			16,663	9	6,931
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	439,139			
	b	Less accumulated depreciation	10 b	291,545	177,672	10c	147,594
	11	Investments—publicly traded securities .			1,946,516	11	2,156,432
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			_	15	

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

No No Form **990** (2018)

3b

Additional Data

Form 990, Part III, Line 4a:

Form 990 (2018)

Software ID: Software Version:

EIN: 13-1105115

Name: THE NEWSGUILD OF NEW YORK

CWA - LOCAL 31003

ADVANCE THE ECONOMIC INTEREST AND IMPROVE THE WORKING CONDITIONS OF ITS MEMBERSHIP

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

	any hours	and	a dır	rectr	r/trعد	rustee)) !	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
KAREN ROHAN EXECUTIVE BO	5 00	×						0	0	0
ERIC RUSS EXECUTIVE BO	5 00	X						0	0	0
KATHY WILMORE UNIT CHAIR	5 00	X						0	0	0
DAN GREBLER UNIT CHAIR	5 00	X						0	0	0
JOSEPH PUNDAY	5 00							1		

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KATHY WILMORE
UNIT CHAIR
DAN GREBLER
UNIT CHAIR

UNIT CHAIR

FAIZ AHMED

UNIT CHAIR

BILL BAKER

UNIT CHAIR

EXECUTIVE BO

STACEY ANDERSON

DANIEL BALINOVIC

BRITTANY BROWN

EXECUTIVE BO

UNIT CHAIR

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	for related		_	_	_			(W- 2/1099-	(W- 2/1099-	organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
ANDREW DANTONIO EXECUTIVE BO	5 00	×						0	0	0
MAX EDDY UNIT CHAIR	5 00	×						0	0	0
JESUS GARCIA UNIT CHAIR	5 00	x						0	0	0
NICK GUY	5 00									

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UNIT CHAIR		×			0	
JESUS GARCIA UNIT CHAIR	5 00	X			0	
NICK GUY UNIT CHAIR	5 00	X			0	

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and Independent Contractors

NATALIE HERRON

ANDREW HOFSTETTER

EXECUTIVE BO

EXECUTIVE BO

BEDEL SAGET

EXECUTIVE BO

EXECUTIVE BO

EXECUTIVE BO

EXECUTIVE BO

NIKITA STEWART

ANDREA KANNAPELL

ABE SATER

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

UNIT CHAIR

UNIT CHAIR

JODY GODOY

RICH HANDEL

UNIT CHAIR

UNIT CHAIR

UNIT CHAIR

NATALIE MEADE

STEPHON JOHNSON

....... **EXECUTIVE BO**

LESLIE DICKSTEIN

	l for rolated '							(WI 2/1000	(14) 2/1000	arannantion and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DAWN LAGNO UNIT CHAIR	5 00	×						0	0	0
TANYA MANTHY UNIT CHAIR	5 00	х						0	0	0
HAZFUR RAHMAN EXECUTIVE BO	5 00	x						0	0	0
AZFAR WAQAR RAJPAR	5 00							0	0	0

ONIT CHAIR									
HAZFUR RAHMAN	5 00	×						0	
EXECUTIVE BO		^						9	
AZFAR WAQAR RAJPAR	5 00	l						0	
EXECUTIVE BO		^						9	
KATE BRIQUELET	5 00							0	
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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

		""	a un	ecto	217 (11	uscee		Organización	diganizacions	l moniture ,
	for related organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JAKE METH	5 00	×						0	0	0
UNIT CHAIR	<u> </u>							-		
KYLE ORLAND	5 00									
UNIT CHAIR		×						U	U	0
ALEX OSSOLA	5 00	1						0	0	
UNIT CHAIR		×						U	U	0
ALEX PRESS	5 00	l						0	0	
UNIT CHAIR	1	×						0	U	0

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RACHEL SANDERS UNIT CHAIR

CHRISTOPHER SHAY

.......

UNIT CHAIR

UNIT CHAIR

UNIT CHAIR

TALYA ZAX

UNIT CHAIR

UNIT CHAIR

STEPHEN DEFILIPPO

ALEX SHEPHARD

JADE WILENCHIK

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

(W- 2/1099-

176,802

12,000

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(W- 2/1099-

organization and

45,907

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

UNIT CHAIR

PRESIDENT

GRANT GLICKSON

VINCENT MALLOZZI

ANNA PIERDILUCA

SECRETARY TR

LOCAL CHAIR

HILARY RUSS

1ST VICE PRE

TONY BARONE

2ND VICE PRE

.......

