

2024 Exempt Org. Return
prepared for:

INSTITUTE FOR NONPROFIT NEWS
8549 WILSHIRE BLVD Suite 2294
BEVERLY HILLS, CA 90211

Douglas & Bhagat CPA Services Inc.
100 E Thousand Oaks Blvd., Ste. 202
Thousand Oaks, CA 91360

**DOUGLAS & BHAGAT CPA SERVICES INC.
100 E THOUSAND OAKS BLVD., STE. 202
THOUSAND OAKS, CA 91360
(805) 409-7705**

January 21, 2026

INSTITUTE FOR NONPROFIT NEWS
8549 WILSHIRE BLVD Suite 2294
BEVERLY HILLS, CA 90211

Dear Chip:

Your 2024 Amended Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2024 Amended California Exempt Organization Annual Information Return will be electronically filed with the Franchise Tax Board upon receipt of a signed Form 8453-EO. No tax is payable with the filing of this return.

Enclosed is your Amended California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$400. Make the check or money order payable to "Department of Justice" and mail your California report as soon as possible to:

REGISTRY OF CHARITIES AND FUNDRAISERS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

Anita H Bhagat

INSTITUTE FOR NONPROFIT NEWS

27-2614911

	2024	2023	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	14,824,322	7,888,873	6,935,449
INVESTMENT INCOME.....	182,570	136,266	46,304
OTHER REVENUE.....	587,988	544,160	43,828
TOTAL REVENUE.....	15,594,880	8,569,299	7,025,581
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	9,661,222	4,594,726	5,066,496
SALARIES, OTHER COMPEN., EMP. BENEFITS...	3,350,399	3,169,606	180,793
OTHER EXPENSES.....	2,651,592	2,314,864	336,728
TOTAL EXPENSES.....	15,663,213	10,079,196	5,584,017
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	-68,333	-1,509,897	1,441,564
TOTAL ASSETS AT END OF YEAR.....	8,704,403	7,522,880	1,181,523
TOTAL LIABILITIES AT END OF YEAR.....	1,984,895	735,039	1,249,856
NET ASSETS/FUND BALANCES AT END OF YEAR.	6,719,508	6,787,841	-68,333

	2024	2023	DIFF
RECEIPTS AND REVENUES			
GROSS SALES OR RECEIPTS.....	770,558	681,417	89,141
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	14,824,322	7,888,873	6,935,449
TOTAL GROSS RECEIPTS.....	15,594,880	8,570,290	7,024,590
TOTAL COSTS.....	0	991	-991
TOTAL GROSS INCOME.....	15,594,880	8,569,299	7,025,581
EXPENSES			
TOTAL EXPENSES.....	15,663,213	10,079,196	5,584,017
EXCESS RECEIPTS OVER EXPENSES.....	-68,333	-1,509,897	1,441,564
FILING FEE			
FILING FEE.....	0	0	0
BALANCE DUE.....	0	0	0

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH F, SCH I, SCH J, 8868
CALIFORNIA: 199, SCH B, 3885, 8453-EO (199), E-FILE INSTRUCTIONS, RRF-1

CARRYOVERS TO 2025

NONE

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 8868

NO SIGNATURE IS REQUIRED WITH FORM 8868.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, ACCESS THE PROGRAM AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT THE PROGRAM HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS THE PROGRAM AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

THE ORGANIZATION'S AMENDED FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990

THE ORGANIZATION SHOULD REVIEW THEIR AMENDED FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, ACCESS THE PROGRAM AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT THE PROGRAM HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS THE PROGRAM AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR AMENDED FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION

THE ENTITY'S 2024 CALIFORNIA AMENDED RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 199

THE ENTITY SHOULD REVIEW THEIR 2024 AMENDED CALIFORNIA EXEMPT INCOME TAX RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

FORM 8453-EO

THE ENTITY SHOULD REVIEW, SIGN AND DATE FORM 8453-EO PRIOR TO E-FILING THE RETURN.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR CALIFORNIA ACKNOWLEDGEMENTS.

KEEP A SIGNED COPY OF FORM 8453-EO IN YOUR FILES FOR 4 YEARS.

DO NOT MAIL:

FORM 8453-EO

FRANCHISE TAX BOARD, PO BOX 942857, SACRAMENTO CA 94257-0531

INSTITUTE FOR NONPROFIT NEWS

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
AMORTIZATION																
23	WEBSITE DESIGN	5/01/21		56,000							56,000	48,223	S/L	3		7,778
24	DOMAIN NAME	1/20/15		20,000							20,000	11,888	S/L	15		1,333
25	RNN WEBSITE DESIGN	5/15/23		9,750							9,750	2,031	S/L	3		3,250
TOTAL AMORTIZATION				85,750		0	0	0	0	0	85,750	62,142				12,361
MACHINERY AND EQUIPMENT																
1	MAC BOOK PRO - APPLE CHIP P. CO	4/21/14		2,337							2,337	2,337	S/L	5		0
3	MAC BOOK PRO - 13" (ORIGINALLY	11/01/20		1,864							1,864	1,182	S/L	5		373
4	MACBOOK PRO 16" (ORIGINALLY J	4/10/20		3,004							3,004	2,228	S/L	5		601
5	MAC BOOK AIR - 13" - BRIDGET	4/22/21		1,016							1,016	542	S/L	5		203
6	MAC BOOK AIR - 13" - LISA	9/10/21		1,211							1,211	545	S/L	5		242
8	MAC BOOK AIR - 13" - MOUMITA	11/30/21		1,220							1,220	508	S/L	5		244
9	24" IMAC - CYNTHIA	12/27/21		1,217							1,217	486	S/L	5		244
10	MAC BOOK PRO - 13" - META	1/19/22		1,345							1,345	859	S/L	3		448
11	MAC BOOK PRO - 13" - JORDAN	4/01/22		1,188							1,188	693	S/L	3		396
12	MAC BOOK AIR - 13" - SORAYA	4/08/22		934							934	531	S/L	3		311
13	24" IMAC (ORIGINALLY ROSA'S) -	3/11/22		1,395							1,395	833	S/L	3		465
14	MAC BOOK PRO - 13" - DEVON	4/20/22		1,170							1,170	650	S/L	3		390
15	MAC BOOK AIR - 13" - EMILY R	4/26/22		1,080							1,080	600	S/L	3		360
16	MAC BOOK AIR - 13" - SAM	6/07/22		1,125							1,125	578	S/L	3		375
17	MAC BOOK AIR - 13" - ALANA	6/21/22		1,146							1,146	573	S/L	3		382
18	MAC BOOK AIR - 13" - STEPHANIE	6/23/22		903							903	451	S/L	3		301
19	MICROSOFT SURFACE - ALEXIS	8/09/22		1,048							1,048	480	S/L	3		349

