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CLIENT'S COPY

Douglas & Bhagat CPA Services, Inc.
100 E. Thousand Oaks Blvd., Suite 202
Thousand Oaks, CA 91360
(805) 409-7705

October 27, 2022

Institute For Nonprofit News
8549 Wilshire Blvd. 2294
Beverly Hills, CA 90211

Institute For Nonprofit News:

Enclosed is the organization's 2021 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed.

Specific filing instructions are as follows.

FORM 990 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-TE 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. Return Form 8879-TE to us by November 15, 2022.

CALIFORNIA FORM 199 RETURN:

The California 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 the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed as soon as possible to:

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

Enclose a check or money order for \$400.00, payable to

Department of Justice.

The report should be signed and dated by the authorized individual(s).

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Nicole Douglas

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

INSTITUTE FOR NONPROFIT NEWS

EIN or SSN

27-2614911

Name and title of officer or person subject to tax SUE CROSS CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 2 columns: Form type (1a-10a) and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize DOUGLAS & BHAGAT CPA SERVICES, INC to enter my PIN 10413. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ***** THIS IS NOT A FILEABLE COPY ***** Date

Part III Certification and Authentication

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

96162412345 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 DOUGLAS & BHAGAT CPA SERVICES, INC Date

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. INSTITUTE FOR NONPROFIT NEWS	Taxpayer identification number (TIN) 27-2614911
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 8549 WILSHIRE BLVD., 2294	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BEVERLY HILLS, CA 90211	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

CHIP POTTS

- The books are in the care of ▶ **8549 WILSHIRE BLVD. #2294 - BEVERLY HILLS, CA 90211**

Telephone No. ▶ **818-582-3560**

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Form **990**

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
INSTITUTE FOR NONPROFIT NEWS
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
8549 WILSHIRE BLVD. 2294
 City or town, state or province, country, and ZIP or foreign postal code
BEVERLY HILLS, CA 90211

D Employer identification number
27-2614911

E Telephone number
818-582-3560

F Name and address of principal officer: **SUE CROSS**
SAME AS C ABOVE

G Gross receipts \$ **6,972,847.**

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **INN.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2009** **M State of legal domicile:** **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CORPORATION IS ORGANIZED AND WILL BE OPERATED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	23
	6 Total number of volunteers (estimate if necessary)	6	46
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,261,822.	Current Year 6,443,954.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-910.	277.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	483,863.	526,985.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,744,775.	6,971,216.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,405,953.	2,892,850.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,872,932.	1,907,917.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 340,230.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,166,455.	1,214,196.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,445,340.	6,014,963.
19 Revenue less expenses. Subtract line 18 from line 12	2,299,435.	956,253.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 6,047,762.	End of Year 6,852,788.
	21 Total liabilities (Part X, line 26)	465,676.	314,449.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,582,086.	6,538,339.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **SUE CROSS, CEO**
 Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **NICOLE DOUGLAS**
 Preparer's signature: _____
 Date: _____
 Check if self-employed: PTIN: **P00624143**

Firm's name: **DOUGLAS & BHAGAT CPA SERVICES, INC**
 Firm's EIN: **82-5008973**

Firm's address: **100 E. THOUSAND OAKS BLVD., SUITE 202**
THOUSAND OAKS, CA 91360
 Phone no. (805) **409-7705**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part 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 organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 5,383,297. including grants of \$ 2,892,850.) (Revenue \$ 525,354.) INSTITUTE FOR NONPROFIT NEWS 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 INSTITUTE FOR NONPROFIT NEWS' PROGRAMS IS TO FURTHER A FREE DEMOCRACY BY EDUCATING CITIZENS AND COMMUNITIES. DURING THE YEAR, INSTITUTE FOR NONPROFIT NEWS 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 \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,383,297.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational compliance.

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 on 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
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 on Schedule O.		
	1a 11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
15a		X	
b	Other officers or key employees of the organization		X
15b			X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
CHIP POTTS - 818-582-3560
8549 WILSHIRE BLVD. #2294, BEVERLY HILLS, CA 90211

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUE CROSS CEO & EXECUTIVE DIRECTOR	40.00			X				191,790.	0.	3,826.
(2) JONATHAN R KEALING CHIEF NETWORK OFFICER	40.00					X		143,839.	0.	2,867.
(3) CHARLES POTTS JR DIRECTOR OF FINANCE & OPER	40.00			X				141,205.	0.	2,814.
(4) SHERENE AZIMI DIRECTOR OF COMMUNICATION	40.00					X		138,893.	0.	2,768.
(5) EMILY ROSEMAN RESEARCH DIRECTOR & EDITOR	40.00					X		127,480.	0.	2,540.
(6) COURTNEY HURTT CHEIF GROWTH OFFICER	40.00					X		127,326.	0.	2,537.
(7) MICHELLE MORGANTE MEMBER NETWORK DIRECTOR	40.00					X		116,838.	0.	2,327.
(8) LAWRENCE R HORNE DIRECTOR OF DEVELOPMENT	40.00					X		116,501.	0.	2,325.
(9) JEFFREY WOOLVERTON NETWORK PHILANTRAPY DIRECT	40.00					X		103,947.	0.	2,073.
(10) MARCIA PARKER CHAIR	10.00	X		X				0.	0.	0.
(11) BRUCE THERIAULT TREASURER	10.00	X		X				0.	0.	0.
(12) RON SMITH SECRETARY	5.00	X		X				0.	0.	0.
(13) SHEILA KRUMHOLZ DIRECTOR	5.00	X						0.	0.	0.
(14) KYRA KYLES DIRECTOR	5.00	X						0.	0.	0.
(15) KELSEY RYAN DIRECTOR	5.00	X						0.	0.	0.
(16) MARK HORVIT DIRECTOR	5.00	X						0.	0.	0.
(17) ERIKA DILDAY DIRECTOR	5.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NORBERTO SANTANA DIRECTOR	5.00	X						0.	0.	0.
(19) HSIU MEI WONG DIRECTOR	5.00	X						0.	0.	0.
(20) RON NIXON DIRECTOR	5.00	X						0.	0.	0.
1b Subtotal								1,207,819.	0.	24,077.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,207,819.	0.	24,077.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 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.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b	159,786.					
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	6,284,168.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			6,443,954.				
Program Service Revenue	2 a _____	Business Code						
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,908.			1,908.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses ...	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales expenses	7b		1,631.		
			c Gain or (loss)	7c		-1,631.		
	d Net gain or (loss)			-1,631.	-1,631.			
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
			c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a OTHER INCOME	Business Code		526,985.	526,985.			
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d			526,985.				
12 Total revenue. See instructions			6,971,216.	525,354.	0.	1,908.		

