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CLIENT'S COPY

### Hinricher, Douglas & Porter, LLP 3275 Old Conejo Road Thousand Oaks, CA 91320 (805)496-1883

March 18, 2016

INVESTIGATIVE NEWS NETWORK c/o SOUZA & ASSOCIATES PO BOX 8606 CALABASAS, CA 91372-8606

INVESTIGATIVE NEWS NETWORK c/o SOUZA & ASSOCIATES:

Enclosed is the organization's 2014 Amended Exempt Organization return. The state Amended Exempt Organization return and the Amended Annual Report are also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 AMENDED RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

CALIFORNIA FORM 199 AMENDED RETURN:

The Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail a paper copy of the return to the FTB.

CALIFORNIA FORM RRF-1 AMENDED RETURN:

Please sign and mail Form RRF-1 as soon as possible.

Mail to - Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.

Copies of all the returns are enclosed for your files. suggest that you retain these copies indefinitely.	We
Very truly yours,	
NICOLE DOUGLAS	

### THIS IS NOT A FILEABLE COPY

### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning	, 2014, and ending	,20							
Do not send to the	IRS. Keep for your records.								

Department of the Treasury Internal Revenue Service

Form 8879-EO

Name of exempt organization

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879ec

Employer identification number

OMB No. 1545-1878

INVESTIGATIVE NEWS NETWORK C/O SOUZA & ASSOCIATES

27-2614911

Name and title of officer SUE CROSS

CEO

Part I	Type of Return and Return Information	(Whole Dollars Only)
--------	---------------------------------------	----------------------

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here <b>X b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b	3,238,004.
2a	Form 990-EZ check here <b>b Total revenue,</b> if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here <b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

#### Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only	,
-----------	------	-------	-----	-----	------	---

X I authorize	HINRICHER,	DOUGLAS	& PORTER	LLP	to enter my PIN	10413	
			ERO firm name			Enter five numbers, b do not enter all zeros	
is being fil	•	y(ies) regulating c	harities as part of		indicated within this return that a corogram, I also authorize the afore	• •	
indicated	•	a copy of the retu	ırn is being filed w	rith a state agency(ie	n's tax year 2014 electronically file es) regulating charities as part of th		
Officer's signature <b>&gt;</b>	**** THIS	S IS NOT A	A FILEABL	E COPY ***	Date >		

### **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77573712345 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2014)

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning

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

and ending

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

Inspection

В	heck if	C Name of organization		D Employer identifi	cation number
_		INVESTIGATIVE NEWS NETWORK			
X	Addre chang Name	S C/O SOUZA & ASSOCIATES			54.404.4
	chang □Initial	- J			614911
F	return	,	Room/suite	E Telephone numbe	
L	return. termin				582-3533 3,238,004.
v	ated □Amen	City or town, state or province, country, and ZIP or foreign postal code  CALABASAS, CA 91372-8606		G Gross receipts \$	
	☑return ☑Applic ☑tion	CALIADADAD, CA JIS/Z 0000		H(a) Is this a group re for subordinates	
	tion pendii	SAME AS C ABOVE		H(b) Are all subordinates in	····· — —
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$ or	r 527		list. (see instructions)
<u> </u>	Nahei	te: NVESTIGATIVENEWSNETWORK.ORG	1 321	H(c) Group exemptio	,
		organization: X Corporation Trust Association Other ►	I Year o		State of legal domicile: CA
		Summary			<u></u>
_	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$	ORPOR	ATION IS OR	GANIZED AND
Governance		WILL BE OPERATED EXCLUSIVELY FOR CHARITAB	BLE AN	D EDUCATION	AL PURPOSES
ern	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	
Š				3	8
		Number of independent voting members of the governing body (Part VI, line 1b) $_{\dots}$			8
ies		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			14
Activities &		Total number of volunteers (estimate if necessary)			0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	······		0.
		Ocatile tions and avents (DatAVIII line 41)	-	Prior Year 2,400,348.	Current Year 3,067,181.
Revenue		Contributions and grants (Part VIII, line 1h)		0.	0.
Ver		Program service revenue (Part VIII, line 2g)  Investment income (Part VIII, column (A), lines 3, 4, and 7d)		224.	203.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		35,388.	170,620.
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,435,960.	3,238,004.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		786,558.	1,786,711.
		Benefits paid to or for members (Part IX, column (A), line 4)		61,046.	72,365.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		454,336.	677,718.
ıse		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)   112,90	00.		
û		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		618,289.	779,608.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,920,229.	3,316,402.
	19	Revenue less expenses. Subtract line 18 from line 12		515,731.	-78,398.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		893,942.	823,203.
t As	21	Total liabilities (Part X, line 26)		48,309.	55,968.
	22	Net assets or fund balances. Subtract line 21 from line 20		845,633.	767,235.
	art II	Signature Block			. I.a
		Ities of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of whi		•	y knowledge and belief, it is
uue,	Correc	is, and complete. Declaration of preparer (other than officer) is based on an information of whit	cii preparei	lias any knowledge.	
Sig	_	Signature of officer		I Date	
Her		SUE CROSS, CEO			
1101	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Paid	i	NICOLE DOUGLAS		if self-employ	P00624143
Pre	oarer	Firm's name HINRICHER, DOUGLAS & PORTER LLP	<b>L</b>	Firm's EIN	77-0291466
Use	Only	Firm's address 3275 OLD CONEJO ROAD			
		THOUSAND OAKS, CA 91320		Phone no. (8	05)496-1883
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Par	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission:  FOSTERING AND PROMOTING THE HIGHEST QUALITY INVESTIGATIVE AND PUBLIC	
	SERVICE JOURNALISM.	_
		_
2	Did the examination undertake any significant average persises during the year which were not listed an	-
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4-	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 2,784,317. including grants of \$ 1,786,711.) (Revenue \$ 170,620.)	_
4a	(Code: ) (Expenses \$ 2,784,317. including grants of \$ 1,786,711. ) (Revenue \$ 170,620. ] INVESTIGATIVE NEWS NETWORK'S PRIMARY PROGRAMS HAVE BEEN FOCUSED ON HELPING OUR NONPROFIT INVESTIGATIVE AND PUBLIC SERVICE NEWS	, -
	ORGANIZATIONS PRODUCE AND DISTRIBUTE STORIES WITH IMPACT TO THE GENERAL	-
	PUBLIC. THE ULTIMATE GOAL OF INVESTIGATIVE NEWS NETWORK'S PROGRAMS IS	_
	TO FURTHER A FREE DEMOCRACY BY EDUCATING CITIZENS AND COMMUNITIES.	_
	DURING THE YEAR, INVESTIGATIVE NEWS NETWORK DEVELOPED AND DISSEMINATED	_
	VALUABLE RESOURCES PROMOTING INVESTIGATIVE, PUBLIC INTEREST AND EDUCATIONAL REPORTING; CONDUCTED MULTIPLE TRAINING SEMINARS; AND MORE	_
	GENERALLY HELPED DISTRIBUTE INVESTIGATIVE NEWS CONTENT ON A GLOBAL	-
	SCALE.	-
		_
		_
4b	(Code:) (Expenses \$	)
		_
		-
		-
		_
		_
		_
		_
		-
		-
		_
4c	(Code:) (Expenses \$	)
		_
		_
		-
		-
		_
		_
		_
		_
		-
		-
4d	Other program services (Describe in Schedule O.)	-
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 2,784,317.	_
	Form <b>990</b> (2014	.)

### INVESTIGATIVE NEWS NETWORK C/O SOUZA & ASSOCIATES

Form 990 (2014)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		х
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		21
ıza	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
ม	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		

# INVESTIGATIVE NEWS NETWORK C/O SOUZA & ASSOCIATES

Form 990 (2014)

27-2614911

Page **4** 

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operament on Part IX, column (A), in a *17 II**Ps*, complete Schedule I, Parts I and III				Yes	No
22 IX Part IX, column (a), line 2? If "Yes," complete Schedule I, Parts I and III 22 IX 2 IX 3 IDII the organization report more than 55.000 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 3 IDII the organization answer Yes" to Part VII, Section A, line 3, 4, or 3 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is at day of the year, that was issued after December 31, 2002? If "Yes," answer fines 240 through 24d and complete Schedule K, If "No", go to line 25a IDI the organization have a tax-exempt bonds issue with an outstanding principal emount of more than \$100,000 as of the last day of the year, that was proceeds of tax-exempt bonds and tax-exempt bonds?  24b DI did the organization maintain an eacrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  25b DI did the organization makes an "on behalf of" issuer for bonds outstanding at any time during the year?  25c DI did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?  25d DI bits the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?  25d DI did the organization report any amount on Part X, line 5, 6 or 22 for receivables from or payables to any purrent or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV  27d DI did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV  28d DI A amily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d DI did the organization receive contributions of art, historical researces, or other similar assets; If yes," complete Sch	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III  20 Did the organization answer "Yes" to Part VIII, 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 I, Part III is a to 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 I. If "No", or or line 25a  b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization act as an 'on behalf or 'issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an 'on behalf or 'issuer for bonds outstanding at any time during the year?  d Did the organization act as an 'on behalf or 'issuer for bonds outstanding at any time during the year?  d Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I is 18th eorganization with a disqualified person during the year? If "Yes," complete Schedule L, Part I is 18th eorganization was not access 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-E27 If "Yes," complete Schedule L, Part II is 25b X  25b IV To 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, or disqualified persons? If "Yes," complete Schedule L, Part IV is active to remove the termore, or a a 3595 controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part IV is any organization in party t		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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.  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  25b Did the organization hivest any proceeds of tax exempt bonds beyond a temporary period exception?  26c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  27c Did the organization invest as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  27d Did the organization as an 'on behalf of' issuer for bonds outstanding at any time during the year?  28d Did the organization as an 'on behalf of' issuer for bonds outstanding at any time during the year?  28d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person of in the year?  28d Did 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 sport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, stutsee, key employees, highest compensated employees, or disqualide persons? If "Yes," complete Schedule L, Part II and the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualide persons? If "Yes," complete Schedule L, Part IV instruction for applicable filing thresholds, conditions, and exceptions;  27d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instruction, or former officer, director, trustee, or key empl	22			l	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  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 24d through 24d and complete Schedule It. If "No", or to line 25s  25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  27c Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  27d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?  28d Section 501(c/3), 501(c/4), and 501(c/(29) organizations. Did the organization engage in an excess benefit transaction that a disqualified person during the year?  28d It 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 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 provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee emberg, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee, substantial contributor or employee thereof, a grant selection committee emberg, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee, substantial contributor or employee thereof, against selection committee			22	X	
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Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  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? 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 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  31 Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did					37
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	38		<u> </u>		
	-		38	X	