INSTITUTE FOR NONPROFIT NEWS

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
20	MAC BOOK AIR - 13" - KEMUEL	11/10/22		908							908	341	S/L	3		303
21	FUJITSU SCANSNAP IX1600 SCANN	1/10/22		441							441	288	S/L	3		147
22	IPAD - SARA	7/31/22		355							355	167	S/L	3		119
	TOTAL MACHINERY AND EQUIPME			24,907		0	0	0	0	0	24,907	14,872				6,253
	TOTAL DEPRECIATION			<u>24,907</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>24,907</u>	<u>14,872</u>				<u>6,253</u>
	GRAND TOTAL AMORTIZATION			85,750		0	0	0	0	0	85,750	62,142				12,361
	GRAND TOTAL DEPRECIATION			<u>24,907</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>24,907</u>	<u>14,872</u>				<u>6,253</u>

LATE PAYMENT PENALTY (FORM 109)

TAX DUE

MONTHLY PENALTY

5% PENALTY

LATE PAYMENT PENALTY

0.

0.

INSTITUTE FOR NONPROFIT NEWS

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 199																
AMORTIZATION																
23	WEBSITE DESIGN	5/01/21		56,000							56,000	48,223	S/L	3		7,778
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10	MAC BOOK PRO - 13" - META	1/19/22		1,345							1,345	859	S/L	3		448
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TOTAL DEPRECIATION				<u>24,907</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>24,907</u>	<u>14,872</u>				<u>6,253</u>
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GRAND TOTAL DEPRECIATION				<u>24,907</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>24,907</u>	<u>14,872</u>				<u>6,253</u>

**IRS E-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

2024

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

EIN or SSN

INSTITUTE FOR NONPROFIT NEWS

27-2614911

Name and title of officer or person subject to tax

KAREN RUNDLET 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. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>15,594,880.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	_____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here. <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

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 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize DOUGLAS & BHAGAT CPA SERVICES INC. to enter my PIN 10413 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2024 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 2024 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 _____

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 2024 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 ANITA H BHAGAT

Date _____

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

**Application for Extension of Time To File an Exempt Organization
 Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

**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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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.

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.

Part I – Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
	INSTITUTE FOR NONPROFIT NEWS	27-2614911
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. 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) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II – Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of CHIP POTTS 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 11/15, 2025, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

calendar year 2024 or
 tax year beginning _____, 20____, and ending _____, 20____.

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.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

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 2024 calendar year, or tax year beginning, 2024, and ending, 20

Form sections B through M: B Check if applicable; C INSTITUTE FOR NONPROFIT NEWS; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return; H(b) Are all subordinates included; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission; 2-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.

Signature fields for Officer (KAREN RUNDLET, CEO), Preparer (ANITA H BHAGAT), and Firm (DOUGLAS & BHAGAT CPA SERVICES INC.).

May the IRS discuss this return with the preparer shown above? See instructions. [X] 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 No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 14,665,910. including grants of \$ 9,661,222.) (Revenue \$ 587,988.)

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 14,665,910.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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.

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
	2a 30		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		
	17		

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. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 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.
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. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records. CHIP POTTS 8549 WILSHIRE BLVD # 2294 BEVERLY HILLS CA 90211 (818) 582-3560

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, box 6 of 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 dotted 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			
(1) KAREN RUNDLET CEO	40 0			X			214,828.	0.	0.
(2) COURTNEY LEWIS GROWTH OFFICER	40 0				X		161,205.	0.	0.
(3) CHARLES POTTS JR DIR. OF FINANCE	40 0			X			157,058.	0.	0.
(4) JOHNATHAN KEALING NETWORK OFFICER	40 0				X		141,480.	0.	0.
(5) LISA M GARDNER-SPRINGER CHIEF DEVELOPMENT OFFICER	40 0				X		138,038.	0.	0.
(6) SORAYA MEMBRENO COO	40 0			X			132,090.	0.	0.
(7) STEPHANIE SCHENKEL NETWORK PHILANTHROPY DIRECTOR	40 0				X		131,018.	0.	0.
(8) SHARENE AZIMI DIRECTOR OF COMMUNICATIONS	40 0				X		123,958.	0.	0.
(9) EMILY ROSEMAN INN INDEX DIRECTOR	40 0				X		115,043.	0.	0.
(10) MARCIA PARKER CHAIRMAN	10 0	X		X			0.	0.	0.
(11) BRUCE THERIAULT TREASURER	10 0	X		X			0.	0.	0.
(12) RON SMITH SECRETARY	5 0	X		X			0.	0.	0.
(13) KINSEY WILSON DIRECTOR	5 0	X					0.	0.	0.
(14) JOHN ADAMS DIRECTOR	5 0	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 dotted 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			
(15) VALERIA FERNANDEZ DIRECTOR	5 0	X					0.	0.	0.	
(16) LUCAS GRINDLEY DIRECTOR	5 0	X					0.	0.	0.	
(17) MARK HORVIT DIRECTOR	5 0	X					0.	0.	0.	
(18) KYRA KYLES DIRECTOR	5 0	X					0.	0.	0.	
(19) HSIU MEI WONG DIRECTOR	5 0	X					0.	0.	0.	
(20) CARLA MINET DIRECTOR	5 0	X					0.	0.	0.	
(21) GRACIELA MOCHKOSFKY DIRECTOR	5 0	X					0.	0.	0.	
(22)										
(23)										
(24)										
(25)										

1b Subtotal	1,314,718.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	1,314,718.	0.	0.