Part IX Statement of Functional Expenses

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,890,447.	2,890,447.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,403.	2,403.		
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				
5 Compensation of current officers, directors, trustees, and key employees	1,207,819.	899,840.	119,326.	188,653.
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	531,332.	466,266.	40,490.	24,576.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,981.	25,152.	2,934.	3,895.
9 Other employee benefits				
10 Payroll taxes	136,785.	107,576.	12,549.	16,660.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	779,689.	643,158.	46,392.	90,139.
12 Advertising and promotion	13,196.	10,000.	1,118.	2,078.
13 Office expenses	2,592.	557.	1,397.	638.
14 Information technology	56,401.	21,549.	33,936.	916.
15 Royalties				
16 Occupancy	6,819.		6,819.	
17 Travel	3,994.	1,170.		2,824.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,727.	14,779.	6,633.	315.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,251.	11,311.	2,485.	1,455.
23 Insurance	10,446.	183.	10,263.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FUNDS RELEASED TO SEPAR	248,022.	248,022.		
b DUES AND SUBSCRIPTIONS	30,972.	22,568.	2,955.	5,449.
c BANKING/MERCHANT FEES	8,783.	7,411.	121.	1,251.
d TELEPHONE	7,656.	4,400.	2,916.	340.
e All other expenses	8,648.	6,505.	1,102.	1,041.
25 Total functional expenses. Add lines 1 through 24e	6,014,963.	5,383,297.	291,436.	340,230.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,740,405.	1	6,620,844.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	176,640.	4	72,112.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	68,786.	9	90,477.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,184.		
	b Less: accumulated depreciation	10b 12,179.	10c	12,005.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	55,889.
	15 Other assets. See Part IV, line 11	1,811.	15	1,461.
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,047,762.	16	6,852,788.	
Liabilities	17 Accounts payable and accrued expenses	182,921.	17	235,274.
	18 Grants payable		18	
	19 Deferred revenue	66,955.	19	79,175.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	215,800.	25	0.
	26 Total liabilities. Add lines 17 through 25	465,676.	26	314,449.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,613,609.	27	2,712,445.
	28 Net assets with donor restrictions	3,968,477.	28	3,825,894.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,582,086.	32	6,538,339.
33 Total liabilities and net assets/fund balances	6,047,762.	33	6,852,788.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,971,216.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,014,963.
3	Revenue less expenses. Subtract line 2 from line 1	3	956,253.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,582,086.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,538,339.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization INSTITUTE FOR NONPROFIT NEWS	Employer identification number 27-2614911
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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: _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5141296.	4863411.	7989698.	7261822.	6443954.	31700181.
2 Tax revenues levied for the organization'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	5141296.	4863411.	7989698.	7261822.	6443954.	31700181.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						10900225.
6 Public support. Subtract line 5 from line 4.						20799956.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	5141296.	4863411.	7989698.	7261822.	6443954.	31700181.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	84.	41.	13,711.	990.	1,908.	16,734.
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.)	570,242.	602,768.	644,549.	483,863.	525,354.	2826776.
11 Total support. Add lines 7 through 10						34543691.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	60.21 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	55.73 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		
1		
2		

Section C. Type II Supporting Organizations

	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		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
3 By reason of the relationship described on line 2, above, 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.		
1		
2		
3		

Section 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 instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described on line 2a, above, 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.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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? If "Yes" or "No" provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

INSTITUTE FOR NONPROFIT NEWS

Employer identification number

27-2614911

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

INSTITUTE FOR NONPROFIT NEWS

27-2614911

Part I Contributors (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
1	BILL & MELINDA GATES FOUNDATION P.O. BOX 23350 SEATTLE, WA 98102	\$ 203,846.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COLUMBIA UNIVERSITY GRADUATE SCHOOL OF JOURNALIS 615 WEST 131ST STREET MC 8741 NEW YORK, NY 10027-7922	\$ 236,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DEMOCRACY FUND 1200 17TH STREET NW NO 300 WASHINGTON, DC 20036	\$ 375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JOHN D & CATHERINE T MACARTHUR FOUNDATION 140 SOUTH DEARBORN STREET CHICAGO, IL 60603-5285	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOHN S & JAMES L KNIGHT FOUNDATION 200 S BISCAYNE BLVD STE 3300 MIAMI, FL 33131-2349	\$ 1,223,840.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	OPEN SOCIETY INSTITUE 224 WEST 57TH STREET NEW YORK, NY 10019	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INSTITUTE FOR NONPROFIT NEWS	Employer identification number 27-2614911
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Part I Contributors (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	THE JOYCE FOUNDATION <hr/> 321 N CLARK STREET #1500 <hr/> CHICAGO, IL 60654	\$ 180,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	THE MIAMI FOUNDATION, INC <hr/> 40 NW 3RD STREET #305 <hr/> MIAMI, FL 33128	\$ 620,019.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	AMERICAN JOURNALISM PROJECT <hr/> 718 7TH STREET NEW <hr/> WASHINGTON, DC 20001	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ARNOLD VENTURES LLC <hr/> 1717 WEST LOOP SOUTH, STE 1800 <hr/> HOUSTON, TX 77027	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	ASCENDIUM EDUCATION SOLUTIONS INC <hr/> 2501 INTERNATIONAL LANE <hr/> MADISON, WA 53704	\$ 275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	COLLEGE FUTURES FOUNDATION <hr/> 1999 HARRISON STREET <hr/> OAKLAND, CA 94613	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INSTITUTE FOR NONPROFIT NEWS	Employer identification number 27-2614911
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Part I Contributors (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
13	ENDAOMENT INC <hr/> 40 BERNAL HEIGHT BLVD <hr/> SAN FRANCISCO, CA 94110	\$ 162,901.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	LUMINIA FOUNDATION FOR EDUCATION INC <hr/> 30 S MERIDIAN STREET, STE 700 <hr/> INDIANAPOLIS, IL 46204	\$ 325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	JONATHAN LOGAN FAMILY FOUNDATION <hr/> 6114 OCEAN VIEW DRIVE <hr/> OAKLAND, CA 94618	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	THE BERNARD & ANNE SPITZER CHARITABLE TRUST <hr/> 555 MADISON AVENUE, 18TH FLOOR <hr/> NEW YORK, NY 10022	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INSTITUTE FOR NONPROFIT NEWS	Employer identification number 27-2614911
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization INSTITUTE FOR NONPROFIT NEWS	Employer identification number 27-2614911
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: INSTITUTE FOR NONPROFIT NEWS; Employer identification number: 27-2614911