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	key employee	Highest compensated	Former	MISC)	MISC)	related organizations
KAZI ISLAM	5 00	×					0	0	0
UNIT CHAIR		^					0	0	
MARC BRODSKY UNIT CHAIR	5 00	x					0	0	0
JUAN CARLOS RODRIGUEZ UNIT CHAIR	5 00	×					0	0	0
ERIK TRAUTMANN	5 00								

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UNIT CHAIR						
JUAN CARLOS RODRIGUEZ	5 00				0	
UNIT CHAIR		^			9	
ERIK TRAUTMANN	5 00	l			9	
UNIT CHAIR		_ ^			5	
DANIEL NEUBURGER	5 00					

40 00

10 00

5 00

5 00

5 00

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for related

and Independent Contractors (A)

Name and Title

5 00	hours per week (list any hours for related organizations below dotted line)
	 5 00

(B)

Average

00

Position (do not check more than one box, unless person is both an officer and a director/trustee) employee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Institutio

(D) Reportable compensation from the organization (W-2/1099-MISC)

compensation from the organization and related organizations

(F)

Estimated

amount of other

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

JIM LUTTRELL 3RD VICE PRE

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493007007120

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

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SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization THE NEWSGUILD OF NEW YORK CWA - LOCAL 31003 13-1105115 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amouth that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such a	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
1					
5					
5					

Did the filing organization file Form 1120-POL for this year?

☐ Yes

ь	Total lobbying expenditures to influence a legislative	body (direct lobbying)	
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	i 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns	n the following table in both	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f)	
h	Subtract line 1g from line 1a If zero or less, enter -()-	

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

Volunteers?

Part IV

Return Reference

Supplemental Information

instructions), and Part II-B, line 1 Also, complete this part for any additional information

1

(b)

Amount

(a)

No

Yes

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions)

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

DLN: 93493007007120 OMB No 1545-0047

Open to Public

uem	al Revenue Service	ov/ronnago	Inspection
THE	me of the organization : NEWSGUILD OF NEW YORK A - LOCAL 31003		Employer identification number 13-1105115
Pa	Organizations Maintaining Donor Advistage Complete if the organization answered "Yes		<u> </u>
	complete in the organization anomered 10	(a) Donor advised funds	(b)Funds and other accounts
L	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
1	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's exc		lvised funds are the $\hfill \square$ Yes $\hfill \square$ No
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?		
Pa	rt III Conservation Easements. Complete if th	e organization answered "Yes" on Forn	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the organ	nization (check all that apply)	
	\square Preservation of land for public use (e g , recreation	n or education) \qed Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a deasement on the last day of the tax year	qualified conservation contribution in the for	rm of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic	structure included in (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferred tax year	d, released, extinguished, or terminated by	the organization during the
1	Number of states where property subject to conservation	n easement is located >	
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds		of violations,
5	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations, and enforcing conser	vation easements during the year
3	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(H)$?	above satisfy the requirements of section 1	70(h)(4)(B)(ı)
•	In Part XIII, describe how the organization reports const balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial state	nse statement, and
ar	t III Organizations Maintaining Collections Complete if the organization answered "Yes		er Similar Assets.
La	If the organization elected, as permitted under SFAS 11: art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in f	
b	If the organization elected, as permitted under SFAS 11: historical treasures, or other similar assets held for publ following amounts relating to these items		•
((i) Revenue included on Form 990, Part VIII, line 1		▶ \$
(i	ii)Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		ncial gain, provide the