# INVESTIGATIVE NEWS NETWORK Form 990 (2014) C/O SOUZA & ASSOCIATES Part V Statements Regarding Other IRS Filings and Tax Compliance

. 41	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	23			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	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 A	Accour	nts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					v
	any contributions that were not tax deductible as charitable contributions?			6a		<u> X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions and the disatilities.			C.		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ruiono r	arouided to the never?	7-		х
a	15 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M			7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		uirod	7.0		
C	to file Form 8282?		ulleu	7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		X
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$			9b		X
10	Section 501(c)(7) organizations. Enter:		ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	. د ا	1			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441.				
120	amounts due or received from them.)	11b	<u> </u>	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041. 12b	' 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZD				
l3 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			iJa		
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	13b				
c	Enter the amount of reserves on hand	13c				
			<u> </u>	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
				Form	990	(2014)

432005 11-07-14

Page 5

Form 990 (2014)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 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 similar committee, explain in Schedule O. 8 **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 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.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c  $\overline{\mathbf{x}}$ 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 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? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 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 with a Х taxable entity during the year? 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 organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Upon request X Own website Other (explain in Schedule O) 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: SOUZA & ASSOCIATES, INC. - 818-223-9647

Form **990** (2014)

P.O. BOX 8606, CALABASAS, CA 91372-8606

### Form 990 (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A)	(B)	l	41 II∠C		C)	npe	isal	(D)	(E)	(F)
(A) Name and Title	Average			Pos	ition	1		Reportable	( <b>∟)</b> Reportable	(F) Estimated
name and Title	hours per	(do	(do not check more than one box, unless person is both an				one h an	compensation	compensation	amount of
	week	offi	cer an	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			en sa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		oloyee	comb				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BRANT HOUSTON	10.00	드	드	ð	ջ	포등	요			
CHAIR	10.00	Х		х				0.	0.	0.
(2) CHARLES LEWIS	10.00							-		
TREASURER	1000	x		x				0.	0.	0.
(3) LAURA FRANK	5.00									
SECRETARY		x		х				0.	0.	0.
(4) VIVIAN SCHILLER	5.00									
DIRECTOR		Х						0.	0.	0.
(5) NEAL SHAPIRO	5.00									
DIRECTOR		Х						0.	0.	0.
(6) KEVIN DAVIS	40.00									
CEO		Х		Х				237,020.	0.	0.
(7) RAFAT ALI	5.00									
DIRECTOR		Х						0.	0.	0.
(8) ANNE GALLOWAY	5.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) TIM GRIGGS	5.00	l								
DIRECTOR		Х						0.	0.	0.
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								

INVESTIGATIVE NEWS NETWORK 27-2614911 C/O SOUZA & ASSOCIATES Form 990 (2014) Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (A) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations and related below organizations line) 237,020. 0. 1b Sub-total 0. Ō. 0. c Total from continuation sheets to Part VII, Section A 237,020. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 1 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 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 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) Name and business address NONE Description of services Compensation

Form 990 (2014)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

			,		DDCCIIII			27 2013	DII Tage U
Pa	rt V	/III							
			Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			<u>X</u>
						(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
Å,G			Fundraising events						
a ii			Related organizations						
S,E			Government grants (contribut	······					
Sign			All other contributions, gifts, gran	, <del></del>					
i pet			similar amounts not included above		067,181.				
وَظِ		а	Noncash contributions included in lines	4 46 0					
a Co		h	Total. Add lines 1a-1f			3,067,181.			
_		<u> </u>	Totally led in loo led 11		Business Code	, , .			
ø	2	а			545,11000 0040				
Program Service Revenue	_	b							
Ser		c							
E §		d		_					
Pgg		e							
P.			All other program service reve	anue.					
		a							
	3	-	Investment income (including						
	Ü		other similar amounts)			203.			203.
	4		Income from investment of tax						
	5		Royalties						
	3		noyalies	(i) Real	(ii) Personal				
	6	_	Gross rents		(ii) i eisonai				
			Gross rents Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
	7		Gross amount from sales of	(i) Securities	(ii) Other				
	′	а	assets other than inventory	(i) Securities	(II) Other				
		h	Less: cost or other basis						
		D							
		_	and sales expenses		-				
			Gain or (loss)		<del>'                                    </del>				
			Net gain or (loss)						
Other Revenue	0	а	Gross income from fundraising including \$						
Ş.			including \$ contributions reported on line	10) Coo					
Be			Part IV, line 18						
her		h							
ŏ			Less: direct expenses  Net income or (loss) from func						
			Gross income from gaming ac	•	<b>P</b>				
	9	а	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gam		$\overline{}$				
			Gross sales of inventory, less	-					
	10	а	• •						
		<b>L</b>	and allowances						
			Less: cost of goods sold		$\overline{}$				
ŀ		С	Net income or (loss) from sale						
}	44	_	Miscellaneous Revenu OTHER INCOME	E	Business Code 519100	170,620.	170,620.		
	11		OTHER THOUSE		317100	110,020.	1,0,020•		+
		b							
		c	All other reserve						+
						170,620.			
		е	Total. Add lines 11a-11d		🏲 📙	1/0,040.	170 600		202

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	er organizations must co	mplete column (A).			
	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete 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, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,409,382.	1,409,382.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	377,329.	377,329.				
3	Grants and other assistance to foreign	, ,	, ,				
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members	72,365.	72,365.				
5	Compensation of current officers, directors,	-	-				
	trustees, and key employees	237,020.	138,642.	85,615.	12,763.		
6	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	421,378.	260,649.	128,492.	32,237.		
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)						
9	Other employee benefits	19,320.	10,049.	7,951.	1,320.		
10	Payroll taxes						
11	Fees for services (non-employees):						
а	Management						
b	Legal						
С	Accounting						
	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25,	105 506	101 000	E 4 2 E 2	20 600		
	column (A) amount, list line 11g expenses on Sch O.)	195,786.	101,833.	54,353.	39,600.		
12	Advertising and promotion	700.	364.	288.	48.		
13	Office expenses	5,915.	3,077.	2,432.	406.		
14	Information technology	150,038.	122,191.	22,761.	5,086.		
15	Royalties	22,731.	11,823.	9,354.	1 55/		
16	Occupancy	74,354.	-	30,599.	1,554. 5,082.		
17	Travel	74,334.	38,673.	30,399.	3,004.		
18	Payments of travel or entertainment expenses						
40	for any federal, state, or local public officials	225,146.	183,359.	34,155.	7,632.		
19	Conferences, conventions, and meetings	22J,140.	103,333.	J#, 1JJ•	1,032.		
20	Interest Payments to affiliates						
21 22	Payments to affiliates  Depreciation, depletion, and amortization	2,340.	1,217.	963.	160.		
23		24,137.	12,554.	9,933.	1,650.		
23 24	Other expenses. Itemize expenses not covered	22,23,•	,551.	2,233.	=,000.		
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)						
а	amount, list line 24e expenses on Schedule 0.)	55,469.	28,851.	22,827.	3,791.		
a b	MEALS AND ENTERTAINMENT	12,674.	6,592.	5,216.	866.		
C	TELEPHONE	4,348.	2,262.	1,789.	297.		
d	DUES AND SUBSCRIPTIONS	2,228.	1,159.	917.	152.		
	All other expenses SEE SCH O	3,742.	1,946.	1,540.	256.		
25	Total functional expenses. Add lines 1 through 24e	3,316,402.	2,784,317.	419,185.	112,900.		
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)						
42201	0 11-07-14				Form <b>990</b> (2014)		

Form 990 (2014)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			X
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			865,879.	1	743,482.
	2	Savings and temporary cash investments  Pledges and grants receivable, net				2	
	3					3	
	4	Accounts receivable, net				4	36,358.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	-	· ·			
		employers and sponsoring organizations of sec		*****			
Ø		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				20,807.	9	28,805.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	19,125.			
	b	Less: accumulated depreciation		6,267.	5,556.	10c	12,858.
	11	Investments - publicly traded securities				11	<u> </u>
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,700.	15	1,700.
	16	Total assets. Add lines 1 through 15 (must equ			893,942.	16	823,203.
	17	Accounts payable and accrued expenses			48,309.	17	55,968.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and forme	r office	rs, directors, trustees,			
≝		key employees, highest compensated employe	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
⊐	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24	). Complete Part X of			
		Schedule D		25			
	26	Total liabilities. Add lines 17 through 25			48,309.	26	55,968.
		Organizations that follow SFAS 117 (ASC 958	3), ched	ck here 🕨 🐰 and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
auc	27	Unrestricted net assets			328,106.	27	303,590.
Fund Balances	28	Temporarily restricted net assets			517,527.	28	463,645.
힏	29					29	
F		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶Ш			
Ģ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			0.45 633	32	H.C. 0.0.5
2	33	Total net assets or fund balances			845,633.	33	767,235.
	34	Total liabilities and net assets/fund balances .			893,942.	34	823,203.

Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1 3	3,23	<mark>8,0</mark>	04.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,31		
3	Revenue less expenses. Subtract line 2 from line 1	3			98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	84	5,6	33.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	76	7,2	35.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:	o baoio,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			
·	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		20		
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
Sd		igi <del>e</del> Audit	За		x
L		irod oudit	Ja		
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Employer identification number** 

27-2614911

Open to Public Inspection

Name of the organization

INVESTIGATIVE NEWS NETWORK

C/O SOUZA & ASSOCIATES

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

10413 3

## Schedule A (Form 990 or 990-EZ) 2014 C/O SOUZA & ASSOCIATES

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	400,000.	649,300.	981,781.	2400348.	3067181.	7498610.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	400,000.	649,300.	981,781.	2400348.	3067181.	7498610.
	The portion of total contributions	-					
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						7498610.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	Amounts from line 4	400,000.	649,300.	981,781.	2400348.	3067181.	7498610.
	Gross income from interest,	-	-	-			_
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			402.	224.	203.	829.
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				35,388.	170,620.	206,008.
11	Total support. Add lines 7 through 10						7705447.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and <b>stop</b>	here					
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2014 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	97.32 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	99.23 %
16a	33 1/3% support test - 2014. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2013. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	<b>ere.</b> Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	nization	▶□
18	Private foundation. If the organization						s
						dule A (Form 990	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		` ,	<u> </u>	, ,	1 ,	\
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
L	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support				1	1	
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10a	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						
	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	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here						<b>&gt;</b>
Sec	ction C. Computation of Public	Support Pe	ercentage				
15	Public support percentage for 2014 (lin	ne 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2013	Schedule A, Part	t III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage	!			
17	Investment income percentage for 201	4 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	013 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2014. If the o					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2013. If the o						
	line 18 is not more than 33 1/3%, chec	· ·			•	•	
20	Private foundation. If the organization						

### INVESTIGATIVE NEWS NETWORK Schedule A (Form 990 or 990-EZ) 2014 C/O SOUZA & ASSOCIATES

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

#### Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	162	NO
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Jd		
9b		
0-		
9c		
10a		
10b		

# INVESTIGATIVE NEWS NETWORK

Sche	edule A (Form 990 or 990-EZ) 2014 C/O SOOZA & ASSOCIATES Z/	<b>-</b> 201491	± P2	age <b>5</b>
Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
44	Lies the approximation accorded a nift or contribution from any of the following manager		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls either along or together with persons described in (b) and (c)			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
h	below, the governing body of a supported organization?  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		
	etion B. Type I Supporting Organizations	110		
	aton 21 Type I capper any organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	140
	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		
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		
Sec	etion C. Type II Supporting Organizations			
	Mon of Type in cupper unity or gain-autono		Yes	No
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		
Sec	tion D. 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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instruc	tions):		
а	The organization satisfied the Activities Test. Complete line 2 below.	,.		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instructions	:).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
b				
	of its supported organizations? If "Yes," describe in part VI the role played by the organization in this regard.	3b		

### Schedule A (Form 990 or 990-EZ) 2014 C/O SOUZA & ASSOCIATES

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		(optional)	
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
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			
е	Discount claimed for blockage or other				
	factors (explain in detail in <b>Part VI</b> ):				
_2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by .035	6			
_7	Recoveries of prior-year distributions	7			
_8_	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	y-integrat	ed Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2014

	dule A (Form 990 or 990-EZ) 2014 C/O SOUZA & A			7-2614911 Pag	<u>e 7</u>
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>		
Secti	on D - Distributions		. ,	Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes			
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in <b>Part VI</b> ). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which t	the organization is responsive	е		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2014 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
		(i)	(ii)	(iii)	
		Excess Distributions	Underdistributions	Distributable	
Secti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014	
1	Distributable amount for 2014 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2014				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2014:				
a					
b					
С					
d					
е	From 2013				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2014 distributable amount				
i	Carryover from 2009 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2014 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2014 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2014, if				
	any. Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).				
6	Remaining underdistributions for 2014. Subtract lines 3h				
	and 4b from line 1 (if amount greater than zero, see				
	instructions).				
7	Excess distributions carryover to 2015. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а					

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014

### INVESTIGATIVE NEWS NETWORK

Schedule A	(Form 990 or 990-EZ) 2014 C/O SOUZA & ASSOCIATES	27-2614911 <sub>Page 8</sub>
Part VI	(Form 990 or 990-EZ) 2014 C/O SOUZA & ASSOCIATES  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	ne 17a or 17b: and Part III. line 12.
	Also complete this part for any additional information. (See instructions).	
	Also complete this part for any additional information. (See instructions).	

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

Organization type (check one):

INVESTIGATIVE NEWS NETWORK C/O SOUZA & ASSOCIATES

Employer identification number

27-2614911

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
1 01111 000 01 000 EZ	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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
, ,	tion is covered by the <b>General Rule</b> or a <b>Special Rule</b> . 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
-	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509( any one contr	exation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 ibutor, 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, 0-EZ, line 1. Complete Parts I and II.
year, total cor	exation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the attributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for a of cruelty to children or animals. Complete Parts I, II, and III.
year, contribu is checked, ei purpose. Do r	exation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box not refer the total contributions that were received during the year for an exclusively religious, charitable, etc., not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively ritable, etc., contributions totaling \$5,000 or more during the year
Caution An organizat	ion that is not covered by the General Rule and/or the Special Rules does not file Schedule R (Form 990, 990,F7, or 990,PF)

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization
INVESTIGATIVE NEWS NETWORK
C/O SOUZA & ASSOCIATES

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN S. AND JAMES L. KNIGHT FOUNDATION 200 S. BISCAYNE BLVD. MIAMI, FL 33131	\$930,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	OPEN SOCIETY INSTITUTE  400 WEST 59TH STREET  NEW YORK, NY 10001	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ETHICS & EXCELLENCE IN JOURNALISM FOUNDATION OKLAHOMA TOWER, 210 PARK AVENUE, SUITE 3150 OKLAHOMA CITY, OK 73102	\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MC CORMICK FOUNDATION  205 N. MICHIGAN AVENUE, SUITE 4300  CHICAGO, IL 60601	\$ <u>100,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PATTERSON FOUNDATION  50 SOUTH LA SALLE STREET  CHICAGO, IL 60675	\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MACARTHUR FOUNDATION 140 S. DEARBORN ST.	\$	Person X Payroll Noncash
423452 11-0	CHICAGO, IL 60603	Schedule R (Form	(Complete Part II for noncash contributions.)

Name of organization
INVESTIGATIVE NEWS NETWORK
C/O SOUZA & ASSOCIATES

Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	ROCKEFELLER BROTHERS FUND  475 RIVERSIDE DRIVE, SUITE 900  NEW YORK, NY 10115	\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	HEWLETT FOUNDATION  2121 SAND HILL ROAD  MENLO PARK, CA 94025	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	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.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	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.)			

Name of organization
INVESTIGATIVE NEWS NETWORK
C/O SOUZA & ASSOCIATES

Employer identification number

(a) (b) (c) (c) (d) Description of noncash property given See instructions)  (a) (a) (b) FMV (or estimate) (see instructions)  (b) (c) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date receive See instructions)  (a) (b) (c) FMV (or estimate) (see instructions)  (b) Date receive See instructions)  (c) FMV (or estimate) (see instructions)  (d) Date receive See instructions)  (e) (a) (b) FMV (or estimate) (see instructions)  (d) Date receive See instructions)  (e) (c) FMV (or estimate) (see instructions)  (d) Date receive See instructions)  (e) No. (c) FMV (or estimate) (see instructions)  (d) Date receive See instructions)  (e) FMV (or estimate) (see instructions)  (f) FMV (or estimate) (see instructions)  (d) Date receive See instructions)  (e) FMV (or estimate) (see instructions)  (d) Date receive See instructions)	Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I  (a) No. from Description of noncash property given   S    (a) No. from Description of noncash property given   S    (b) TAMV (or estimate) (see instructions)   Date receive    (c) FAVY (or estimate) (see instructions)   Date receive    (d) Date receive   S    (a) No. from Description of noncash property given   S    (a) No. from Description of noncash property given   S    (a) No. from Description of noncash property given   S    (a) No. from Description of noncash property given   S    (b) TAMV (or estimate) (d) Date receive    (c) FAVY (or estimate) (see instructions)   Date receive    (d) Date receive   S    (e) No. from Description of noncash property given   S    (a) No. from Description of noncash property given   S    (b) TAMV (or estimate) (see instructions)   Date receive    (d) Date receive   S    (e) No. from Description of noncash property given   S    (f) No. from Description of noncash property given   S    (g) No. from Description of noncash property given   S    (g) No. from Description of noncash property given   S    (g) No. from Description of noncash property given   S    (g) No. from Description of noncash property given   S    (g) No. from Description of noncash property given   S    (g) No. from Description of noncash property given   S    (g) No. from Description of noncash property given   S    (g) No. from Description of noncash property given   S    (g) No. from Description of noncash property given   S    (g) No. from Description of noncash property given   S    (g) No. from Description of noncash property given   S    (g) No. from Description of noncash property given   S    (g) No. from Description of noncash property given   S    (g) No. from Description of noncash property given   S    (g) No. from Description of noncash property given   S    (g) No. from Description of noncash property given   S    (g) No. from Description of noncash property given   S    (g) No. from Description of noncash property given   S    (g) No. from Description of noncash property g	No. from		FMV (or estimate)	(d) Date received
(a) No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) Co FMV (or estimate) (d) Date receive (e) FMV (or estimate) (see instructions)  (a) No. from Description of noncash property given  (b) Co FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date receive (e) FMV (or estimate) (see instructions)  (a) No. from Description of noncash property given  (b) TMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date receive (e) FMV (or estimate) (see instructions)  (a) No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) Date receive (e) FMV (or estimate) (see instructions)  (d) Date receive (e) TMV (or estimate) (see instructions)				
No. from Description of noncash property given			\$	
(a) No. from Part I			FMV (or estimate)	(d) Date received
(a) No. from Part I  (a) No. description of noncash property given				
No. from Part I  (a) No. from Part I  (a) No. from Part I  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date receive  (e) FMV (or estimate) (see instructions)  (d) Date receive  (a) No. from Part I  (a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)  (d) Date receive  (e) FMV (or estimate) (see instructions)  (d) Date receive  (e) FMV (or estimate) (see instructions)  (d) Date receive  (e) FMV (or estimate) (see instructions)  (f) Date receive  (g) FMV (or estimate) (see instructions)  (h) Date receive (see instructions)  (o) Date receive (see instructions)			\$	
(a) No. (b) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (b) FMV (or estimate) (d) Date receive (d) Date receive (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (b) Description of noncash property given (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (b) Description of noncash property given (see instructions)			FMV (or estimate)	(d) Date received
(a) No. (b) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (b) FMV (or estimate) (see instructions)  (d) Date receive  (e) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (d) Date receive  (a) No. (c) FMV (or estimate) (see instructions)				
No. from Part I  (a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date receive  (a) No. from Description of noncash property given  (a) No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)  (d) Date receive  (d) Date receive  (d) Date receive  (e) FMV (or estimate) (see instructions)  (d) Date receive  (e) FMV (or estimate) (see instructions)			\$	
(a) No. from Part I	No. from		FMV (or estimate)	(d) Date received
(a) No. from Part I  (a) Description of noncash property given   FMV (or estimate) (see instructions)   Date receive    (a) No. from Part I  (b)   FMV (or estimate) (see instructions)   Date receive    (c)   FMV (or estimate) (see instructions)   Date receive    (d)   Date receive   Date receive    (a) No. from Part I   Description of noncash property given   See instructions)   Date receive    (b)   FMV (or estimate) (see instructions)   Date receive    (c)   FMV (or estimate) (see instructions)   Date receive    (d)   Date receive   Date receive    (e)   FMV (or estimate) (see instructions)   Date receive    (f)   FMV (or estimate) (see instructions)   Date receive    (g)   Date receive   Date receive   Date receive    (g)   Date receive   Date receive    (g)   Date receive				
No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date receive  (a) (c) FMV (or estimate) (see instructions)  (d) Date receive			\$	
(a) No. from Part I  (b) FMV (or estimate) (see instructions)  Date receive	No.		FMV (or estimate)	(d) Date received
(a) No. from Part I  (b) FMV (or estimate) (see instructions)  Date receive			_	
No. (b) from Description of noncash property given Part I			\$	
	No. from		FMV (or estimate)	(d) Date received
			_	
			   \$	