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		24,184.	12,179.	12,005.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,005.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market 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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 6,971,216.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 6,014,963.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal lines provided for entering supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **INSTITUTE FOR NONPROFIT NEWS** Employer identification number **27-2614911**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DOCUMENTED LTD PO BOX 250250 NEW YORK, NY 10025-1534	83-3036502		5,535.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
GEORGIA NEWS LAB, INC - DEPT OF COMMUNICATION, GA STATE UNIVERSITY - 23 PARK PLACE STE 800 - ATLANTA, GA 30302-5060	85-0919063		74,066.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
GREY MATTER MEDIA 1069 W BROAD STREET COLUMBUS, OH 43222	83-1410912		53,978.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
MIGRATORY NOTES 1843 LEMOYNE STREET LOS ANGELES, CA 90026	82-3099811		24,913.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
OPEN CAMPUS MEDIA INC 1 THOMAS CIRCLE, STE 700 WASHINGTON, DC 20005	84-2427054		683,143.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
SALISH CURRENT 772 MAHONIA DRIVE BELLINGHAM, WA 98229	85-1320325		30,699.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLITARY WATCH 123 7TH AVENUE # 166 BROOKLYN, NY 11215	81-2373994		252,520.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
THE LAND 7212 W CLINTON AVENUE CLEVELAND, OH 44102	85-1047943		40,095.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
THE RECORD COMMUNITY NEWS GROUP 120 E CENTRAL AVENUE LOMBARD, IL 60091	85-1425791		43,782.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
TRADEOFFS, INC 424 SOUTH 47TH STREET PHILADELPHIA, PA 19143	83-4075323		372,000.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
THE WAR HORSE NEWS 8404 RICHLANDS HIGHWAY RICHLANDS, NC 28574	82-1669255		94,485.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
UNDERScore MEDIA COLLABORATIVE, 911 NE DAVIS STREET PORTLAND, OR 97232	83-3178910		110,732.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
VIRGINIA CENTER FOR INVESTIGATIVE JOURNALISM - 505 PENNY WELL COURT - CROZET, VA 22932	83-2517134		11,912.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
VOICES OF MONTEREY BAY 502 LARKIN STREET MONTEREY, CA 93940	82-2565637		40,045.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
VOICES OF MOTEREY BAY - GIANNINI FUND - 502 LARKIN STREET - MONTEREY, CA 93940	82-2565637		14,639.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHALKBEAT, INC 1239 BROADWAY #703B NEW YORK, NY 10001	90-0915846		406,720.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
FEET IN 2 WORLDS 276 FIFTH AVE STE 704 # 19 NEW YORK, NY 10001	87-1215486		88,864.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
BLOCK CLUB CHICAGO 1132 S WABASH AVE., SUITE 200 CHICAGO, IL 90605	82-3844275		14,000.	0.	FMV		INN DIRECT SUPPORT - IGNITE GRANT, AWARDS NEWS AND COLUMBIA INTERN GRANT
BORDERLESS MAGAZINE 3432 W. DIVERSEY AVE 2ND FLOOR STE CHICAGO, IL 60647	83-1266434		10,500.	0.	FMV		INN DIRECT SUPPORT - COMMUNITY COLLEGE & ECONOMI MOBILITY COLLABORATION,
BRIDGE MICHIGAN 4100 N. DIXBORO RD ANN ARBOR , MI 48105	32-0167368		8,000.	0.	FMV		INN DIRECT SUPPORT - COVID LESSONS & COMMUNITY COLLEGE & ECONOMIC MOBILITY COLLABORATION
CATCHLIGHT 1150 25TH STREET SAN FRANCISCO, CA 94107	27-1912845		25,000.	0.	FMV		INN DIRECT SUPPORT - CREATIVE AND VISUAL JOURNALISM SERVICES RENDERED
MUCKROCK FOUNDATION (CENTER FOR COLLABORATIVE INVESTIGATIVE JOURNALISM - 411A HIGHLAND AVENUE - SOMERVILLE, MA 02144	81-1485228		5,500.	0.	FMV		INN DIRECT SUPPORT - TAPPLD OUT COLLABORATION, WATER AND ENVIROMENTAL JUSTICE
CENTER FOR RURAL STRATEGIES 46 E MAIN ST WHITESBURG, KY 41858	61-1379952		20,000.	0.	FMV		INN DIRECT SUPPORT - RURAL NEWS DEVELOPEMENT COLLABORATION
CITY BUREAU 3619 S STATE ST., STE 400 CHICAGO, IL 60609	81-1054499		8,000.	0.			INN DIRECT SUPPORT - NEWSWIRE PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITYSIDE JOURNALISM 2120 UNIVERSITY AVE BERKLEY, CA 94704	84-3448887		5,500.	0.			INN DIRECT SUPPORT - IGNITE SPONSORSHIP & 2021 NONPROFIT NEWS AWARD
CODA MEDIA 108 W. 39TH STREET NEW YORK, NY 10018	47-5374444		8,000.	0.			INN DIRECT SUPPORT - 2021 COLUMBIA INTERN GRANT
COLUMBIA INSIGHT PO BOX 1021 HOOD RIVER, OR 97031	82-4504894		5,125.	0.	FMV		INN DIRECT SUPPORT - TAPPED OUT COLLABORATION & WATER AND ENVIROMENTAL JUSTICE COLLABORAITON
HONOLULU CIVIL BEAT 3465 WALALAE AVENUE, #200 HONOLULU, HI 96816	81-2803662		16,000.	0.	FMV		INN DIRECT SUPPORT - 2021 COLUMBIA INTERN GRANT
INEWSOURCE PO BOX 34546 SAN DIEGO, CA 92163	27-0732786		8,000.	0.	FMV		INN DIRECT SUPPORT - 2021 COLUMBIA INTERN GRANT
INJUSTICE WATCH 1217 HINMAN AVENUE EVANSTON, IL 60202	47-4537172		6,000.	0.	FMV		INN DIRECT SUPPORT - TRANSLATION PROJECT WITH BORDERLESS & LARAZA
MADISON365 P O BOX 842 MOUNT HOREB, WI 53572	47-4608248		6,500.	0.	FMV		INN DIRECT SUPPORT - FACEBOOK AD GRANT AND COVID-19 LESSONS
MISSISSIPPI CENTER FOR INVESTIGATIVE REPORTING INC - 10810 CANYON ROAK - FORESTVILLE, CA 95436	83-3619348		8,000.	0.	FMV		INN DIRECT SUPPORT - 2021 COLUMBIA INTERN GRANT
MIDWEST CENTER 701 DEVONSHIRE DRIVE, C-33 CHAMPAIGN, IL 61820	27-1652830		20,000.	0.	FMV		INN DIRECT SUPPORT - RURAL NEWS DEVELOPMENT COLLABORATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION LOCAL 2489 MISSION STREET #22 SAN FRANCISCO, CA 94110	42-1055285		8,000.	0.	FMV		INN DIRECT SUPPORT - 2021 COLUMBIA INTERN GRANT
MISSISSIPPI FREE PRESS 125 S CONGRESS STREET, STE 1324A JACKSON, MS 39201	85-1403937		6,000.	0.	FMV		INN DIRECT SUPPORT - 2021 NONPROFIT NEWS AWARD & EL IMPLEMENTATION GRANT
NC HEALTH NEWS P O BOX 2573 CHAPEL HILL, NC 27515	45-3913463		8,000.	0.	FMV		INN DIRECT SUPPORT - 2021 COLUMBIA INTERN GRANT
NEW MEXICO IN DEPTH 808 DOUGLAS MACARTHUR NW ALBUQUERQUE, NM 87107	45-4011138		24,825.	0.	FMV		INN DIRECT SUPPORT - TAPPED OUT COLLABORATION & WATER AND ENVIROMENTAL JUSTICE COLLABORAITON &
NEXT CITY PO BOX 22449 PHILADELPHIA, PA 19110	22-3886361		8,200.	0.	FMV		INN DIRECT SUPPORT - 2021 COLUMBIA INTERN GRANT
PASSBLUE 250 HENRY STREET BROOKLYN, NY 11201	13-3297197		8,000.	0.	FMV		INN DIRECT SUPPORT - 2021 COLUMBIA INTERN GRANT
MICHIGAN ENVIRONMENTAL COUNCIL(PLANET DETROIT) - 602 W. IONIA - LANSING, MI 48933	38-2517980		8,000.	0.	FMV		INN DIRECT SUPPORT - COVID-19 LESSONS
RELIGION NEWS SERVICE 30 NEFF ANNEX COLUMBIA, MO 65211	31-1650883		28,486.	0.	FMV		INN DIRECT SUPPORT - 2021 COLUMBIA INTERN GRANT
SAHAN JOURNAL 428 MINNESOTA STREET, #500 ST. PAUL, MN 55101	83-2745995		9,750.	0.	FMV		INN DIRECT SUPPORT - COVID-19 LESSONS, NEWSMATCH CASE STUDY, COMMUNITY COLLEGE &