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>	3	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>	4	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>	5	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

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	222,286.				
	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	14,602,036.				
	g Noncash contributions included in lines 1a-1f	1g					
	h Total. Add lines 1a-1f		14,824,322.				
	Program Service Revenue	2a 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)		182,570.			182,570.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6b Less: rental expenses	6b				
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a 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							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses		9b				
	c Net income or (loss) from gaming activities						
10a 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	11a OTHER INCOME		519200	587,988.	587,988.		
	b -----						
	c -----						
	d All other revenue						
	e Total. Add lines 11a-11d			587,988.			
12 Total revenue. See instructions			15,594,880.	587,988.	0.	182,570.	

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.

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	9,617,694.	9,617,694.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	28.	28.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	43,500.	43,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,314,718.	985,690.	186,468.	142,560.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	1,496,486.	1,267,911.	107,220.	121,355.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	81,805.	65,763.	8,322.	7,720.
9 Other employee benefits	236,134.	189,827.	24,022.	22,285.
10 Payroll taxes	221,256.	177,867.	22,509.	20,880.
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 Schedule O.)	1,108,108.	1,013,883.	75,308.	18,917.
12 Advertising and promotion	41,248.	39,400.	1,025.	823.
13 Office expenses	4,828.	1,628.	3,137.	63.
14 Information technology	215,722.	119,121.	90,123.	6,478.
15 Royalties				
16 Occupancy	1,370.		1,370.	
17 Travel	218,117.	176,302.	28,081.	13,734.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	333,368.	284,007.	31,519.	17,842.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,614.	14,336.	3,066.	1,212.
23 Insurance	13,321.		13,321.	
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 SEPARATED FI	497,584.	497,584.		
b DUES & SUBSCRIPTIONS	94,940.	83,646.	3,810.	7,484.
c STIPEND TO MEMBER	42,326.	42,326.		
d BANKING/MERCHANT FEES	19,937.	16,155.	2,622.	1,160.
e All other expenses	42,109.	29,242.	9,906.	2,961.
25 Total functional expenses. Add lines 1 through 24e	15,663,213.	14,665,910.	611,829.	385,474.
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 <input type="checkbox"/> 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	7,253,117.	1	6,172,739.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	58,945.	4	2,332,714.
	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	177,177.	9	183,922.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,907.		
	b Less: accumulated depreciation	10b 21,126.	10,033.	10c 3,781.
	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	23,608.	14	11,247.
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,522,880.	16	8,704,403.	
Liabilities	17 Accounts payable and accrued expenses	526,070.	17	1,876,687.
	18 Grants payable		18	
	19 Deferred revenue	208,969.	19	108,208.
	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		25	
	26 Total liabilities. Add lines 17 through 25	735,039.	26	1,984,895.
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	3,746,782.	27	3,409,877.
	28 Net assets with donor restrictions	3,041,059.	28	3,309,631.
	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	6,787,841.	32	6,719,508.	
33 Total liabilities and net assets/fund balances	7,522,880.	33	8,704,403.	

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	15,594,880.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,663,213.
3	Revenue less expenses. Subtract line 2 from line 1	3	-68,333.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,787,841.
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	6,719,508.

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
2b	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	
2c	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	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		

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

2024

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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,261,822.	6,443,954.	7,736,365.	7,888,873.	14824322.	44,155,336.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	7,261,822.	6,443,954.	7,736,365.	7,888,873.	14824322.	44,155,336.
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)						14,292,852.
6 Public support. Subtract line 5 from line 4						29,862,484.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	7,261,822.	6,443,954.	7,736,365.	7,888,873.	14824322.	44,155,336.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	990.	1,908.	37,823.	136,266.	182,570.	359,557.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						44,514,893.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	67.08 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	70.62 %

16a **33-1/3% support test—2024.** 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.

b **33-1/3% support test—2023.** 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.

17a **10%-facts-and-circumstances test—2024.** 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.

b **10%-facts-and-circumstances test—2023.** 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.

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.

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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c 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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2024. 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

b 33-1/3% support tests—2023. 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 on line 12 of 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?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	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? <i>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.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>	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)? <i>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).</i>	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?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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? <i>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.</i>	2a		
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? <i>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.</i>	2b		
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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	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 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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

BAA

Schedule A (Form 990) 2024

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.)

**Schedule B
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
Schedule of Contributors

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

OMB No. 1545-0047

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).

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
1		\$ 6,930,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,636,380.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	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
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

SCHEDULE D (Form 990)

(Rev. December 2024)

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

Open to Public Inspection

Name of the organization

Employer identification number

INSTITUTE FOR NONPROFIT NEWS

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: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for conservation easement statistics.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

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.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

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 in 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		24,907.	21,126.	3,781.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 3,781.

Part VII Investments – Other Securities N/A
 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. (Column (b) must equal Form 990, Part X, line 12, column (B))		

Part VIII Investments – Program Related N/A
 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. (Column (b) must equal Form 990, Part X, line 13, column (B))		

Part IX Other Assets N/A
 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, line 15, column (B))	

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, line 25, column (B))	

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.

1	Total revenue, gains, and other support per audited financial statements	1	15,594,880.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	15,594,880.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	15,594,880.

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.

1	Total expenses and losses per audited financial statements	1	15,663,213.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	15,663,213.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	15,663,213.

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.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.

OMB No. 1545-0047

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

**Open to Public
Inspection**

Name of the organization

Employer identification number

INSTITUTE FOR NONPROFIT NEWS

27-2614911

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b) . . .	0	0			0.

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926).* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990).* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471).* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621).* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865).* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

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

SCHEDULE I (Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

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?
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.