Name of organization

Employer identification number

INVESTIGATIVE NEWS NETWORK C/O SOUZA & ASSOCIATES

Part III	Exclusively religious, charitable, etc., cont	ributions to organizations de	scribed in section	on 501(c)(7), (8), or (10) that total more than \$1,000 for entry. For organizations			
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of	\$1,000 or less for th	e year. (Enter this info. once.)			
(a) No.	Use duplicate copies of Part III if addition	al space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Description of how gift is held			
, uiti							
-		(e) Transfe	r of aift				
		(e) Italisie	i oi giit				
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee			
		_					
(a) No. from	(h) Durnoss of gift	(a) Llog of gir	4	(d) Description of how gift is hold			
Part I	(b) Purpose of gift	(c) Use of git	11	(d) Description of how gift is held			
			_				
		(e) Transfe	r of gift				
	Tunnafaura la marca addresa an	- d 71D - 4	Polationship of transferor to transferoe				
-	Transferee's name, address, a	10 ZIP + 4	H.	elationship of transferor to transferee			
		_					
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Description of how gift is held			
-		(e) Transfe	r of aift				
	(5)						
_	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of git	ft	(d) Description of how gift is held			
Part I		-					
			_				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee			

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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

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

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047
2014

Open to Public Inspection

If the organization answered "Yes," to 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," to 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," to 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

Tax)	(see separate instructions), then	l			
• ;	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
Nam	•	GATIVE NEWS NETWO	ORK	Empl	oyer identification number
		JZA & ASSOCIATES			27-2614911
Pa	rt I-A Complete if the or	ganization is exempt und	er section 501(c) o	or is a section 527 o	rganization.
2	Provide a description of the organ Political expenditures Volunteer hours			<b></b> ►\$	
		ganization is exempt und			
	Enter the amount of any excise tax				
2	Enter the amount of any excise tax	cincurred by organization manage	ers under section 4955	▶\$	
3	If the organization incurred a secti	on 4955 tax, did it file Form 4720 i	for this year?		Yes No
4a	Was a correction made?				Yes No
_	If "Yes," describe in Part IV.				-1/01
Ра	rt I-C Complete if the or	ganization is exempt und	er section 501(c),		***
<ul><li>2</li><li>3</li><li>4</li></ul>	Enter the amount directly expended Enter the amount of the filing organ exempt function activities  Total exempt function expenditure line 17b  Did the filing organization file Form Enter the names, addresses and emade payments. For each organization tributions received that were periodical action committee (PAC). It	nization's funds contributed to other.  s. Add lines 1 and 2. Enter here and 1120-POL for this year?  mployer identification number (Elfation listed, enter the amount paid romptly and directly delivered to a	ner organizations for se and on Form 1120-POL, and on Form 1120-POL, but the filing organization organizations or se	titical organizations to whication's funds. Also enter the inization, such as a separa	Yes No h the filing organization e amount of political
	(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

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

Schedule C (Form 990 or 990-EZ) 2014

Part II-A Complete if the org section 501(h)).	ganization is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (6	election under
A Check ▶ if the filing organiza expenses, and sha	re of excess lobbying	iliated group (and list in expenditures). and "limited control" pro		group member's nan	ne, address, EIN,
Lim	its on Lobbying Expe	•	,	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	luence public opinion	(grass roots lobbying)			
<b>b</b> Total lobbying expenditures to infl					
c Total lobbying expenditures (add	lines 1a and 1b)				
d Other exempt purpose expenditur					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ent					
If the amount on line 1e, column (a)	or (b) is: The lot	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 \$100,0	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	7,000,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (el	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If ze	ro or less, enter -0-				
i Subtract line 1f from line 1c. If zer	o or less, enter -0				
j If there is an amount other than ze reporting section 4911 tax for this	_	line 1i, did the organiz		[	Yes No
(Some organizations t		eraging Period Under 501(h) election do not		of the five columns b	pelow.
	See the separ	ate instructions for li	nes 2a through 2f.)		
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	(e) Total
2a Lobbying nontaxable amount	120,039.	160,198.	246,011.		526,248.
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					789,372.
c Total lobbying expenditures				0.	
d Grassroots nontaxable amount	30,010.	40,050.	61,503.		131,563.
e Grassroots ceiling amount (150% of line 2d, column (e))					197,345.
	1	1	I		

Schedule C (Form 990 or 990-EZ) 2014

0.

f Grassroots lobbying expenditures

### Schedule C (Form 990 or 990-EZ) 2014 C/O SOUZA & ASSOCIATES

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	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:				
b	Volunteers?  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?				
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	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?t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(a)	(5) or so	otion	
Pai	501(c)(6).	) 1 30 1 (C)	(5), 01 56		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	-1:	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				2 ic
	answered "Yes."			t III-A, III	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	cal			
	Current year				
b	Carryover from last year		2b		
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	ide 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	
ınstr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
					_

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

INVESTIGATIVE NEWS NETWORK

C/O SOUZA & ASSOCIATES

**Employer identification number** 27-2614911

Par	t I Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	÷6.	·
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	·	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Par			
1	Purpose(s) of conservation easements held by the organization		·
	Preservation of land for public use (e.g., recreation or e	`	corically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	<b>+</b>		01
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	during the year ►
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	g the year ► \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 17	-	
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 C/O SOU	ZA & ASSOC	IATES			27-2	61491	1 <sub>Pa</sub>	age <b>2</b>
	rt III Organizations Maintaining C	collections of A	rt, Historic	al Treasures,	or Other				
3	Using the organization's acquisition, accessi	on, and other record	ds, check any	of the following th	at are a sigr	nificant use of i	ts collectio	n item:	s
	(check all that apply):								
а	Public exhibition	d	I 🔲 Loan (	or exchange progr	ams				
b	Scholarly research	e	e Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they fu	ther the organizat	ion's exem	pt purpose in F	art XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, historica	al treasures, or oth	ner similar a	ssets			_
	to be sold to raise funds rather than to be ma	aintained as part of	the organizatio	on's collection?		[	Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the orgar	nization answered	"Yes" to Fo	orm 990, Part I	V, line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contri	butions or other a	ssets not in	cluded			
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amoun	t	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrov	v or custodial acc	ount liability	/?l	Yes		No
b	If "Yes," explain the arrangement in Part XIII.								
Pai	rt V Endowment Funds. Complete i	f the organization ar	swered "Yes"	to Form 990, Par	t IV, line 10.				
		(a) Current year	(b) Prior ye	ear (c) Two yea	ırs back <b>(d</b>	<b>)</b> Three years ba	ck (e) Fou	years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, coli	umn (a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiz	ation that are	held and administ	ered for the	organization	1		
	by:							Yes	No
	(i) unrelated organizations								
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R	?			3b		
4	Describe in Part XIII the intended uses of the		owment funds.						
Pai	t VI Land, Buildings, and Equipm				_				
	Complete if the organization answere				1				
	Description of property	(a) Cost or o		Cost or other		umulated	<b>(d)</b> Boo	k value	)
		basis (investr	ment)	basis (other)	depre	eciation			
1a	Land								
b	Buildings								
	Leasehold improvements			10 105		<u> </u>	4	<u> </u>	
d	Equipment	i i		19.125.	1	6.267.		2.8!	oo.

Schedule D (Form 990) 2014

12,858.

e Other ....