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SJV WATER PO BOX 1866 BAKERSFIELD, CA 93303	83-2646098		5,500.	0.	FMV		INN DIRECT SUPPORT - TAPPED OUT COLLABORATION, WATER AND ENVIROMENTAL JUSTICE COLLABORAITON &
SOCIETY FOR SCIENCE & THE PUBLIC 1719 N STREET NW WASHINGTON, DC 20036	53-0196483		8,000.	0.	FMV		INN DIRECT SUPPORT - 2021 COLUMBIA INTERN GRANT
THE BEACON 300 E. 39TH STREET KANSAS CITY, MO 64111	83-4587205		12,500.	0.	FMV		INN DIRECT SUPPORT - COVID-19 LESSONS, 2021 COLUMBIA INTERN GRANT & 2021 NONPROFIT NEWS AWARD
THE CITY 35 WEST 31ST STREET, 4TH FLOOR NEW YORK, NY 10001	37-1896785		8,500.	0.	FMV		INN DIRECT SUPPORT - 2021 COLUMBIA INTERNSHIP GRANT & 2021 NONPROFIT NEWS AWARD
THE GROUNDTRUTH PROJECT 10 GUEST STREET BRIGHTON, MA 02135	46-0908502		16,000.	0.	FMV		INN DIRECT SUPPORT - 2021 COLUMBIA INTERNSHIP GRANT
THE POYNTER INSTITUTE 801 THIRD STREET SOUTH ST. PETERSBURG, FL 33701	59-1630423		8,000.	0.	FMV		INN DIRECT SUPPORT - 2021 COLUMBIA INTERNSHIP GRANT
VTDIGGER.ORG 26 STATE STREET MONTPELIER, VT 05602	27-1553931		13,000.	0.	FMV		INN DIRECT SUPPORT - 2021 COLUMBIA INTERNSHIP GRANT & IGNITE IMPLANTATION GRANT
WASHINGTON MONTHLY 1200 18TH ST. NW SUITE # 330 WASHINGTON, DC 20036	52-2325296		7,758.	0.	FMV		INN DIRECT SUPPORT - 2021 COLUMBIA INTERNSHIP GRANT
WISCONSIN WATCH 5006 VILAS COMMUNICATION HALL, 821 MADISON, WI 53706	26-2143608		15,077.	0.	FMV		INN DIRECT SUPPORT - LESSON PLANS COLLABORATION, INN ASS. PILOT ADVISORY GROUP,

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WNIN TWO MAIN STREET EVANSVILLE, IN 47709	35-1307165		8,000.	0.	FMV		INN DIRECT SUPPORT - 2021 COLUMBIA INTERNSHIP GRANT
SMALLTOWN PAPERS INC 927 W RALLROAD AVE SHELTON, WA 98584	91-2088372		8,942.	0.	FMV		INN DIRECT SUPPORT - ANNUAL USE OF BETTER BNC CONTEST AWARD

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

(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 noncash assistance
INDIVIDUALS ARE GENERAL SUPPORT	8	2,403.	0.	FMV	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION RECEIVES REPORTS ON A REGULAR BASIS

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BORDERLESS MAGAZINE

(H) PURPOSE OF GRANT OR ASSISTANCE: INN DIRECT SUPPORT - COMMUNITY

COLLEGE & ECONOMIC MOBILITY COLLABORATION, TRANSLATIONS PROJECT AND EL
IMPLEMENTATION GRANT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

MUCKROCK FOUNDATION (CENTER FOR COLLABORATIVE INVESTIGATIVE JOURNALISM

(H) PURPOSE OF GRANT OR ASSISTANCE: INN DIRECT SUPPORT - TAPPLD OUT

COLLABORATION, WATER AND ENVIROMENTAL JUSTICE COLLABORATION, 2021

NONPROIFT NEWS AWARDS

NAME OF ORGANIZATION OR GOVERNMENT: NEW MEXICO IN DEPTH

(H) PURPOSE OF GRANT OR ASSISTANCE: INN DIRECT SUPPORT - TAPPED OUT

COLLABORATION & WATER AND ENVIROMENTAL JUSTICE COLLABORAITON & 2021

COLUMBIA INTERN GRANT

NAME OF ORGANIZATION OR GOVERNMENT: SAHAN JOURNAL

(H) PURPOSE OF GRANT OR ASSISTANCE: INN DIRECT SUPPORT - COVID-19

LESSONS, NEWSMATCH CASE STUDY, COMMUNITY COLLEGE & ECONOMIC MOBILITY

COLLABORATION AND 2021 NONPROFIT NEWS AWARD

NAME OF ORGANIZATION OR GOVERNMENT: SJV WATER

(H) PURPOSE OF GRANT OR ASSISTANCE: INN DIRECT SUPPORT - TAPPED OUT

COLLABORATION, WATER AND ENVIROMENTAL JUSTICE COLLABORAITON & 2021

NONPROFIT NEWS AWARD

NAME OF ORGANIZATION OR GOVERNMENT: WISCONSIN WATCH

(H) PURPOSE OF GRANT OR ASSISTANCE: INN DIRECT SUPPORT - LESSON PLANS

COLLABORATION, INN ASS. PILOT ADVISORY GROUP, COMMUNITY COLLEGE &

ECONOMIC MOBILITY COLLABORATION AND 2021 COLUMBIA INTERN GRANT

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

INSTITUTE FOR NONPROFIT NEWS

Employer identification number

27-2614911

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUE CROSS CEO & EXECUTIVE DIRECTOR	(i)	191,790.	0.	0.	3,826.	0.	195,616.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

INSTITUTE FOR NONPROFIT NEWS

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, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE DIRECTOR, BOARD SECRETARY AND TREASURER 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. THE PAY IS THEN SET BY THE BOARD OFFICERS
AND APPROVED BY THE ENTIRE BOARD OF DIRECTORS.

PAY FOR THE EXECUTIVE DIRECTOR IS SET BY THE EXECUTIVE COMMITTEE OF THE

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization INSTITUTE FOR NONPROFIT NEWS	Employer identification number 27-2614911
--	--

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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	640,176.
MANAGEMENT AND GENERAL EXPENSES	46,045.
FUNDRAISING EXPENSES	89,677.
TOTAL EXPENSES	775,898.