Table with 8 columns: (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. Rows include ARK VALLEY VOICE, PUBLIC ROAD PRODUCTIONS LLC, BRECKENRIDGE TEXAN, CECIL PUBLIC MEDIA, GIGAFACT, HUDSON VALLEY PILOT, THE KANSAS CITY DEFENDER, and FOUNDATION FOR LA JOURNALISM.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0

3 Enter total number of other organizations listed in the line 1 table 329

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization INSTITUTE FOR NONPROFIT NEWS	Employer identification number 27-2614911
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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 noncash assistance	(h) Purpose of grant or assistance
<u>MINERAL WELLS AREA NEWS</u> <u>PO BOX 2</u> MINERAL WELLS, TX 76068	86-3147111		9,117.		FMV		ORGANIZATION IS A FISCAL SPONSOR
<u>OPEN CAMPUS MEDIA</u> <u>1 THOMAS CIRCLE, STE 700</u> WASHINGTON, DC 20005	84-2427054		35,322.		FMV		ORGANIZATION IS A FISCAL SPONSOR
<u>PASS BLUE</u> <u>250 HENTRY STREET</u> BROOKLYN, NY 11201	92-2588427		269,196.		FMV		ORGANIZATION IS A FISCAL SPONSOR
<u>PROVIDENCE EYE</u> <u>498 PINE STREET</u> PROVIDENCE, RI 02907			13,473.		FMV		ORGANIZATION IS A FISCAL SPONSOR
<u>PUBLIC SQUARE AMPLIFIED</u> <u>375 MT. PROSPECT AVENUE, STE</u> NEWARK, NJ 07104	87-3566999		44,381.		FMV		ORGANIZATION IS A FISCAL SPONSOR
<u>THE RIVERSIDE RECORD</u> <u>2424 WILSHIRE BOULEVARD #518</u> LOS ANGELES, CA 90057	88-2159698		23,732.		FMV		ORGANIZATION IS A FISCAL SPONSOR
<u>SHASTA SCOUT</u> <u>1647 YUBA STREET #991215</u> REDDINGS, CA 96099	87-0875823		64,484.		FMV		ORGANIZATION IS A FISCAL SPONSOR
<u>DIAL MAGAZINE INC</u> <u>26 BROADWAY, STE 934-C81</u> NEW YORK, NY 10004	88-4024635		65,173.		FMV		ORGANIZATION IS A FISCAL SPONSOR
<u>THE OBJECTIVE</u> <u>802 6TH STREET, UNIT 202</u> AMES, IA 50010	87-2166199		60,669.		FMV		ORGANIZATION IS A FISCAL SPONSOR
<u>UNSETTLED</u> <u>1829 CATON AVE LINE 2 APT 5B</u> BROOKLYN, NY 11226			46,247.		FMV		ORGANIZATION IS A FISCAL SPONSOR

Continuation Sheet for Schedule I (Form 990)

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Name of the organization INSTITUTE FOR NONPROFIT NEWS	Employer identification number 27-2614911
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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 noncash assistance	(h) Purpose of grant or assistance
VOICE OF MONTEREY BAY 502 LARKIN STREET MONTEREY, CA 93940	82-2565637		42,744.		FMV		ORGANIZATION IS A FISCAL SPONSOR
VOXPOPULI 929 WALKERS GROVE LANE WINTER GARDEN, FL 34787	85-4190041		22,934.		FMV		ORGANIZATION IS A FISCAL SPONSOR
WINCHESTER NEWS GROUP 26 DUNSTER LANE WINCHESTER, MA 01890	92-3660715		55,697.		FMV		ORGANIZATION IS A FISCAL SPONSOR
JEFFERSON COUNTY BEACON 110 W UNCAS RD PORT TOWNSEND, WA 98368			5,535.		FMV		ORGANIZATION IS A FISCAL SPONSOR
THE OVERLOOK RAYCLIFFE DR WOODSTOCK, NY 12498			13,025.		FMV		ORGANIZATION IS A FISCAL SPONSOR
WCIJ INC DBA WISCONSIN WATCH PO BOX 5079 MILWAUKEE, WI 53205	26-2143608		20,000.		FMV		INN SUPPORT - LABS
VERMONT JOURNALISM TRUST LTD P O BOX 1374 MONTPELIER, VT 05601	27-1553931		23,000.		FMV		INN SUPPORT - LABS & ELECTION GUIDE
UNIVERSITY OF TEXAS EL PASO 500 W UNIVERSITY AVE EL PASO, TX 79968	74-6000813		20,000.		FMV		INN SUPPORT - LABS
TINY NEWS COLLECTIVE 1500 CHESTNUT ST # 2113 PHILADELPHIA, PA 19102	85-3963369		24,000.		FMV		INN SUPPORT - LABS & ELECTION GUIDE
TIDES CENTER P O BOX 889385 LOS ANGEES, CA 90088	94-3213100		34,250.		FMV		INN SUPPORT - LABS & ELECTION GUIDE

Continuation Sheet for Schedule I (Form 990)

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MUCKROCK FOUNDATION 263 HUNTINGTON AVE BOSTON, MA 02115	81-1485228		40,000.		FMV		INN SUPPORT- LABS
THE HACK FOUNDATION 8605 SANTA MONICA BLVD #8629 WEST HOLLYWOOD, CA 90069	81-2908499		20,000.		FMV		INN SUPPORT - LABS
THE CENTER FOR MICHIGAN INC 220 W MICHIGAN AVE YPSILANTI, MI 48197	32-0167398		22,500.		FMV		INN SUPPORT - LABS & EMERGING LEAD
CENTER FOR COMMUNITY STEWARDS 116 N FEW ST STE 3 MADISON, WI 53703	68-0501459		26,500.		FMV		INN SUPPORT - LABS & ELECTION GUIDE
TEACHERS COLLEGE, COLUMBIA UN 525 WEST 120 ST, MAIL BOX 30 NEW YORK, NY 10027	13-1624202		20,000.		FMV		INN SUPPORT- LABS
SOCIAL & ENVIRONMENTAL ENT. 23564 CALABASAS RD, STE 201 CALABASAS, CA 91302	95-4116679		20,000.		FMV		INN SUPPORT - LABS
SAN FRANCISCO STUDY CENTER 1663 MISSION ST STE 310 SAN FRANCISCO, CA 94103	94-2168838		20,000.		FMV		INN SUPPORT - LABS
OKLAHOMA STATE UNIVERSITY FND 400 SOUTH MONROE STILLWATER, OK 74074	73-6097060		29,000.		FMV		INN SUPPORT - LABS & ELECTION GUIDE
NATIONAL CAPITALISM SOLUTIONS 11823 N 75TH ST LONGMONT, CO 80503	14-1901877		20,000.		FMV		INN SUPPORT - LABS
MOVEMENT ALLIANCE PROJECT 924 CHERRY ST 5TH FLOOR PHILADELPHIA, PA 19107	26-0307123		20,000.		FMV		INN SUPPORT - LABS