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

	IVE NEWS NETWO & ASSOCIATES	ORK	27	-2614911	Dogo
Part VII Investments - Other Securities.	X ADDOCIATED		47	2014711	Page
Complete if the organization answered "Yes	" to Form 000 Port IV line	11h Coo Form 000	Dort V line 10		
(a) Description of security or category (including name of security)			aluation: Cost or end	d-of-vear market v	/alue
- · · · · · · · · · · · · · · · · · · ·	<u> </u>	(c) Method of v	aldation. Cost of Cit	a or year marker	value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	·				
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes					
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market v	/alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes		11d. See Form 990,	Part X, line 15.		
(a	) Description			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)		<b>&gt;</b>		
Part X Other Liabilities.					
Complete if the organization answered "Yes	" to Form 990, Part IV, line	11e or 11f. See Form	n 990, Part X, line 25		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports 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) 2014

(7) (8) Schedule D (Form 990) 2014

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve	nue per Return	
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,238,004.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			3,238,004.
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		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.		5	3,238,004.
Pa	rt XII Reconciliation of Expenses per Audited Financial St		enses per Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements		1	3,316,402.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	•	2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			3,316,402.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines <b>4a</b> and <b>4b</b>	-	4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	3,316,402.
Pa	rt XIII Supplemental Information.			
Prov	ide 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 XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

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

INVESTIGATIVE NEWS NETWORK

OMB No. 1545-0047 **2014** 

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2014)

C/O SOUZA	27-2614911						
Part I General Information on Grants a	•						
Does the organization maintain records	to substantiate the	amount of the grants	s or assistance, the	grantees' eligibili	ty for the grants or ass	sistance, and the selec	tion
criteria used to award the grants or assi-							No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	t funds in the Unite	d States.			
Part II Grants and Other Assistance to	Domestic Organi	zations and Domesti	i <b>c Governments.</b> C	omplete if the org	anization answered "\	es" to Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addit	tional space is need	led.	(6) NA - H I - f	i	
Name and address of organization or government	(b) 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 non-cash assistance	(h) Purpose of grant or assistance
THE MAINE CENTER FOR PUBLIC INTEREST REPORTING - PO BOX 284 - HALLOWELL, ME 04347	27-2623867		31,341.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
THE PHILADELPHIA PUBLIC SCHOOL NOTEBOOK - 699 RANSTEAD STREET, 3RD FLOOR - PHILADELPHIA, PA 19106	46-2716505		668,422.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
OHIO CENTER FOR INVESTIGATIVE JOURNALISM - 444 ELYRIA AVE - AMHERST, OH 44001	46-1169803		14,594.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
INVESTIGATIVE POST 392 PEARL ST, SUITE 101 BUFFALO, NY 14202	45-3844514		108,359.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
BLACK MOUNTAIN MEDIA INC, DBA TUSCON SENTINEL - 1960 N. PIANTED HILLS ROAD - TUSCON, AZ 85745	27-0503888		64,031.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
ARIZONA CENTER OF INVESTIGATIVE REPORTING - PO BOX 3665 - PHOENIX, AZ 85030	46-1209940		23,332.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
2 Enter total number of section 501(c)(3) a			ne line 1 table				<u>}</u>
3 Enter total number of other organization	s listed in the line <sup>.</sup>	1 table					

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

(a) Name and address of organization or government	(b) 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 non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO PUBLIC PRESS							
SAN FRANCISCO, CA 94103	27-1275141		35,000.	0.	FMV		GENERAL SUPPORT
INVESTIGATIVE WEST PO BOX 9574							
SEATTLE, WA 98109	27-0170663		16,500.	0.	FMV		GENERAL SUPPORT
INVESTIGATIVE NEWSOURCE 5500 CAMPANILE DR. PSFA 36/C	27 0722726		00.404	•			
SAN DIEGO, CA 92182-4561	27-0732786		28,404.	0.	FMV		GENERAL SUPPORT
THE LENS							
1025 S JEFFERSON DAVIS PARKWAY NEW ORLEANS, LA 70118	27-2072772		7,500.	0	FMV		GENERAL SUPPORT
NEW ORDEANS, DA 70110	21-2012112		7,300.	0.	FHV		GENERAL BOFFORT
POYNTER INSTITUTE FOR MEDIA							
STUDIES - 801 3RD ST S - ST	50 1620402		05.000				
PETERSBURG, FL 33701	59-1630423		25,000.	0.	FMV		GENERAL SUPPORT
WXXI PUBLIC BROADCASTING COUNCIL							
280 STATE ST, PO BOX 30021							
ROCHESTER, NY 14614	16-0838086		28,000.	0.	FMV		GENERAL SUPPORT
SOUTHERN CALIFORNIA PUBLIC RADIO							
474 S. RAYMOND AVE							
PASADENA, CA 91105	95-4765734		35,000.	0.	FMV		GENERAL SUPPORT
FOOD & ENTERTAINMENT REPORTING							
133 BROADWAY #706							
NEW YORK, NY 10010	27-4108978		36,500.	0.	FMV		GENERAL SUPPORT
MOUNTAIN WATERSHED ASSOCIATION PO BOX 408							
MELCROFT, PA 15462	25-1730301		35,000.	0 .	FMV		GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (c) IRC section (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) COLORADO NONPROFIT DEVELOPMENT 789 SHERMAN ST #250 DENVER, CO 80203 84-1493585 28,280 0.FMV GENERAL SUPPORT TRUE SPEECH 1501 BROADWAY SUITE 1808 NEW YORK, NY 10036 46-4532251 5,625 0.FMV GENERAL SUPPORT 100REPORTERS 910 17TH ST., NW, SUITE 215 WASHINGTON, DC 20006 90-0702671 36,500 0.FMV GENERAL SUPPORT CAROLINA PUBLIC PRESS PO BOX 17595 ASHVILLE, NC 28816 46-0801080 25,000 0.FMV GENERAL SUPPORT THE CITIZENS CAMPAIGN/PATTERSON PRESS - 450 MAIN ST - METUCHEN, NJ 22-3511801 0.FMV GENERAL SUPPORT 08840 35,000 HIGH COUNTRY NEWS PO BOX 1090 23-7015336 0.FMV GENERAL SUPPORT PAONIA, CO 81428 30,000 WKAR MICHIGAN STATE UNIVERSITY 404 WILSON ROAD #212 EAST LANSING, MI 48824 38-6005984 30,116, 0.FMV GENERAL SUPPORT WISCONSIN WATCH 821 UNIVERSITY AVE MADISON, WI 53706 26-2143608 35,000. 0.FMV GENERAL SUPPORT SOUTHERN INVESTIGATIVE REPORTING FOUNDATION - 513 JOHN S MOSBY DRIVE - WILMINGTON, NC 28412 45-5560402 8,500. 0.FMV GENERAL SUPPORT

Schedule I (Form 990)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
VIC LAB							
543 N. LARRABEE ST SUITE I							ORGANIZATION IS A FISC
HICAGO, IL 60614	61-1710329		18,378.	0	FMV		SPONSOR
	02 2/20025		23,575.				
_							

## INVESTIGATIVE NEWS NETWORK

C/O SOUZA & ASSOCIATES

27-2614911

Page 2

Schedule I (Form 990) (2014) C/O SOUZA & AS	chedule I (Form 990) (2014) C/O SOUZA & ASSOCIATES						
Part III Grants and Other Assistance to Domestic Individu. Part III can be duplicated if additional space is neede	<b>als.</b> Complete if the d.	e organization answ	ered "Yes" to Form 9	990, Part IV, line 22.		Page 2	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash	assistance	
INDIVIDUALS ARE FISCALLY SPONSORED PROJECTS	3	377,329.	. 0.	FMV			
Det NV Complemental Information Device the information	a suite die Bad Lie	O Badill askura	(h)				
Part IV   Supplemental Information. Provide the information r  PART I, LINE 2:	equired in Part I, IIr	ie 2, Part III, column	n (b), and any other a	additional information.			
THE ORGANIZATION RECEIVES REPORTS	S ON A REG	ULAR BASTS	5				
	011 11 1120						

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

# **Compensation Information**

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

Compensated Employees

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. INVESTIGATIVE NEWS NETWORK

C/O SOUZA & ASSOCIATES

Employer identification number 27-2614911

Pa	art I Questions Regarding Compensation	OITI		
			Yes	No
la	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in 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			
	Form 990 of other organizations  Approval by the board or compensation committee			
ļ	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
3	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

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

For each individual whose compensation must be reported in 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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(I)-(U)	reported as deferred in prior Form 990
(1) KEVIN DAVIS	(i)	237,020.	0.	0.	0.	0.	237,020.	255,000.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							_
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	(ii)							
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	(ii)							
	(i)							<del>                                     </del>
	(ii) (i)							<del>                                     </del>
	(ii) (ii)							
	(יי)				l	l	L	L

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 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department 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.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

C/O SOUZA & ASSOCIATES

**Employer identification number** 27-2614911

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, INCLUDING:
FOSTERING AND PROMOTING THE HIGHEST QUALITY INVESTIGATIVE AND PUBLIC
SERVICE JOURNALISM IN ORDER TO INFORM AND EDUCATE THE PUBLIC BY MEANS
OF, AMONG OTHER THINGS, PROVIDING ADMINISTRATIVE, EDITORIAL AND
FINANCIAL SUPPORT TO NONPROFIT, TAX-EXEMPT MEMBER NEWS ORGANIZATIONS.
FORM 990 ALL LINES
INVESTIGATIVE NEWS NETWORK WAS UNDERGOING AN INDEPENDENT AUDIT WHICH
WAS NOT COMPLETE AT THE TIME OF FILING. THIS AMENDED RETURN REFLECTS
THE AUDIT ADJUSTMENTS.
FORM 990 LINE 4A
INVESTIGATIVE NEWS NETWORK WAS UNDERGOING AN INDEPENDENT AUDIT WHICH
WAS NOT COMPLETE AT THE TIME OF FILING. THIS AMENDED RETURN REFLECTS
THE AUDIT ADJUSTMENTS.
FORM 990 LINE 12A
INVESTIGATIVE NEWS NETWORK WAS UNDERGOING AN INDEPENDENT AUDIT WHICH
WAS NOT COMPLETE AT THE TIME OF FILING. THIS AMENDED RETURN REFLECTS
THE AUDIT ADJUSTMENTS.