PAYROLL PROSESSING FEE:

PROGRAM SERVICE EXPENSES	2,982.
MANAGEMENT AND GENERAL EXPENSES	347.
FUNDRAISING EXPENSES	462.
TOTAL EXPENSES	3,791.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 779,689.

FORM 990, PART XII, LINE 2C:

THE PROCEDURE TO SELECT THE OVERSIGHT COMMITTEE IS UNCHANGED.

California Exempt Organization
Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **INSTITUTE FOR NONPROFIT NEWS** California corporation number: **3250040**

Additional information. See instructions. FEIN: **27-2614911**

Street address (suite or room): **8549 WILSHIRE BLVD., NO. 2294** PMB no. _____

City: **BEVERLY HILLS** State: **CA** ZIP code: **90211**

Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$ _____ Yes No

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	528,893	00
	2	Gross dues and assessments from members and affiliates	2	159,786	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	6,284,168	00
	4	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 Information B	4	6,972,847	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	1,631	00
	7	Total costs. Add line 5 and line 6	7	1,631	00
	8	Total gross income. Subtract line 7 from line 4	8	6,971,216	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	6,014,963	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	956,253	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Title CEO	Date	Telephone 213-709-7129	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00624143	
	Firm's name (or yours, if self-employed) and address DOUGLAS & BHAGAT CPA SERVICES, INC 100 E. THOUSAND OAKS BLVD., SUITE 202 THOUSAND OAKS, CA 91360			Firm's FEIN 82-5008973	
				Telephone (805) 409-7705	
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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.

128951 01-19-22

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00		
	2	Interest	•	2	1,908	00		
	3	Dividends	•	3		00		
	4	Gross rents	•	4		00		
	5	Gross royalties	•	5		00		
	6	Gross amount received from sale of assets (See instructions)	STATEMENT 2	•	6	0	00	
	7	Other income	SEE STATEMENT 3	•	7	526,985	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	528,893	00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 4	•	9	2,892,850	00	
	10	Disbursements to or for members		•	10		00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 5	•	11	1,207,819	00	
	12	Other salaries and wages		•	12	531,332	00	
	Expenses and Disbursements	13	Interest	•	13		00	
		14	Taxes	•	14	136,785	00	
		15	Rents	•	15	6,819	00	
		16	Depreciation and depletion (See instructions)	•	16	15,251	00	
		17	Other expenses and disbursements	SEE STATEMENT 6	•	17	1,224,107	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	6,014,963	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		5,740,405		6,620,844
2 Net accounts receivable		176,640		72,112
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	81,875		24,184	
b Less accumulated depreciation	(21,755)	60,120	(12,179)	12,005
11 Land				
12 Other assets	STMT 7	70,597		147,827
13 Total assets		6,047,762		6,852,788
Liabilities and net worth				
14 Accounts payable		182,921		235,274
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities	STMT 8	282,755		79,175
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		5,582,086		6,538,339
22 Total liabilities and net worth		6,047,762		6,852,788

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	•	956,253	7 Income recorded on books this year not included in this return. Attach schedule
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5		956,253	
			956,253

CA 199 CASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
BILL & MELINDA GATES FOUNDATION	P.O. BOX 23350 SEATTLE, WA 98102	12/31/21	203,846.
COLUMBIA UNIVERSITY GRADUATE SCHOOL OF JOURNALIS	615 WEST 131ST STREET MC 8741 NEW YORK, NY 10027-7922	12/31/21	236,000.
DEMOCRACY FUND	1200 17TH STREET NW NO 300 WASHINGTON, DC 20036	12/31/21	375,000.
JOHN D & CATHERINE T MACARTHUR FOUNDATION	140 SOUTH DEARBORN STREET CHICAGO, IL 60603-5285	12/31/21	250,000.
JOHN S & JAMES L KNIGHT FOUNDATION	200 S BISCAYNE BLVD STE 3300 MIAMI, FL 33131-2349	12/31/21	1,223,840.
OPEN SOCIETY INSTITUE	224 WEST 57TH STREET NEW YORK, NY 10019	12/31/21	150,000.
THE JOYCE FOUNDATION	321 N CLARK STREET #1500 CHICAGO, IL 60654	12/31/21	180,000.
THE MIAMI FOUNDATION, INC	40 NW 3RD STREET #305 MIAMI, FL 33128	12/31/21	620,019.
AMERICAN JOURNALISM PROJECT	718 7TH STREET NEW WASHINGTON, DC 20001	12/31/21	175,000.
ARNOLD VENTURES LLC	1717 WEST LOOP SOUTH, STE 1800 HOUSTON, TX 77027	12/31/21	200,000.
ASCENDIUM EDUCATION SOLUTIONS INC	2501 INTERNATIONAL LANE MADISON, WA 53704	12/31/21	275,000.
COLLEGE FUTURES FOUNDATION	1999 HARRISON STREET OAKLAND, CA 94613	12/31/21	150,000.
ENDAOMENT INC	40 BERNAL HEIGHT BLVD SAN FRANCISCO, CA 94110	12/31/21	162,901.
LUMINIA FOUNDATION FOR EDUCATION INC	30 S MERIDIAN STREET, STE 700 INDIANAPOLIS, IL 46204	12/31/21	325,000.
JONATHAN LOGAN FAMILY FOUNDATION	6114 OCEAN VIEW DRIVE OAKLAND, CA 94618	12/31/21	150,000.

INSTITUTE FOR NONPROFIT NEWS

27-2614911

THE BERNARD & ANNE 555 MADISON AVENUE, 18TH FLOOR 12/31/21
SPITZER CHARITABLE TRUST NEW YORK, NY 10022

400,000.

TOTAL INCLUDED ON LINE 3

5,076,606.

CA 199	GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT	2		
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED				
			PURCHASED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
				6,346.	4,715.	0.	0.
TOTAL TO FORM 199, PAGE 2, LN 6				6,346.	4,715.	0.	0.

CA 199	OTHER INCOME	STATEMENT	3
DESCRIPTION	AMOUNT		
OTHER INCOME	526,985.		
TOTAL TO FORM 199, PART II, LINE 7	526,985.		

CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	4
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ACTIVITY CLASSIFICATION: GRANTOR