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MICHIGAN ENVIROMENTAL COUNCIL 602 W IONIA LANSING, MI 48933	38-2517980		20,000.		FMV		INN SUPPORT - LABS
MEDIA ALLIANCE 2830 20TH ST STE 201 SAN FRANCISCO, CA 94110	94-2563400		20,000.		FMV		INN SUPPORT - LABS
MADISON WORKERS COOPERATIVE 1202 WILLIAMSON ST STE 100 MADISON, WI 53703	46-1361962		20,000.		FMV		INN SUPPORT - LABS
INVESTIGATIVE REPORTERS & EDI 109 LEE HILL HALL UMC221 S 8T COLUMBIA, MO 65201	51-0166741		20,000.		FMV		INN SUPPORT - LABS
PUBLIC ROAD PRODUCTIONS LLC 7914 BABB AVE SKOKIE, IL 60077	83-3886648		32,033.		FMV		INN SUPPORT - LABS & COLUMBIA PROJ
ARK VALLEY VOICE 101 NORTH F STREET STE 204 SALIDA, CO 81201	84-4677660		20,000.		FMV		INN SUPPORT - LABS
BRECKENRIDGE TEXAN 2922 STATE HIGHWAY 67 BRECKENRIDGE, TX 76424	82-3886648		20,000.		FMV		INN SUPPORT - LABS
CECIL PUBLIC MEDIA 269 TRINITY CHURCH RD NORTH EAST, MD 21901	87-1349945		20,000.		FMV		INN SUPPORT - LABS
FEET IN 2 WORLDS 276 FIFTH AVENUE STE 704 # 19 NEW YORK, NY 10001	87-1215486		22,500.		FMV		INN SUPPORT - LABS & EMERGING LEAD
FOUNDATION FOR LA JOURNALISM 2804 GATEWAY OAK DRIVE # 100 SACRAMENTO, CA 95833	88-2065705		20,000.		FMV		INN SUPPORT - LABS

Continuation Sheet for Schedule I (Form 990)

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

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<u>MINERAL WELLS AREA NEWS</u> <u>PO BOX 2</u> MINERAL WELLS, TX 76067	86-3147111		22,500.		FMV		INN SUPPORT - LABS & INDEX AWARD
<u>PASS BLUE</u> <u>250 HENTRY STREET</u> BROOKLYN, NY 11201	92-2588427		20,000.		FMV		INN SUPPORT - LABS
<u>SHASTA SCOUT</u> <u>1647 YUBA STREET #991215</u> REDDINGS, CA 96099	87-0875823		40,000.		FMV		INN SUPPORT - LABS, ELECTION & GRO
<u>THE KANSAS CITY DEFENDER</u> <u>632 W 39TH STREET</u> KANSAS CITY, MO 64111	87-2292652		20,000.		FMV		INN SUPPORT - LABS
<u>THE OBJECTIVE</u> <u>802 6TH STREET, UNIT 202</u> AMES, IA 50010	87-2166199		20,000.		FMV		INN SUPPORT - LABS
<u>PROVIDENCE EYE</u> <u>498 PINE STREET</u> PROVIDENCE, RI 02907			20,500.		FMV		IINN SUPPORT - LABS & TRAVEL
<u>THE RIVERSIDE RECORD</u> <u>2424 WILSHIRE BLVD #518</u> LOS ANGELES, CA 90057	88-2159698		20,000.		FMV		INN SUPPORT - LABS
<u>UNSETTLED</u> <u>1829 CATON AVE LINE 2 APT 5B</u> BROOKLYN, NY 11226			20,000.		FMV		INN SUPPORT - LABS
<u>VOICE OF MONTEREY BAY</u> <u>502 LARKIN STREET</u> MONTEREY, CA 93940	82-2565637		20,500.		FMV		INN SUPPORT - LABS & TRAVEL
<u>VOXPOPULI</u> <u>929 WALKERS GROVE LANE</u> WINTER GARDEN, FL 34787	85-4190041		20,000.		FMV		INN SUPPORT - LABS

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WINCHESTER NEWS GROUP 26 DUNSTER LANE WINCHESTER, MA 01890	92-3660715		20,000.		FMV		INN SUPPORT - LABS
INDEPENDENT ARTS AND MEDIA P O BOX 420442 OAKLAND, CA 94142	94-3355076		40,000.		FMV		INN SUPPORT - LABS
ILLINOIS PRESS FOUNDATION INC 2501 CHATHAM RD STE 200 SPRINGFIELD, IL 62704	37-1139015		20,000.		FMV		INN SUPPORT - LABS
DUKE UNIVERSITY BOX 10413 DURHAM, NC 27708	56-0532129		20,000.		FMV		INN SUPPORT - LABS
COMMUNITY PARTNERS 100 N ALAMEDA ST STE 240 LOS ANGELES, CA 90012	95-4302067		20,000.		FMV		INN SUPPORT - LABS
BAY CITY NEWS FOUNDATION 900 HILLDALE AVE BERKELEY, CA 94708	83-0654488		20,000.		FMV		INN SUPPORT - LABS
AMERICAN UNIVERSITY 440 MASSACHUSETTS AVE NW WASHINGTON, DC 20016	53-0196549		25,211.		FMV		INN SUPPORT - LABS & COLUMBIA INIT
ALTERNATIVE NEWSWEEKLY FND 253 TENNESSEE AVE NE WASHINGTON, DC 20002	30-0100369		66,000.		FMV		INN SUPPORT - LABS, & ELECTION GUID
MASS INC 11 BEACON ST STE 500 BOSTON, MA 02108	04-3271457		20,000.		FMV		INN SUPPORT - LABS
THE REPORTERS INC 7032 2ND AVE SOUTH RICHFIELD, MN 55423	05-0613976		20,000.		FMV		INN SUPPORT - LABS