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Cat No 52283D

Par	31111	Organizations Maintainin	g Collections of	of Art, I	Histori	cal T	reasu	ires, or O	ther	Similar As	sets ((continued)	
3		the organization's acquisition, acc (check all that apply)	cession, and other	records	, check	any of	the fo	llowing that	t are a	sıgnıfıcant u	se of it	s collection	1
а		Public exhibition			d		Loan	or exchang	je prog	ırams			
b		Scholarly research			е		Other	r					
c		Preservation for future generation	ns										
4	Provi Part :	de a description of the organization	n's collections and	d explain	how the	y furtl	ner the	e organizati	on's e	kempt purpos	se in		
5		g the year, did the organization so s to be sold to raise funds rather t								ular	□ Y ₆	es 🗆	No
Pa	rt IV	Escrow and Custodial Arr Complete if the organization		" on Fo	-m 000	Dart	T\/ lu	200 05 50	annete	d an amou	nt on	Form 000	Dort
		X, line 21.	answered res	OII FO	1111 990	, Part	10, 11	ne 9, or re	3porte	an amou	nt on	FOITH 990	, Part
1a		e organization an agent, trustee, c ded on Form 990, Part X?	ustodian or other	ıntermed	diary for	contri	bution:	s or other a	ssets	not	□ Y	es 🗌	No
b	If "Y∈	es," explain the arrangement in Pa	rt XIII and comple	ete the fo	ollowing	table			Т	Ar	mount		
С	Begir	nning balance	·		_			1	.с				
d	Addıt	ions during the year						1	d				
е	Dıstrı	butions during the year						1	.e				
f	Endın	ng balance						1	lf				
2a	Did tl	he organization include an amount	on Form 990, Pai	rt X, lıne	21, for	escrow	or cu	stodial acco	ount lia	ability?	□ Y _ℓ	es 🗆	No
b		es," explain the arrangement in Pa									_		
Pa	rt V	Endowment Funds. Compl											
		·	(a)Currer	nt year	(b) P	rıor yea	r	(c)Two years	s back	(d)Three yea	rs back	(e)Four ye	ars back
1 a	Beginn	ing of year balance											
b	Contrib	outions											
С	Net inv	estment earnings, gains, and loss	es										
d	Grants	or scholarships											
е		expenditures for facilities ograms											
f	Admını	strative expenses											
g	End of	year balance											
2	Provi	de the estimated percentage of the	e current year end	d balance	e (line 1g	g, colu	mn (a))) held as					
а	Board	d designated or quasi-endowment	>										
b		anent endowment 🟲											
c		porarily restricted endowment >											
_		percentages on lines 2a, 2b, and 2	•										
3a		here endowment funds not in the p nization by	oossession of the	organiza	tion that	are n	eld an	d administe	ered to	r the		Yes	No
	(i) uı	nrelated organizations									3	a(i)	
		elated organizations									3	a(ii)	
Ь		es" on 3a(II), are the related organ		•			? .				L	3b	
4		ribe in Part XIII the intended uses	-	n's endo	wment f	unds							
Pa	rt VI	Land, Buildings, and Equi Complete if the organization		" on Fo	rm 990	Part	TV lu	ne 11a Se	ee Foi	rm 990 Par	rt X II	ne 10	
	Descri	iption of property (a) Cos	t or other basis vestment)		t or other		_					(d) Book va	lue
1a	Land												
b	Buildin	gs											
		nold improvements				(56,806			31,863			34,943
		nent				37	72,333			259,682			112,651
	Other												
Tota	I. Add	lines 1a through 1e (Column (d) n	nust equal Form 9	90, Part	X, colur	nn (B)	, line 1	10(c))		>			147,594

	Saa Form 990 Part V lina 17					
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		(c) Method of or end-of-yea	valuation r market value
	al derivatives					
	Tield equity interests	<u> </u>				
(A)						
[B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990. P	art IV. line	e 11c. See Fo	rm 990. Par	t X. line 13.
	(a) Description of investment		ok value		(c) Method of	
(1)				Cost	or end-or-yea	ir market value
(2)						
3)						
4)						
5)						
6)						
(7)						
(8)						
(8)						
(9)	nn (b) must equal Form 990, Part X. col (B) line 13)					
(9) Fotal. (Colum	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d S	See Form 990,	
9) Fotal. (Column Part IX			n 990, Part	IV, line 11d S	See Form 990,	Part X, line 15 (b) Book value
9) Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	iee Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description		m 990, Part	IV, line 11d S	See Form 990,	
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organization a	n				(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15	n		 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (2) 3) 4) 5)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1.	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value

Part XI

2

b

3

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2018

47.989

2e

3

4c

5

Page 4

47,989 3,270,642

3,270,642

4,879,085

4,879,085

4.879.085

Schedule D (Form 990) 2018

е	Add lines 2a through 2d	•			•			2e	
3	Subtract line 2e from line 1							3	
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							
1.	Other (December on Dect VIII.)	41.						٦	

4c

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

2a 2b

2c

2d

4a

4b

Explanation

Add lines 4a and 4b . 5 Part XII

Donated services and use of facilities . . .

Supplemental Information

Other (Describe in Part XIII)

Add lines 2a through 2d . .

Return Reference

Amounts included on line 1 but not on Form 990, Part IX, line 25

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 . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

1

2

Schedule D (Forn	n 990) 2018	Page 5
Part XIII	Supplemental Info	rmation (continued)
Retur	n Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 13-1105115

Name: THE NEWSGUILD OF NEW YORK

CWA - LOCAL 31003

Supplemental Information

Return Reference Explanation FASB ASC 740-10-65-1 REQUIRES FINANCIAL STATEMENT RECOGNITION OF THE IMPACT OF A TAX POSIT ION, IF THAT POSITION IS MORE THAN LIKELY THAN NOT TO BE SUSTAINED ON EXAMINATION, BASED O