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BLOCK CLUB CHICAGO	233 N. MICHIGAN AVENUE, STE 1800 - CHICAGO, IL 60601	GRANTOR	7.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BRECKENRIDGE TEXAN	2922 STATE HIGHWAY 67 - BRECKENRIDGE, TX 76424	GRANTOR	1,694.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DOCUMENTED LTD	PO BOX 250250 - NEW YORK, NY 10025	GRANTOR	5,535.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MEDIA NFP (EVANSTON ROUND TABLE)	124 FLORENCE AVENUE SUITE 3 - EVERTON, IL 90202	GRANTOR	2,091.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GEORGIA NEWS LAB, INC - DEPT OF COMMUNICA	23 PARK PLACE STE 800 - ATLANTA, GA 30302	GRANTOR	74,066.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GREY MATTER MEDIA	1069 W BROAD STREET - COLUMBUS, OH 43222	GRANTOR	53,978.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MIGRATORY NOTES	1843 LEMOYNE STREET - LOS ANGELES, CA 90026	GRANTOR	24,913.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MISSISSIPPI CENTER FOR INVESTIGATIVE REP	(PO BOX 151065) 1701 N STATE STREET - JASKSON, MS 39202	GRANTOR	37.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OPEN CAMPUS MEDIA INC	1 THOMAS CIRCLE, STE 700 - WASHINGTON, DC 20005	GRANTOR	683,143.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SALISH CURRENT	772 MAHONIA DRIVE - BELLINGHAM, WA 98229	GRANTOR	30,699.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SOLITARY WATCH	123 7TH AVENUE # 166 - BROOKLYN, NY 11215	GRANTOR	252,520.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE LAND	7212 W CLINTON AVENUE - CLEVELAND, OH 44102	GRANTOR	40,095.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE RECORD COMMUNITY NEWS GROUP	120 E CENTRAL AVENUE - LOMBARD, IL 60091	GRANTOR	43,782.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TRADEOFFS, INC	424 SOUTH 47TH STREET - PHILADELPHIA, PA 19143	GRANTOR	372,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE WAR HORSE NEWS	8404 RICHLANDS HIGHWAY - RICHLANDS, NC 28574	GRANTOR	94,485.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNDERScore MEDIA COLLABORATIVE,	911 NE DAVIS STREET - PORTLAND, OR 97232	GRANTOR	110,732.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VIRGINIA CENTER FOR INVESTIGATIVE JOURNA	505 PENNY WELL COURT - CROZET, VA 22932	GRANTOR	11,912.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VOICES OF MONTEREY BAY	502 LARKIN STREET - MONTEREY, CA 93940	GRANTOR	40,045.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VOICES OF MOTEREY BAY - GIANNINI FUND	502 LARKIN STREET - MONTEREY, CA 93940	GRANTOR	14,639.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHALKBEAT, INC	1239 BROADWAY #703B - NEW YORK, NY 10001	GRANTOR	406,720.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CECIL PUBLIC MEDIA	269 TRINITY CHURCH RD - NORTH EAST, MD 21901	GRANTOR	1,125.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FEET IN 2 WORLDS	276 FIFTH AVE STE 704 # 19 - NEW YORK, NY 10001	GRANTOR	88,864.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INDIAN COUNTRY TODAY	555 N CENTRAL AVE, STE 500 - PHOENIX, AZ 85004	GRANTOR	920.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MINERAL WELLS AREA NEWS	PO BOX 2 - MINERAL WELLS, TX 76067	GRANTOR	1,272.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PUBLIC SQUARE	375 MT. PROSPECT AVE, STE 5B - NEWARK, NJ 07104	GRANTOR	2,062.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SHASTA SCOUT	1647 YUBA ST #991215, - REDDINGS, CA 96099	GRANTOR	2,530.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE MAJORIE	6209 NW 246TH AVENUE - ALACHUA , FL 32615	GRANTOR	815.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE OBJECTIVE	802 6TH STREET, UNIT 202 - AMES , IA 50010	GRANTOR	4,917.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VOXPOPULI	929 WALKERS GROVE LANE - WINTER GARDEN, FL 34787	GRANTOR	2,007.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BLOCK CLUB CHICAGO	1132 S WABASH AVE., SUITE 200 - CHICAGO, IL 90605	GRANTOR	14,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BORDERLESS MAGAZINE	3432 W. DIVERSEY AVE 2ND FLOOR STE 8 - CHICAGO, IL 60647	GRANTOR	10,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BRIDGE MICHIGAN	4100 N. DIXBORO RD - ANN ARBOR , MI 48105	GRANTOR	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BROWN IMPACT MEDIA GROUP	615 SAGINAW STREET, STE 5005 - FLINT, MI 48505	GRANTOR	2,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TIDES CENTER (CA HEALTH REPORT)	P O BOX 29907 - SAN FRANCISCO, CA 94129	GRANTOR	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CATCHLIGHT	1150 25TH STREET - SAN FRANCISCO, CA 94107	GRANTOR	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MUCKROCK FOUNDATION (CENTER FOR COLLABOR	411A HIGHLAND AVENUE - SOMERVILLE, MA 02144	GRANTOR	5,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CENTER FOR PUBLIC INTEGRITY	910 17TH STREET, N.W., 7TH FLOOR - WASHINGTON, DC 20006	GRANTOR	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CENTER FOR RURAL STRATEGIES	46 E MAIN ST - WHITESBURG, KY 41858	GRANTOR	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHARLOTTESVILLE TOMORROW	P O BOX 1591 - CHARLOTTESVILLE, VA 22902	GRANTOR	3,575.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CICERO INDEPENDIENTE	3619 S STATE ST. STE 400 - CHICAGO, IL 60609	GRANTOR	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CIRCLE OF BLUE	800 COTTAGEVIEW DRIVE, STE. 1042 - TRAVERSE CITY, MI 49684	GRANTOR	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CITY BUREAU	3619 S STATE ST., STE 400 - CHICAGO, IL 60609	GRANTOR	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CITYSIDE JOURNALISM	2120 UNIVERSITY AVE - BERKLEY, CA 94704	GRANTOR	5,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CODA MEDIA	108 W. 39TH STREET - NEW YORK, NY 10018	GRANTOR	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COLAB	2101 ARAPAHOE STREET - DENVOR, CO 80205	GRANTOR	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COLORADO PUBLIC RADIO	7409 SOUTH ALTON COURT - CENTENNIAL, CO 90112	GRANTOR	3,750.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COLUMBIA INSIGHT	PO BOX 1021 - HOOD RIVER, OR 97031	GRANTOR	5,125.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CONNECTICUT MIRROR	36 RUSS STREET - HARTFORD, CT 06117	GRANTOR	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICAN UNIVERSITY (CURRENT.ORG)	6930 CARROLL AVENUE, STE 625 - TAKOMA PARK, MD 20912	GRANTOR	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DALLAS FREE	6301 GASTON AVE, STE 850 - DALLAS, TX 75214	GRANTOR	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DOCUMENTED	PO BOX 250250 - NEW YORK, NY 10025	GRANTOR	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EL PASO MATTERS	333 N OREGON, 2ND FLOOR - EL PASO, TX 79901	GRANTOR	3,575.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MEDIA NFP (EVANSTON ROUND TABLE)	1124 FLORENCE AVE SUITE 3 - EVANSTON, IL 60202	GRANTOR	4,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FUTURO MEDIA GROUP	361 WEST 125TH STREET, SIXTH FLOOR - NEW YORK, NY 10027	GRANTOR	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GRIST MAGAZINE, INC.	1201 WESTERN AVE SUITE 410 - SEATTLE, WA 91810	GRANTOR	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GROWING COMMUNITY MEDIA	141 S OAK PARK AVE - OAK PARK, IL 60302	GRANTOR	4,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HIGH COUNTRY NEWS	119 GRAND AVENUE, P O BOX 1090 - PAONIA, CO 81428	GRANTOR	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HOLA CAROLINA	P O BOX 5146 - ASHEVILLE, NC 28813	GRANTOR	2,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HONOLULU CIVIL BEAT	3465 WALALAE AVENUE, #200 - HONOLULU, HI 96816	GRANTOR	16,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ICIJ/WIRE	910 17TH STREET, NW #410 - WASHINGTON, DC 20006	GRANTOR	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INDIAN COUNTRY TODAY	555 N CENTRAL AVE, STE 500 - PHOENIX, AZ 85004	GRANTOR	2,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INEWSOURCE	PO BOX 34546 - SAN DIEGO, CA 92163	GRANTOR	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INJUSTICE WATCH	1217 HINMAN AVENUE - EVANSTON, IL 60202	GRANTOR	6,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
IOWA CENTER/IOWA WATCH	P O BOX 2178 - IOWA CITY, IA 52244-2178	GRANTOR	3,575.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CURATORS OF THE UNIVERSITY OF MISSOURI(K	4825 TROOST, SUITE 202 - KANSAS CITY, MO 64110	GRANTOR	4,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHICAGO INC (LA RAZA)	605 N. MICHIGAN AVE., 4TH FLOOR - CHICAGO, IL 60611	GRANTOR	1,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MADISON365	P O BOX 842 - MOUNT HOREB, WI 53572	GRANTOR	6,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MISSISSIPPI CENTER FOR INVESTIGATIVE REP	10810 CANYON ROAK - FORESTVILLE, CA 95436	GRANTOR	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MIDWEST CENTER	701 DEVONSHIRE DRIVE, C-33 - CHAMPAIGN, IL 61820	GRANTOR	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MILWAUKEE NEIGHBORHOOD NEWS SERVICE	1131 W WISCONSIN AVE, JOHNSTON HALL - MILWAUKEE, WI 53233	GRANTOR	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MINNPOST	635 9TH STREET SE, #220 - MINNEAPOLIS, MN 55414	GRANTOR	4,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MISSION LOCAL	2489 MISSION STREET #22 - SAN FRANCISCO, CA 94110	GRANTOR	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MISSISSIPPI FREE PRESS	125 S CONGRESS STREET, STE 1324A - JACKSON, MS 39201	GRANTOR	6,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COMMUNITY LIFT (MLK50)	119 S COURT, STE 100 - RIDGELAND , MS 39216	GRANTOR	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NC HEALTH NEWS	P O BOX 2573 - CHAPEL HILL, NC 27515	GRANTOR	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEW MEXICO IN DEPTH	808 DOUGLAS MACARTHUR NW - ALBUQUERQUE, MN 87107	GRANTOR	24,825.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEXT CITY	PO BOX 22449 - PHILADELPHIA, PA 19110	GRANTOR	8,200.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OKLAHOMA WATCH	500 N. BROADWAY, LL10 - OKLAHOMA CITY , OK 73102	GRANTOR	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OPEN VALLEJO	490 43RD ST, #12 - OAKLAND, CA 94609	GRANTOR	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PASSBLUE	250 HENRY STREET - BROOKLYN, NY 11201	GRANTOR	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MICHIGAN ENVIRONMENTAL COUNCIL(PLANET DE	602 W. IONIA - LANSING, MI 48933	GRANTOR	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PRISON JOURNALISM PROJECT	3501 SOUTHPORT AVE #204 - CHICAGO, IL 60657	GRANTOR	3,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PUBLIC SQUARE	375 MT. PROSPECT AVE, STE 5B - NEWARK , NJ 07104	GRANTOR	804.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RELIGION NEWS SERVICE	30 NEFF ANNEX - COLUMBIA, MO 65211	GRANTOR	28,486.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RESOLVE PHILLY	699 RANSTEAD ST STE 3 - PHILADELPHIA, PA 19106	GRANTOR	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RETRO REPORT, INC.	7 MASON'S ISLAND ROAD - MYSTIC , CT 06355-2935	GRANTOR	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAHAN JOURNAL	428 MINNESOTA STREET, #500 - ST. PAUL , MN 55101	GRANTOR	9,750.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SCALAWAG	P O BOX 129 - DURHAM , NC 27702	GRANTOR	2,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SJV WATER	PO BOX 1866 - BAKERSFIELD, CA 93303	GRANTOR	5,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SOCIETY FOR SCIENCE & THE PUBLIC	1719 N STREET NW - WASHINGTON, DC 20036	GRANTOR	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EXPERIMENTAL STATION (SOUTH SIDE WEEKLY)	6100 S BLACKSTONE AVE - CHICAGO, IL 60637	GRANTOR	4,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SPOTLIGHT PA	1467 SWANN ST NW, UNIT 4 - WASHINGTON, DC 20009	GRANTOR	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TEDESCO & AFFILIATES, LLC	11245 DOVEDALE COURT - MARRIOTTSVILLE , MD 21104	GRANTOR	3,750.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE BEACON	300 E. 39TH STREET - KANSAS CITY, MO 64111	GRANTOR	12,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE CITY	35 WEST 31ST STREET, 4TH FLOOR - NEW YORK, NY 10001	GRANTOR	8,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE COUNTER	12 EAST 49TH STREET, 4TH FLOOR - NEW YORK, NY 10017	GRANTOR	2,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE GROUNDTRUTH PROJECT	10 GUEST STREET - BRIGHTON, MA 02135	GRANTOR	16,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE MARSHALL PROJECT, INC.	156 WEST 56TH STREET - NEW YORK, NY 10019	GRANTOR	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE NEVADA INDEPENDENT	7455 ARROYO CROSSING PARKWAY, STE 220 - LAS VEGAS, NV 89107	GRANTOR	3,575.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE POYNTER INSTITUTE	801 THIRD STREET SOUTH - ST. PETERSBURG, FL 33701	GRANTOR	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNDERScore MEDIA COLLABORATION	911 NE DAVIS STREET - PORTLAND, OR 97232	GRANTOR	3,575.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VOICE NEWS NETWORK - ATLANTA VOICE	633 PRYOR STREET SW - ATLANTA, GA 30312	GRANTOR	2,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VOICE OF OC	P O BOX 1020 - SANTA ANA, CA 92711	GRANTOR	2,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VTDIGGER.ORG	26 STATE STREET - MONTPELIER, VT 05602	GRANTOR	13,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WASHINGTON MONTHLY	1200 18TH ST. NW SUITE # 330 - WASHINGTON, DC 20036	GRANTOR	7,758.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WAUSAU PILOT AND REVIEW CORPORATION	500 N. THIRD ST. SUITE 208-8 - WAUSAU, WI 54403	GRANTOR	4,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WFYI/SIDE EFFECTS PUBLIC MEDIA	1630 N. MERIDIAN STREET - INDIANAPOLIS, IN 46202	GRANTOR	4,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WISCONSIN WATCH	5006 VILAS COMMUNICATION HALL, 821 - MADISON, WI 53706	GRANTOR	15,077.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WNIN	TWO MAIN STREET - EVANSVILLE, IN 47709	GRANTOR	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BRITTANY WALKER	4500 N. WINCHESTER, #305 - CHICAGO, IL 60640	GRANTOR	300.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JILL KUNISHIMA	3825 39TH AVENUE - OAKLAND, CA 94619	GRANTOR	300.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KRISTIN TESSMAN	28 CARRIAGE LANE - HELENA, MT 59601	GRANTOR	300.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LISA GARDNER-SPRINGER	4421 WASHBURN AVENUE SOUTH - MINNEAPOLIS, MN 55410	GRANTOR	300.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MARGARET WATERS	48 CALLE ARAGON, B - LAGUNA WOODS, CA 92637	GRANTOR	300.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MICHAUX HOOD	1506 MONTECELLO ROAD - CHARLOTTESVILLE, VA 22902	GRANTOR	300.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NATHANIEL PAZIK	68 BROMLEIGH ROAD - STEWART MANOR, NY 11530	GRANTOR	300.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ROBERT JAMES THORNTON	335 WHIMBREL LOOP - AIKEN , SC 29803-1768	GRANTOR	303.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SMALLTOWN PAPERS INC	927 W RALLROAD AVE - SHELTON , WA 98584	GRANTOR	8,942.