FORM 990, PART VI, SECTION A, LINE 4:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization INVESTIGATIVE NEWS NETWORK C/O SOUZA & ASSOCIATES Employer identification number 27-2614911

THE BYLAWS WERE AMENDED ON MARCH 9, 2015

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

THE BOARD EXECUTIVE COMMITTEE, THE EXECUTIVE DIRECTOR AND BOOKKEEPER REVIEW
THE 990 BEFORE FILING AND THE CEO REPORTS TO THE BOARD WHEN IT IS FILED.

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

THE ORGANIZATION HAS ADOPTED A CONFLICT OF INTEREST POLICY AS ARTICLE VIII

OF THE ORGANIZATION'S BYLAWS. THE BYLAWS WERE ADOPTED BY A MAJORITY VOTE

OF THE BOARD ON FEBRUARY 9, 2010 AND RATIFIED ON JULY 1, 2010. EACH YEAR

THE BOARD MEMBERS AND THE VARIOUS COMMITTEES SIGN CONFLICT OF INTEREST

POLICY TO CONFIRM THAT THEY HAVE REVIEWED AND ARE COMPLIANT WITH THE POLICY

AS PER THE BYLAWS.

FORM 990, PART VI, SECTION B, LINE 15A:

A PROFESSIONAL SEARCH FIRM THAT SURVEYED THE PROFESSION OF DIGITAL

PUBLISHERS TO FIND A COMPARABLE SALARY RANGE FOR A PERSON WITH EXPERIENCE

AND SKILLS NEEDED FOR THE JOB.

PAY FOR THE EXECUTIVE DIRECTOR IS SET BY THE EXECUTIVE COMMITTEE OF THE BOARD (CHAIR, SECRETARY, AND TREASURER) AND APPROVED BY THE ENTIRE BOARD

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 1023 AND 990 AVAILABLE ON THEIR WEBSITE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE ON THE ORGANIZATION'S WEBSITE.

08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 9		Page 2
Name of the organization	INVESTIGATIVE NEWS NETWORK C/O SOUZA & ASSOCIATES	Employer identification number 27-2614911
FORM 990 LINE	11A	
INVESTIGATIVE	NEWS NETWORK WAS UNDERGOING AN INDEPE	NDENT AUDIT WHICH
WAS NOT COMPL	ETE AT THE TIME OF FILING. THIS AMEND	ED RETURN REFLECTS
THE AUDIT ADJ	USTMENTS.	
FORM 990, PAR	T IX, LINE 24E, ALL OTHER FUNCTIONAL E	XPENSES:
UTILITIES:		
PROGRAM SERVI	CE EXPENSES	983.
MANAGEMENT AN	D GENERAL EXPENSES	778.
FUNDRAISING E	XPENSES	129.
TOTAL EXPENSE	S	1,890.
PRINTING AND	POSTAGE:	
PROGRAM SERVI	CE EXPENSES	737.
MANAGEMENT AN	D GENERAL EXPENSES	583.
FUNDRAISING E	XPENSES	97.
TOTAL EXPENSE	S	1,417.
REPAIRS AND M	AINTENANCE:	
PROGRAM SERVI	CE EXPENSES	226.
MANAGEMENT AN	D GENERAL EXPENSES	179.
FUNDRAISING E	XPENSES	30.
TOTAL EXPENSE	S	435.
TOTAL OTHER E	XPENSES ON FORM 990, PART IX, LINE 24E	COL A 3,742.
FORM 990 ALL 1	LINES	0.1.1.0/500000057\/00.14

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Schedule O (Form 990 or 990-EZ) (2014)  Name of the organization  INVESTIGATIVE NEWS NETWORK  C/O SOUZA & ASSOCIATES	Page 2 Employer identification number 27-2614911
INVESTIGATIVE NEWS NETWORK WAS UNDERGOING AN INDEPENDENT	AUDIT WHICH
WAS NOT COMPLETE AT THE TIME OF FILING. THIS AMENDED RET	URN REFLECTS
THE AUDIT ADJUSTMENTS.	
FORM 990 ALL LINES	
INVESTIGATIVE NEWS NETWORK WAS UNDERGOING AN INDEPENDENT	AUDIT WHICH
WAS NOT COMPLETE AT THE TIME OF FILING. THIS AMENDED RET	URN REFLECTS
THE AUDIT ADJUSTMENTS.	
FORM 990 ALL LINES	
INVESTIGATIVE NEWS NETWORK WAS UNDERGOING AN INDEPENDENT	AUDIT WHICH
WAS NOT COMPLETE AT THE TIME OF FILING. THIS AMENDED RET	URN REFLECTS
THE AUDIT ADJUSTMENTS.	
FORM 990, PART XII, LINE 2C:	
THE PROCEDURE TO SELECT THE OVERSIGHT COMMITTEE IS UNCHAN	GED.
FORM 990 LINE 2B	
INVESTIGATIVE NEWS NETWORK WAS UNDERGOING AN INDEPENDENT	AUDIT WHICH
WAS NOT COMPLETE AT THE TIME OF FILING. THIS AMENDED RET	URN REFLECTS
THE AUDIT ADJUSTMENTS.	

Name of the organization INVESTIGATIVE NEWS NETWORK **Employer identification number** C/O SOUZA & ASSOCIATES 27-2614911 INVESTIGATIVE NEWS NETWORK WAS UNDERGOING AN INDEPENDENT AUDIT WHICH WAS NOT COMPLETE AT THE TIME OF FILING. THIS AMENDED RETURN REFLECTS THE AUDIT ADJUSTMENTS. SCHEDULE D PART VI LINE 1E INVESTIGATIVE NEWS NETWORK WAS UNDERGOING AN INDEPENDENT AUDIT WHICH WAS NOT COMPLETE AT THE TIME OF FILING. THIS AMENDED RETURN REFLECTS THE AUDIT ADJUSTMENTS. SCHEDULE D PART XI LINE 1 INVESTIGATIVE NEWS NETWORK WAS UNDERGOING AN INDEPENDENT AUDIT WHICH WAS NOT COMPLETE AT THE TIME OF FILING. THIS AMENDED RETURN REFLECTS THE AUDIT ADJUSTMENTS. SCHEDULE D PART XII LINE 1 INVESTIGATIVE NEWS NETWORK WAS UNDERGOING AN INDEPENDENT AUDIT WHICH WAS NOT COMPLETE AT THE TIME OF FILING. THIS AMENDED RETURN REFLECTS THE AUDIT ADJUSTMENTS. SCHEDULE I PART II INVESTIGATIVE NEWS NETWORK WAS UNDERGOING AN INDEPENDENT AUDIT WHICH WAS NOT COMPLETE AT THE TIME OF FILING. THIS AMENDED RETURN REFLECTS THE AUDIT ADJUSTMENTS. SCHEDULE I PART III INVESTIGATIVE NEWS NETWORK WAS UNDERGOING AN INDEPENDENT AUDIT WHICH WAS NOT COMPLETE AT THE TIME OF FILING. THIS AMENDED RETURN REFLECTS

432212

THE AUDIT ADJUSTMENTS.

Schedule O (Form 990 or 990-EZ) (2014)  Name of the organization INVESTIGATIVE NEWS NETWORK  Employer identification				
Name of the organization	INVESTIGATIVE NEWS NETWORK	Page 2		
Name of the organization	C/O COUZA C ACCOCTAMEC	Employer identification number 27-2614911		
	C/O SOUZA & ASSOCIATES	27-2014911		

TAXABLE YEAR 2014

# **California Exempt Organization Annual Information Return**

428941 11-26-14 FORM

199

Calendar Yea	r 2014 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm/dd/y	/VV)					
	ration/Organization Name California corporation number							
INVEST	GATIVE NEWS NETWORK							
	OUZA & ASSOCIATES		3250	040				
	ormation. See instructions.	F	FEIN					
			27-2	614	911			
Street addres	s (suite or room)	I	PMB no.		<u>-</u>			
РО ВОХ	3 8606							
City		State	ZIP code					
CALABA	SAS	CA	9137	2-8	606			
Foreign count	ry name Foreign province/state/county		Foreign po	ostal co	de			
A First Ret	urn Yes X No J If exempt	under R&TC Section 23	701d, has t	he org	anization			
<b>B</b> Amende	d Return • X Yes No engaged i	in political activities? See						
C IRC Sec	tion 4947(a)(1) trust Yes X No K Is the org	anization exempt under l						
<b>D</b> Final Inf	ormation Return?	nter the gross receipts fr			•			
•	Dissolved • Surrendered (Withdrawn) sources	-			\$			
•		ation is exempt under R&						
E Check a	counting method: and meets	s the filing fee exception,	check box	. No fili	ing			
(1)	Cash (2) X Accrual (3) Other fee is requ	uired.			•			
<b>F</b> Federal		anization a Limited Liabi						
(1) ● 🗌	990T (2) ● 990-PF (3) ● Sch H ( 990)	ganization file Form 100	or Form 10	09 to				
G Is this a	group filing? See instructions. • Yes X No report tax	able income?			• Yes X No			
H Is this o	rganization in a group exemption?	anization under audit by	the IRS or	has the	9			
If "Yes,"	what is the parent's name?	ed in a prior year?			• Yes <b>X</b> No			
		Form 1023/1024 pendin			Yes X No			
	organization have any changes to its guidelines • Yes X No Date filed	with IRS						
	rted to the FTB? See instructions.							
Part I	Complete Part I unless not required to file this form. See General Instructions B a				450.000			
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8			1	170,823.00			
	2 Gross dues and assessments from members and affiliates		<u>.</u> •	2	00			
Receipts	Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	STM	r. 1 •	3	3,067,181.00			
and	4 This line must be completed. If the result is less than \$50,000, see General Instruction B	······		4	3,238,004.00			
Revenues	5 Cost of goods sold	5	00					
	6 Cost or other basis, and sales expenses of assets sold	6	00					
	7 Total costs. Add line 5 and line 6			7	00			
	8 Total gross income. Subtract line 7 from line 4		•	8	3,238,004.00			
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18			9	$3,316,402{00}$ $-78,398{00}$			
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from lin			10	10.00			
	11 Filing fee \$10 or \$25. See General Instruction F			11				
Filing	12 Total payments 13 Penalties and Interest. See General Instruction J		ı	12	00			
Fee			_	13 14	00			
	<ul> <li>Use tax. See General Instruction K</li> <li>Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the</li> </ul>			15	10.00			
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the Under penalties of perjury, I declare that I have examined this return, including accompanying sit is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of the property of the prope	edules and statements, and	to the best o	my kno	owledge and belief,			
Sign			any knowled	ge. -				
Here	Signature of officer CEO	Date			● Telephone   818 – 582 – 3903			
11616	or officer Dat	te Chec	l. :£		● PTIN			
	Preparer's signature	I	mployed		P00624143			
Paid	signature Firm's name	I			● FEIN			
Preparer's	(or yours. UTNIDTCUED DOLLCT'AC & DODMED ITE	)			77-0291466			
Use Only	employed) 3275 OLD CONEJO ROAD			-	● Telephone			
<b>,</b>	and address THOUSAND OAKS, CA 91320				(805)496-1883			
	May the FTB discuss this return with the preparer shown above? See instructions		• X	Yes	No			
	<u> </u>							