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GRIST MAGAZINE INC 1501 EAST MADISON ST STE 650 SEATTLE, WA 98122	06-1664153		20,000.		FMV		INN SUPPORT - LABS
70 FACES MEDIA INC 520 EIGHTH AVE 4TH FL NEW YORK, NY 10018	13-0887610		20,000.		FMV		INN SUPPORT - LABS
JEWISH CURRENT P O BOX 130049 BROOKLYN, NY 11213	13-3100063		20,000.		FMV		INN SUPPORT - LABS
SCIENCE FRIDAY INITIATIVE 30 BROAD ST STE 801 NEW YORK, NY 10004	13-4252173		31,475.		FMV		INN SUPPORT - LABS & COLUMBIA INIT
TYPE MEDIA CENTER INC 30 IRVING PLACE, 10 FL NEW YORK, NY 10003	13-6216903		20,000.		FMV		INN SUPPORT - LABS
ADIRONDACK EXPLORER INC 36 CHURCH ST SARANAC LAKE, NY 12983	14-1781617		20,000.		FMV		INN SUPPORT - LABS
THE COMMONS 139 MAIN ST STE 604 BRATTLEBORO, VT 05302	20-2140604		20,000.		FMV		INN SUPPORT - LABS
CHARLOTTESVILLE TOMORROW P O BOX 1591 CHARLOTTESVILLE, VA 22902	20-3013557		23,000.		FMV		INN SUPPORT - LABS & ELECTION GUIDE
NEW HAVEN INDEPENDENT 493 CENTRAL AVE NEW HAVEN, CT 06515	20-3296979		20,000.		FMV		INN SUPPORT - LABS
GLOBAL PRESS INSTITUTE 5636 CONNECTICUT AVE NW WASHINGTON, DC 20015	20-4421980		20,000.		FMV		INN SUPPORT - LABS

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

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DALLAS FREE PRESS 6301 GASTON AVE STE 820 DALLAS, TX 75214	20-5245262		20,000.		FMV		INN SUPPORT - LABS
KANSAS LEADERSHIP CENTER 325 EAST DOUGLAS AVE WICHITA, KS 67202	20-5953542		20,000.		FMV		INN SUPPORT - LABS
SHELTERFORCE 125 GLENRIDGE AVE #1547 MONTCLAIR, NJ 07042	22-2432179		20,000.		FMV		INN SUPPORT - LABS
LEHIGH VALLEY PUBLIC TELECOM 839 SESAME ST BETHLEHEM, PA 18015	23-1642883		20,000.		FMV		INN SUPPORT - LABS
WVIA NEWS 100 WVIA WAY PITTSSTON, PA 18640	23-1663603		20,000.		FMV		INN SUPPORT - LABS
MINNPOST 639 9TH ST SE #220 MINNEAPOLIS, MN 55414	26-0573427		20,000.		FMV		INN SUPPORT - LABS
WISCONSIN CTR FOR INVEST JOUR 821 UNIVERSITY AVE 5TH FL VIL MADISON, WI 53706	26-2143608		20,000.		FMV		INN SUPPORT - LABS
SLUDGE 1500 DEKALB AVE 1R BROOKLYN, NY 11237	26-2296822		20,000.		FMV		INN SUPPORT - LABS
BAY JOURNAL MEDIA INC P O BOX 300 MAYO, MD 21106	26-2359058		20,000.		FMV		INN SUPPORT - LABS
THE LUND REPORT INC 245 S BANCROFT STE D PORTLAND, OR 97239	26-3019179		20,000.		FMV		INN SUPPORT - LABS

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<u>SOPRIS SUN LLC</u> <u>P O BOX 399</u> <u>CARBONDALE, CO 81623</u>	26-4219405		20,000.		FMV		INN SUPPORT - LABS
<u>ECORI INC</u> <u>10 DAVOL SQ STE 100</u> <u>PROVIDENCE, RI 02903</u>	26-4267233		20,000.		FMV		INN SUPPORT - LABS
<u>TEXAS TRIBUNE INC</u> <u>919 CONGRESS AVE 6TH FL</u> <u>AUSTIN, TX 78701</u>	26-4527097		40,626.		FMV		INN SUPPORT - LABS.& COLUMBIA INITA
<u>INVESTIGATE WEST</u> <u>P O BOX 9574</u> <u>SEATTLE, WA 98109</u>	27-0170663		20,000.		FMV		INN SUPPORT - LABS
<u>CITY LIMITS NEWS INC</u> <u>8 WEST 126TH ST</u> <u>NEW YORK, NY 10027</u>	27-0218689		30,800.		FMV		INN SUPPORT - LABS & COLUMBIA COLLA
<u>AUSTIN INVESTIGATIVE REPORTIN</u> <u>2028 E BEN WHITE BLVD240-6115</u> <u>AUSTIN, TX 78741</u>	27-0231463		20,000.		FMV		INN SUPPORT - LABS
<u>WYOFIE</u> <u>220 N 8TH ST</u> <u>LANDER, WY 82520</u>	27-0410642		20,000.		FMV		INN SUPPORT - LABS
<u>DELAWARE PUBIC MEDIA</u> <u>1200 NORTH DUPONT HIGHWAY</u> <u>DOVER, DE 19901</u>	27-0552599		20,000.		FMV		INN SUPPORT - LABS
<u>THE CONNECTICUT MIRROR</u> <u>1049 ASYLUM AVE</u> <u>HARTFORD, CT 06105</u>	27-0583046		32,360.		FMV		INN SUPPORT - LABS & COLUMBIA COLLA
<u>INEWSOURCE</u> <u>P O BOX 34546</u> <u>SAN DIEGO, CA 92163</u>	27-0732786		20,000.		FMV		INN SUPPORT - LABS