TOTAL FOR THIS ACTIVITY 2,892,850.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 2,892,850.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	5
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
SUE CROSS 8549 WILSHIRE BLVD., 2294 BEVERLY HILLS, CA 90211	CEO & EXECUTIVE DIRECTOR 40.00	191,790.	
JONATHAN R KEALING 8549 WILSHIRE BLVD., 2294 BEVERLY HILLS, CA 90211	CHIEF NETWORK OFFICER 40.00	143,839.	
CHARLES POTTS JR 8549 WILSHIRE BLVD., 2294 BEVERLY HILLS, CA 90211	DIRECTOR OF FINANCE & OPER 40.00	141,205.	
SHERENE AZIMI 8549 WILSHIRE BLVD., 2294 BEVERLY HILLS, CA 90211	DIRECTOR OF COMMUNICATION 40.00	138,893.	
EMILY ROSEMAN 8549 WILSHIRE BLVD., 2294 BEVERLY HILLS, CA 90211	RESEARCH DIRECTOR & EDITO 40.00	127,480.	
COURTNEY HURTT 8549 WILSHIRE BLVD., 2294 BEVERLY HILLS, CA 90211	CHEIF GROWTH OFFICER 40.00	127,326.	
MICHELLE MORGANTE 8549 WILSHIRE BLVD., 2294 BEVERLY HILLS, CA 90211	MEMBER NETWORK DIRECTOR 40.00	116,838.	
LAWRENCE R HORNE 8549 WILSHIRE BLVD., 2294 BEVERLY HILLS, CA 90211	DIRECTOR OF DEVELOPMENT 40.00	116,501.	
JEFFREY WOOLVERTON 8549 WILSHIRE BLVD., 2294 BEVERLY HILLS, CA 90211	NETWORK PHILANTRAPY DIRECT 40.00	103,947.	
MARCIA PARKER 8549 WILSHIRE BLVD., 2294 BEVERLY HILLS, CA 90211	CHAIR 10.00	0.	
BRUCE THERIAULT 8549 WILSHIRE BLVD., 2294 BEVERLY HILLS, CA 90211	TREASURER 10.00	0.	