3651144

428951 11-26-14

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

		1 Gross sales or	receipts from all b	business	activities. See inst	tructions			•	1		00
		2 Interest							•	2		203.00
									•			00
Receipt	s	4 0							•	4		00
from									•	5		00
Other		6 Gross amount	received from sale	e of asse	ts (See Instruction	ns)			•	6		00
Sources	,	7 Other income			`	,	SEE	STA	TEMENT 2 •	7		170,620.00
		8 Total gross sa	ales or receipts from	m other s	sources. Add line	1 through	line 7. Enter her	e and o	on Side 1, Part I, line 1	8		170,823.00
		9 Contributions,	gifts, grants, and	similar a	mounts paid			STA	TEMENT 3 •	9	1	,786,711.00
	1	10 Disbursement	s to or for member	rs					•	10		72,365.00
	1	11 Compensation	of officers, directo	ors, and	trustees		SEE	STA	TEMENT 4 •	11		237,020.00
	1	12 Other salaries	and wages						•	12		421,378.00
Expense									•	13		00
and	1								•	14		00
Disburs	e-   1	15 Rents							•	15		22,731.00
ments	1	16 Depreciation a	and depletion (See	instruction	ons)				•	16		2,340.00
	1	17 Other Expense	es and Disburseme	ents			SEE	STA	TEMENT 5 •	17		773,857.00
	1	18 Total expense	s and disbursemer	nts. Add	line 9 through line	17. Enter	r here and on Sic	de 1, Pa	art I, line 9	18	3	,316,402.00
Sche	dule	L Balance Sh	eets		Beginning	of taxabl	le year		Er	d of ta	xable y	/ear
Assets					(a)		(b)		(c)			(d)
1 Cas							865,8	79.			•	743,482.
2 Net	accou	nts receivable									•	36,358.
3 Net	notes	receivable									•	
4 Inve	entorie	s									•	
<b>5</b> Fed	eral an	nd state governme	nt obligations								•	
		nts in other bonds									•	
7 Inve	estmer	nts in stock									•	
8 Moi											•	
					0 400				10.1	~-	•	
10 a D	)epreci	iable assets			9,483				19,1			10.050
		cumulated depred		(	3,927.	)	5,5	56.	( 6,26	7.)		12,858.
<b>11</b> Lan	d						22 -	07			•	20 505
<b>12</b> Oth	er asso	ets	STMT 6				22,5				•	30,505.
		ets					893,9	42.				823,203.
		d net worth	ļ				40.2	00				EE 060
		payable					48,3	09.			•	55,968.
		ons, gifts, or gran									•	
		d notes payable									•	
		s payable									•	
18 Oth												
		ock or principal fui									•	
		apital surplus. Attach earnings or incom					845,6	33			÷	767,235.
		ilities and net wo					893,9					823,203.
Sche			liation of income	ner hook	s with income ne	r return	030,3					
			omplete this sched				e 13, column (d)	), is les	s than \$50,000.			
1 Net	incom	ne per books		•	-78,	398.	7 Income red	corded	on books this year			
					· · · ·		not include				•	
					)		1		s return not charged			
<ul><li>3 Excess of capital losses over capital gains</li><li>4 Income not recorded on books this year</li></ul>				)		1		ome this year		•		
		recorded on book					9 Total. Add					
		to the continue		[•			10 Net income per return.					
<b>6</b> Tota	al. Add		e 5		-78,	398.	Subtract li			<u></u>		-78,398.

FORM 199	CASH CONTRIBUTIONS CLUDED ON PART I, LINE 3	Si	PATEMENT
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
JOHN S. AND JAMES L. KNIGHT FOUNDATION	200 S. BISCAYNE BLVD. MIAMI, FL 33131	07/31/14	930,000
OPEN SOCIETY INSTITUTE	400 WEST 59TH STREET NEW YORK, NY 10001	01/02/14	150,000
ETHICS & EXCELLENCE IN JOURNALISM FOUNDATION	OKLAHOMA TOWER, 210 PARK AVENUE, SUITE 3150 OKLAHOMA CITY, OK 73102	02/25/14	150,000
MC CORMICK FOUNDATION	205 N. MICHIGAN AVENUE, SUITE 4300 CHICAGO, IL 60601	01/27/14	100,000
PATTERSON FOUNDATION	50 SOUTH LA SALLE STREET CHICAGO, IL 60675	02/25/14	75,000
MACARTHUR FOUNDATION	140 S. DEARBORN ST. CHICAGO, IL 60603	05/14/14	200,000
ROCKEFELLER BROTHERS FUND	475 RIVERSIDE DRIVE, SUITE 900 NEW YORK, NY 10115	12/23/14	70,000
HEWLETT FOUNDATION	2121 SAND HILL ROAD MENLO PARK, CA 94025	07/23/14	200,000
TOTAL INCLUDED ON LINE 3			1,875,000
FORM 199	OTHER INCOME	SI	PATEMENT
DESCRIPTION			AMOUNT
OTHER INCOME			170,620
TOTAL TO FORM 199, PART I	I, LINE 7		170,620

FORM 199 CAS	H CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STA	ATEMENT 3
ACTIVITY CLASSIFICATI	ON: FISCAL SPONSORSHIP		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
	1960 N. PAINTED HILLS ROAD - TUCSON, AZ 85745	FISCAL SPONSOR	64,031.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
THE MAINE CENTER FOR PUBLIC INTEREST REP	P.O. BOX 284 - HALLOWELL, ME 04347	FISCAL SPONSOR	31,341.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
THE PHILADELPHIA PUBLIC SCHOOL NOTEBOOK	699 RANSTEAD ST., 3RD FLOOR - PHILADELPHIA, PA 19106	FISCAL SPONSOR	668,422.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
	444 ELYRIA AVE AMHERST, OH 44001	FISCAL SPONSOR	14,594.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CENTER FOR ACCOUNTABILITY	3552 BRANDYWINE ST., N.W WASHINGTON, DC 20008	FISCAL SPONSOR	25,488.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ARIZONA CENTER OF INVESTIGATIVE REPORTIN	PO BOX 3665 - PHOENIX, AZ 85745	FISCAL SPONSOR	23,332.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
THE GLOBAL CENTER FOR INVESTIGATION	9404 CROSBY RD SILVER SPRING, MD 20910	FISCAL SPONSOR	300,340.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CIVIC LAB	1643 N LARRABEE ST AUITE I - CHICAGO, IL 60614	FISCAL SPONSOR	18,379.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
WISCONSIN WATCH	821 UNIVERSITY AVE - MADISON, WI 53706	GRANTOR	35,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
WKAR MICHIGAN STATE UNIVERSITY	404 WILSON ROAD #212 - EAST LANSING, MI 48824	GRANTOR	30,116.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
WXXI PUBLIC BROADCASTING COUNCIL	280 STATE ST, PO BOX 30021 - ROCHESTER, NY 14603	GRANTOR	28,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
IMPAQ.ME	17514 VENTURA BLVD #103 - ENCINO, CA 91316	GRANTOR	25,000.

TOTAL FOR THIS ACTIVITY

1,264,043.