SCHEDULE D, PAGE 3, PART X N THE TECHNICAL MERITS OF THE POSITION THE BENEFIT IS CALCULATED AS THE LARGER AMOUNT THA T IS MORE THAN 50 PERCENT LIKELY TO BE REALIZED UPON RESOLUTION OF THE BENEFIT THE GUILD. HAS EVALUATED ITS TAX POSITIONS AND BELIEVES ALL COULD BE SUSTAINED UPON EXAMINATION WITH FEW EXCEPTIONS. THE GUILD IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY FEDERAL AUTH **ORITIES BEFORE 2016**

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	ta -	DLN: 934	19300	7007	120
Schedule J (Form 990)		Co	mpensat	tion Information	40	1B No	1545-(0047
		For certain Officers, Directors, Trustees, Key Employees, and Highest						
		Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					2018	
Dans	► Attach to Form 990. Department of the Treasury ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.							blic
•	al Revenue Service	V do to <u>www.ms.qo</u>	<i><u>v/1 01111990</u></i> 101	i motifications and the latest mion		Insp	ectio	n
	ne of the organization of NE				Employer identificat	ion nu	ımber	
CWA	A - LOCAL 31003				13-1105115			
Pa	rt I Questi	ons Regarding Compensat	tion					
1 a				of the following to or for a person liste ny relevant information regarding the			Yes	No
		s or charter travel	. П	Housing allowance or residence for				
		companions		Payments for business use of perso	•			
	☐ Tax ıdemı	nification and gross-up payments	s 🗆	Health or social club dues or initiati	on fees			
	Discretion	nary spending account		Personal services (e g , maid, chau	ffeur, chef)			
b		xes in line 1a are checked, did thall of the expenses described abo		follow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1b		
2				or allowing expenses incurred by all		2		
	directors, truste	ees, officers, including the CEO/E	xecutive Directo	or, regarding the items checked in line	e la?			
3				ed to establish the compensation of the not check any boxes for methods	he			
	_	•	'''	CEO/Executive Director, but explain	ın Part III			
	☐ Compens	ation committee		Written employment contract				
	☐ Independ	ent compensation consultant		Compensation survey or study				
	☐ Form 990	of other organizations		Approval by the board or compensa	ition committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment?			4a		No
b	Participate in, o	r receive payment from, a supple	emental nonqua	ılıfıed retırement plan?		4b		No
c						4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	I provide the app	plicable amounts for each item in Par	t III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	s must complete lines 5-9.				
5		ed on Form 990, Part VII, Section ontingent on the revenues of		the organization pay or accrue any				
а	The organization	n?				5a		
b	Any related orga					5 b		
_	·	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any				
a L	The organization					6a		<u> </u>
Ь	Any related orga	anization? 6a or 6b, describe in Part III				6 b		
7	•	•	n A, line 1a, did	the organization provide any nonfixe	d			
		escribed in lines 5 and 6? If "Yes				7		
8				ured pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follov	w the rebuttable	e presumption procedure described in	Regulations section	9		
For F	Paperwork Redu	uction Act Notice, see the Inst	tructions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Form	990)	2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II 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 are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (B)(1)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 GRANT GLICKSON 176,802 (i) 45,907 222,709 PRESIDENT (ii)

1	\perp				
				Schedule	J (Form 990) 2018

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 J (Form 990) 2018

efile GRAPHIC pr	93493007007120					
SCHEDULE O (Form 990 or 990- EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Firment of the Treasury Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.					
Namel Betherolganizat THE NEWSGUILD OF NEW CWA - LOCAL 31003 990 Schedule O, S	Employer identi	fication number				
Return Reference		Explanation				
FORM 990 - ORGANIZATION'S MISSION	THE NEWSGUILD OF NEW YORK IS THE UNION FOR NEWS PROFESSIONALS IN AMERICAS MEDIA CAPITAL W					

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 4D

FORM 990, ADVANCE THE ECONOMIC INTEREST AND IMPROVE THE WORKING CONDITIONS OF ITS MEMBERS
PAGE 2,
PART III,

990 Schedule O, Supplemental Information Return Explanation Reference THE ORGANIZATION IS MADE UP OF MEMBERS

FORM 990. PAGE 6,

PART VI. LINE 6

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 7A

FORM 990, THE MEMBERSHIP ELECTS THE OFFICERS OF THE ORGANIZATION
PAGE 6,
PART VI,

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. REVIEWED BY OFFICERS OF THE ORGANIZATION PAGE 6,

PART VI, LINE 11B

990 Schedule O, Supplemental Information Return Explanation Reference EXECUTIVE BOARD NEGOTIATED CONTRACT

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FORM 990. DOCUMENTS ARE AVAILABLE AT WWW GUIDESTAR ORG

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