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MIDWEST CTR FOR INVEST REPORT 701 DEVONSHIRE DR STE C33 CHAMPAIGN, IL 61820	27-1652830		23,500.		FMV		INN SUPPORT - LABS & ELECTION GUIDE
CATCHLIGHT 1150 25H ST SAN FRANCISCO, CA 94107	27-1912845		6,000.		FMV		INN SUPPORT - PITCHES
THE LENS P O BOX 13242 NEW ORLEANS, LA 70185	27-2072772		20,000.		FMV		INN SUPPORT - LABS
MAINE CTR FOR INTEREST REPORT P O BOX 284 HALLOWELL, ME 04915	27-2623867		37,550.		FMV		INN SUPPORT - LABS & COLUMBIA COLLA
PATAGONIA REGIONAL TIMES P O BOX 1073 PATAGOINIA, AZ 85624	27-2932569		23,000.		FMV		INN SUPPORT - LABS & ELECTION GUIDE
FOOD & ENVIRO REPORTING NETWK 580 FIFTH AVE STE 820 NEW YORK, NY 10036	27-4108978		20,000.		FMV		INN SUPPORT - LABS
ASPEN JOURNALISM 1280 UTE AVE STE 9 ASPEN, CO 81611	35-2400162		20,000.		FMV		INN SUPPORT - LABS
ASHLAND NEWS P O BOX 640 ASHLAND, OR 97520	35-2721220		20,000.		FMV		INN SUPPORT - LABS
BETTER GOVERNMENT ASSOCIATION 223 W JACKSON BLVD #300 CHICAGO, IL 60606	36-0802950		20,000.		FMV		INN SUPPORT - LABS
WINTER PARK VOICE INC P O BOX 1543 WINTER PARK, FL 32790	36-5063412		20,000.		FMV		INN SUPPORT - LABS

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THE CONTRIBUTOR INC P O BOX 332023 NASHVILLE, VT 37203	37-1551739		20,000.		FMV		INN SUPPORT - LABS
CITY REPORT INC DBA THE CITY 85 BROAD ST 13TH FL NEW YORK, NY 10004	37-1896785		31,561.		FMV		INN SUPPORT - LABS & COLUMBIA COLLA
ILLINOIS STATE UNIVERSITY CAMPUS POX 1200 NORMAL, IL 61790	37-6014070		40,000.		FMV		INN SUPPORT - LABS
WHITE PINE COMM. BROADCASTING 28 NORTH STEVENS ST RHINELANDER, WI 54501	39-1341618		20,000.		FMV		INN SUPPORT - LABS
THE NATIONAL CATHOLIC REPORT 115 EAST ARMOUR BLVD KANSAS CITY, MO 64111	43-0815211		20,000.		FMV		INN SUPPORT - LABS
CURATORS OF UNI. OF MISSOURI 118 UNVERSITY HALL COLUMBIA, MO 65211	43-6003859		40,000.		FMV		INN SUPPORT - LABS
WEST VIEW MEDIA 622 W 500 N SALT LAKE CITY, UT 84116	45-2675853		20,000.		FMV		INN SUPPORT - LABS
NEW NARRATIVES INC ONE GRAND ARMY PLAZA BROOKLYN, NY 11238	45-3628057		20,000.		FMV		INN SUPPORT - LABS
MONGABAY ORG CORPORATION P O BOX 0291 MENLO PARK, CA 94062	45-3714703		20,000.		FMV		INN SUPPORT - LABS
INVESTIGATIVE POST 487 MAIN STREET STE 300 BUFFALO, NY 14203	45-3844514		20,000.		FMV		INN SUPPORT - LABS

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

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FOSTERING MEDIA CONNECTIONS P O BOX 861928 LOS ANGELES, CA 90086	45-3860344		20,000.		FMV		INN SUPPORT - LABS
NEW MEXICO IN DEPTH INC 6937 MERLOT DR NE RIO RANCHO, NM 87144	45-4011138		20,000.		FMV		INN SUPPORT - LABS
HIGHLANDS CURRENT INC 142 MAIN ST COLD SPRING, NY 10516	45-4403312		20,000.		FMV		INN SUPPORT - LABS
THE BEDFORD CITIZEN INC P O BOX 212 BEDFORD, MA 01730	46-0777549		20,000.		FMV		INN SUPPORT - LABS
CAROLINA PUBLIC PRESS 201 W MAIN ST DURHAM, NC 27701	46-0801080		20,000.		FMV		INN SUPPORT - LABS
THE CONVERSATION US INC 303 WYMAN ST STE 300 WALTHAM, MA 02451	46-0906774		20,000.		FMV		INN SUPPORT - LABS
ARIZONA CTR FOR INVEST REPORT P O BOX 3665 PHOENIX, AZ 85030	46-1209940		20,000.		FMV		INN SUPPORT - LABS
CIVICLEX INCORPORATED 165 EAST MAIN ST STE 130 LEXINGTON, KY 40507	46-1517609		20,000.		FMV		INN SUPPORT - LABS
H2O MEDIA INC 2359 KEARNEY ST DENVER, CO 80207	46-3205286		20,000.		FMV		INN SUPPORT - LABS
CAPITAL OF TEXAS MEDIA FND 1023 SPRINGDALE RD STE 1J AUSTIN, TX 78721	46-3398438		20,000.		FMV		INN SUPPORT - LABS

Continuation Sheet for Schedule I (Form 990)