RON SMITH 8549 WILSHIRE BLVD., 2294 BEVERLY HILLS, CA 90211	SECRETARY 5.00	0.
SHEILA KRUMHOLZ 8549 WILSHIRE BLVD., 2294 BEVERLY HILLS, CA 90211	DIRECTOR 5.00	0.
KYRA KYLES 8549 WILSHIRE BLVD., 2294 BEVERLY HILLS, CA 90211	DIRECTOR 5.00	0.
KELSEY RYAN 8549 WILSHIRE BLVD., 2294 BEVERLY HILLS, CA 90211	DIRECTOR 5.00	0.
MARK HORVIT 8549 WILSHIRE BLVD., 2294 BEVERLY HILLS, CA 90211	DIRECTOR 5.00	0.
ERIKA DILDAY 8549 WILSHIRE BLVD., 2294 BEVERLY HILLS, CA 90211	DIRECTOR 5.00	0.
NORBERTO SANTANA 8549 WILSHIRE BLVD., 2294 BEVERLY HILLS, CA 90211	DIRECTOR 5.00	0.
HSIU MEI WONG 8549 WILSHIRE BLVD., 2294 BEVERLY HILLS, CA 90211	DIRECTOR 5.00	0.
RON NIXON 8549 WILSHIRE BLVD., 2294 BEVERLY HILLS, CA 90211	DIRECTOR 5.00	0.
TOTAL TO FORM 199, PART II, LINE 11		<u>1,207,819.</u>

CA 199	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	AMOUNT
FUNDS RELEASED TO SEPAR	248,022.
DUES AND SUBSCRIPTIONS	30,972.
BANKING/MERCHANT FEES	8,783.
TELEPHONE	7,656.
PENSION PLAN CONTRIBUTIONS	31,981.
OTHER PROFESSIONAL FEES	779,689.
ADVERTISING AND PROMOTION	13,196.
OFFICE EXPENSES	2,592.

INFORMATION TECHNOLOGY	56,401.
TRAVEL	3,994.
CONFERENCES AND CONVENTIONS	21,727.
INSURANCE	10,446.
ALL OTHER EXPENSES	8,648.
TOTAL TO FORM 199, PART II, LINE 17	1,224,107.

CA 199	OTHER ASSETS	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	68,786.	90,477.	
INTANGIBLE ASSETS	0.	55,889.	
SECURITY DEPOSIT	1,811.	1,461.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	70,597.	147,827.	

CA 199	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PAYHECK PROTECTION PROGRAM LOAN	215,800.	0.	
DEFERRED REVENUE	66,955.	79,175.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	282,755.	79,175.	

TAXABLE YEAR
2021

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
INSTITUTE FOR NONPROFIT NEWS	27-2614911

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	6,972,847
2 Total gross income (Form 199, line 8)	2	6,971,216
3 Total expenses and disbursements (Form 199, line 9)	3	6,014,963

Part II Settle Your Account Electronically for Taxable Year 2021

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here			
	Signature of officer	Date	CEO

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	DOUGLAS & BHAGAT CPA SERVIC	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00624143
Must Sign	Firm's name (or yours if self-employed) and address	DOUGLAS & BHAGAT CPA SERVICES, INC 100 E. THOUSAND OAKS BLVD., SUITE 202 THOUSAND OAKS, CA	Firm's FEIN 82-5008973	ZIP code 91360		

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

Paid Preparer	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address	Firm's FEIN	ZIP code	

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 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. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

<p><u>INSTITUTE FOR NONPROFIT NEWS</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>8549 WILSHIRE BLVD., NO. 2294</u> Address (Number and Street)</p> <p><u>BEVERLY HILLS, CA 90211</u> City or Town, State, and ZIP Code</p> <p><u>818-582-3560</u> _____ Telephone Number E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT0166893</u></p> <p>Corporation or Organization No. <u>C3250040</u></p> <p>Federal Employer ID No. <u>27-2614911</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2021 ending 12/31/2021) list:

Total Revenue (including noncash contributions) \$ 6,971,216 Noncash Contributions \$ 0 Total Assets \$ 6,852,788
 Program Expenses \$ 5,383,297 Total Expenses \$ 6,014,963

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. 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?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

SUE CROSS **CEO**

Signature of Authorized Agent Printed Name Title Date