### ACTIVITY CLASSIFICATION, CRANTOR

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
INVESTIGATIVE POST	392 PEARL ST., SUITE 101 - BUFFALO, NY 14202	GRANTOR	108,359
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SAN FRANCISCO PUBLIC PRESS	44 PAGE STREET SUITE 504 - SAN FRANCISCO, CA 94103	GRANTOR	35,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
INVESTIGATIVE WEST	PO BOX 9574 - SEATTLE, WA 98109	GRANTOR	16,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
THE LENS	1025 S JEFFERSON DAVIS PARKWAY - NEW ORLEANS, LA 70118	GRANTOR	7,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
INVESTIGATIVE NEWSOURCE	5500 CAMPANILE DR. PSFA 36/C - SAN DIEGO, CA 92182-4561	GRANTOR	28,404.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
IOWA CENTER FOR PUBLIC AFFAIRS JOURNALIS	PO BOX 2178 - IOWA CITY, IA 52244-2178	GRANTOR	26,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
100REPORTERS	1513 28TH ST NW - WASHINGTON, DC 20001	GRANTOR	36,500.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CAROLINA PUBLIC PRESS	PO BOX 17595 - ASHVILLE, NC 28816	GRANTOR	25,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
COLORADO NONPROFIT DEVELOPMENT	7890 SHERMAN CT #250 - DENVER, CO 80203	GRANTOR	28,280.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
FOOD & ENVIRONMENT REPORTING	1133 BROADWAY #706 - NEW YORK, NY 10010	GRANTOR	36,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
HIGH COUNTRY NEWS	119 GRAND AVE, PO BOX 1090 - PAONIA, CO 81428	GRANTOR	30,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MOUNTAIN WATERSHED ASSOCIATION	1414 INDIAN CREEK VALLEY ROAD - MELCROFT, PA 15462	GRANTOR	35,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SOUTHERN INVESTIGATIVE REPORTING FOUNDAT	513 JOHN S. MOSBY DRIVE - WILMINGTON, NC 28412	GRANTOR	8,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
POYNTER INSTITUTE FOR MEDIA STUDIES	801 3RD ST S - ST PETERSBERG, FL 33701	GRANTOR	25,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SOUTHERN CALIFORNIA PUBLIC RADIO	474 S. RAYMOND AVE - PASADENA, CA 91105	GRANTOR	35,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
THE CITIZENS CAMPAIGN/PATTERSON PRESS	450 MAIN ST - METUCHEN, NJ 08840	GRANTOR	35,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
TRUE SPEECH	1050 5TH AVE, APT 6E - NEW YORK, NY 10028	FISCAL SPONSOR	5,625.
	TOTAL FOR THIS ACTIVITY		522,668.
TOTAL INCLUDED ON FOR	RM 199, PART II, LINE 9		1,786,711.

FORM 199 COMPENSATION OF OFFICER	S, DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
BRANT HOUSTON PO BOX 8606 CALABASAS, CA 91372-8606	CHAIR 10.00	0.
CHARLES LEWIS PO BOX 8606 CALABASAS, CA 91372-8606	TREASURER 10.00	0.
LAURA FRANK PO BOX 8606 CALABASAS, CA 91372-8606	SECRETARY 5.00	0.
VIVIAN SCHILLER PO BOX 8606 CALABASAS, CA 91372-8606	DIRECTOR 5.00	0.
NEAL SHAPIRO PO BOX 8606 CALABASAS, CA 91372-8606	DIRECTOR 5.00	0.
KEVIN DAVIS PO BOX 8606 CALABASAS, CA 91372-8606	CEO 40.00	237,020.
RAFAT ALI PO BOX 8606 CALABASAS, CA 91372-8606	DIRECTOR 5.00	0.
ANNE GALLOWAY PO BOX 8606 CALABASAS, CA 91372-8606	DIRECTOR 5.00	0.
TIM GRIGGS PO BOX 8606 CALABASAS, CA 91372-8606	DIRECTOR 5.00	0.
TOTAL TO FORM 199, PART II, LINE 11		237,020.

FORM 199	OTHER	EXPENSES			STATEMENT	5 
DESCRIPTION					AMOUNT	
TAXES MEALS AND ENTERTAINMENT TELEPHONE DUES AND SUBSCRIPTIONS UTILITIES PRINTING AND POSTAGE REPAIRS AND MAINTENANCE OTHER EMPLOYEE BENEFITS OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTIONS INSURANCE					2,2 1,8 1,4 19,3 195,7 7 5,9 150,0 74,3 225,1 24,1	74. 48. 28. 90. 17. 35. 20. 86. 00. 15. 38. 46.
TOTAL TO FORM 199, PART II, LIN	E 17				773,8	57.
FORM 199	OTHER	ASSETS			STATEMENT	6
DESCRIPTION			BEG.	OF YEAR	END OF YE	AR
PREPAID EXPENSES AND DEFERRED CONTROL OF SECURITY DEPOSIT	HARGES			20,807.	28,8 1,7	05.
TOTAL TO FORM 199, SCHEDULE L,	LINE 12			22,507.	30,5	05.

Date Accepted				DO NOT MA	AIL THIS FORM TO TH	E FTB
	114	California e-file Return A	uthorization fo	r		3- <b>E</b> O
Exempt Or	rganization name				Identifying number	
		E NEWS NETWORK ASSOCIATES			27-2614911	
Part I	Electronic Re	turn Information (whole dollars only)				
<b>1</b> Tot	tal gross receipts	s (Form 199, line 4)			1 3,238,00	
<b>2</b> Tot	tal gross income				2 3,238,00	
<b>3</b> Tot	tal expenses and	I disbursements (Form 199, line 9)			3 3,316,40	)2. 00
Part II	Settle Your A	ccount Electronically for Taxable Year 2014	4			
4	Lectronic fund	ds withdrawal 4a Amount	<b>4b</b> With	drawal date (mm	/dd/yyyy)	
Part III	Banking Infor	mation (Have you verified the exempt organize	zation's banking information	1?)		
<b>5</b> Rou	ıting number					
	ount number		7 Type of acc	ount: L Che	cking Savings	
Part IV		f Officer nization's account to be settled as designated in Par				
transmitt California a balance organizat statemen	enalties of perjury, ter, or intermediate a electronic return. e due return, I unde tion will remain liab its be transmitted t	declare that I am an officer of the above exempt or service provider and the amounts in Part I above at To the best of my knowledge and belief, the exempt erstand that if the Franchise Tax Board (FTB) does not le for the fee liability and all applicable interest and to the FTB by the ERO, transmitter, or intermediate service parts and the service par	gree with the amounts on the c t organization's return is true, c ot receive full and timely paym penalties. I authorize the exemp ervice provider. If the process	orresponding lines orrect, and comple ent of the exempt of organization retuing of the exempt	of the exempt organization's 20 ete. If the exempt organization is to organization's fee liability, the exe orn and accompanying schedules	14 ' filing mpt and
Here	Signature of 0	Officer Date	Title			
11010						
Part V	Declaration of	f Electronic Return Originator (ERO) and Pa	aid Preparer.			
am only a accuratel provided 1345, 20 the exem I declare	an intermediate selly reflects the data the organization o 114 e-file Handbook organization ret that I have examin	d the above exempt organization's return and that to vice provider, I understand that I am not responsible on the return.) I have obtained the organization office fficer with a copy of all forms and information that I for Authorized e-file Providers. I will keep form FTE urn is filed, whichever is later, and I will make a copyed the above exempt organization's return and accolor make this declaration based on all information of	le for reviewing the exempt org cer's signature on form FTB 84 will file with the FTB, and I hav 3 8453-EO on file for <b>four</b> years y available to the FTB upon req Impanying schedules and state	anization's return. 53-EO before trans e followed all other from the due date uest. If I am also th	I declare, however, that form FTB mitting this return to the FTB; I ha requirements described in FTB F of the return or <b>four</b> years from the paid preparer, under penalties	8 8453-EC ave Pub. the date of perjury
ERO	ERO's- signature		a p	lso paid	Check If self- employed 504-66-0	
Must	Firm's name (or your if self-employed)	111111111111111111111111111111111111111			FEIN 77-029146	<u> </u>
Sign	and address	3275 OLD CONEJO ROP	AD			
		THOUSAND OAKS, CA			ZIP Code 91320	

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge

DOUGLAS & PORTER LLP

and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

3275 OLD CONEJO ROAD

THOUSAND OAKS, CA

HINRICHER,

For Privacy Notice, get FTB 1131 ENG/SP.

Firm's name (or yours if self-employed) and address

FTB 8453-EO 2014

Paid preparer's PTIN

ZIP Code 91320

P00624143

77-0291466

**Paid** 

Must

Sign

Preparer

Paid preparer's signature Check if self-employed

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 0166893	Check if:					
INVESTIGATIVE NEWS NETWORK	X Change of address					
C/O SOUZA & ASSOCIATES  Name of Organization	X Amended report					
PO BOX 8606 Address (Number and Street)	Corporate o	or Organization No. <u>C3250040</u>				
CALABASAS , CA 91372-8606 City or Town, State and ZIP Code	Federal Em	ployer I.D. No. 27-2614911				
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)  Make Check Payable to Attorney General's Registry of Charitable Trusts						
Gross Annual Revenue Fee Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	Fee	<u>e</u>		
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$15 \$22 \$30	25		
PART A - ACTIVITIES						
For your most recent full accounting period (beginning $01/01/2014$ ending $12/31/2014$ ) list: Gross annual revenue \$ 3,238,004. Total assets \$ 823,203.						
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD	OF THIS RE	PORT				
Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.						
During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization						
and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?						
2. During this reporting period, was there any theft, embezzlement, diversion or or funds?	misuse of the	e organization's charitable property		Х		
3. During this reporting period, did non-program expenditures exceed 50% of gr	oss revenue	s?		х		
<ol> <li>During this reporting period, were any organization funds used to pay any per with the Internal Revenue Service, attach a copy.</li> </ol>	nalty, fine or	judgment? If you filed a Form 4720		х		
<ol> <li>During this reporting period, were the services of a commercial fundraiser or formula in</li></ol>	•			х		
<ol> <li>During this reporting period, did the organization receive any governmental fu name of the agency, mailing address, contact person, and telephone number</li> </ol>	<u>.                                      </u>			Х		
<ol> <li>During this reporting period, did the organization hold a raffle for charitable puthe number of raffles and the date(s) they occurred.</li> </ol>				Х		
8. Does the organization conduct a vehicle donation program? If "yes," provide a operated by the charity or whether the organization contracts with a commercial contract of the commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contract of the charity of				х		
9. Did your organization have prepared an audited financial statement in accord principles for this reporting period?	ance with ge	enerally accepted accounting	Х			
Organization's area code and telephone number 818-582-3533						
Organization's e-mail address						
I declare under penalty of perjury that I have examined this report, including accompanying correct and complete.	ig documents	, and to the best of my knowledge and belief, i	t is tru	e,		
SUE CROSS		EO		_		
Signature of authorized officer Printed Name	Titl	e Date				