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Name of the organization INSTITUTE FOR NONPROFIT NEWS	Employer identification number 27-2614911
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<u>EAST LANSING INFO</u> <u>P O BOX 115</u> EAST LANSING, MI 48826	46-5444564		20,000.		FMV		INN SUPPORT - LABS
<u>THE ITHACA VOICE IN</u> <u>121 E SENECA ST STE 200</u> ITHACA, NY 14850	46-5495365		20,000.		FMV		INN SUPPORT - LABS
<u>TUSCON SENTINEL</u> <u>1960 N PAINTED HILLS RD</u> TUSCAN, AZ 85745	47-1106725		20,000.		FMV		INN SUPPORT - LABS
<u>DEEP SOUTH TODAY DBA VERITE N</u> <u>750 WOODLANDS PKWY STE 100</u> RIDGELAND, MD 39157	47-2158741		38,360.		FMV		INN SUPPORT - LABS & COLUMBIA COLLA
<u>THE 74 MEDIA INC</u> <u>222 BROADWAY 19TH FL</u> NEW YORK, NY 10038	47-2788684		20,000.		FMV		INN SUPPORT - LABS
<u>BENITOLINK INC</u> <u>615 SAN BENITO ST STE 201</u> HOLLISTER, CA 95023	47-3324907		26,500.		FMV		INN SUPPORT - LABS & ELECTION GUIDE
<u>ALABAMA INTI. FOR INDEP JOURN</u> <u>1801 OXMOOR RD</u> BIRMINGHAM, AL 35209	47-3524117		20,000.		FMV		INN SUPPORT - LABS
<u>INVISIBLE INSTITUTE</u> <u>6100 S BLACKSTONE AVE</u> CHICAGO, IL 60637	47-3551981		20,000.		FMV		INN SUPPORT - LABS
<u>TRACE MEDIA INC</u> <u>P O BOX 24532</u> BROOKLYN, NY 11202	47-4175513		20,000.		FMV		INN SUPPORT - LABS
<u>PUBLICSOURCE INC</u> <u>1936 FIFTH AVE</u> PITTSBURGH, PA 15219	47-4309256		20,000.		FMV		INN SUPPORT - LABS

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INJUSTICE WATCH, NFP 55 E JACKSON BLVD STE 640 CHICAGO, IL 60604	47-4537172		20,000.		FMV		INN SUPPORT - LABS
365 MEDIA FOUNDATION INC P O BOX 842 MADISON, WI 53701	47-4608248		20,000.		FMV		INN SUPPORT - LABS
LINKING COMMUNITY NOW INC 122 E MAIN ST #234 LAKELAND, FL 33801	47-4796952		20,000.		FMV		INN SUPPORT - LABS
MONTANA FREE PRESS 34 W 6TH AVE STE2F HELENA, MT 59601	47-5237719		20,000.		FMV		INN SUPPORT - LABS
BELT MEDIA COLLABORATIVE P O BOX 81690 PITTSBURGH, PA 15217	47-5386846		20,000.		FMV		INN SUPPORT - LABS
DELAWARE CURRENTS P O BOX 306 POT JERVIS, NY 12771	47-5511000		20,000.		FMV		INN SUPPORT - LABS
SOCIETY FOR SCIENCE & PUBLIC 1719 N ST NW WASHINGTON, DC 20036	53-0196483		8,000.		FMV		INN SUPPORT - COLUMBIA COLLAB
HAMPTON ROADS EDUC. TELECOM. 5200 HAMPTON BLVD NORFOLK, VA 23508	54-0843118		20,000.		FMV		INN SUPPORT - LABS
THE DAILY TAR HEEL 109 E FRANKLIN ST STE 210 CHAPEL HILL, NC 27516	56-1247570		20,000.		FMV		INN SUPPORT - LABS
UNIVERSITY RADIO FND INC 8801 J.M. KEYNES DR STE 91 CHARLOTTE, NC 28262	56-1803808		27,794.		FMV		INN SUPPORT - LABS & COLUMBIA COLLA

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Name of the organization

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INSIDE CLIMATE NEWS 26 COURT ST STE 1617 BROOKLYN, NY 11242	56-2451141		40,291.		FMV		INN SUPPORT - LABS & COLUMBIA COLLA
VOICE NEWS NETWORK INC 633 PRYOR ST SW ATLANTA, GA 30312	58-1285890		20,000.		FMV		INN SUPPORT - LABS
THE RED & BLACK PUBLISHING CO 540 BAXTER ST ATHENS, GA 30605	58-1410389		20,000.		FMV		INN SUPPORT - LABS
THE POYNTER INSTITUTE FOR MED 801 THIRD ST SOUTH ST PETERSBURG, FL 33701	59-1630423		20,000.		FMV		INN SUPPORT - LABS
CENTER FOR RURAL STRATEGIES 46 EAST MAIN ST WHITESBURG, KY 41858	61-1379952		24,000.		FMV		INN SUPPORT - LABS & ELECTION GUIDE
CENTRO DE PERIODISMO INVESTIG P O BOX 6834 , SAN JUAN P O BOX 6834 PUER	66-0705065		20,000.		FMV		INN SUPPORT - LABS
BAY NATURE INSTITUTE 1328 SIXTH ST #2 BERKELEY, CA 94710	76-0744881		20,000.		FMV		INN SUPPORT - LABS
STREETCAR SUBURBS PUBLISHING P O BOX 132 HYATTSVILLE, MD 20781	76-0760669		20,000.		FMV		INN SUPPORT - LABS
WASHINGTON MONTHLY 1200 18TH ST NW STE 330 WASHINGTON, DC 20036	80-0434806		20,000.		FMV		INN SUPPORT - LABS
CITY BUREAU NFP 3619 S STATE ST STE 400 CHICAGO, IL 60609	81-1054499		20,000.		FMV		INN SUPPORT - LABS

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NARRATIVE ARTS P O BOX 448 WILMINGTON, NC 28402	81-1408770		20,000.		FMV		INN SUPPORT - LABS
NH CNTR FOR PUBLIC INT JOURNAL 38 EDGEWATER DR BARRINGTON, NH 03825	81-2266973		20,000.		FMV		INN SUPPORT - LABS
UTAH INVEST. JOURNALISM PROJ. P O BOX 25653 SALT LAKE CITY, UT 84125	81-2402242		20,000.		FMV		INN SUPPORT - LABS
AMERICAN WITNESS 1414 44TH ST NW WASHINGTON, DC 20007	81-2624011		20,000.		FMV		INN SUPPORT - LABS
RADIO AMBULANTE STUDIOS INC 42 TIEMANN PL #312 NEW YORK, NY 10027	81-2765654		20,000.		FMV		INN SUPPORT - LABS
HONOLULU CIVIL BEAT INC 3650 WAIALAE AVE STE 200 HONOLULU, HI 96816	81-2803662		35,360.		FMV		INN SUPPORT - LABS & COLUMBIA COLLA
CORNER POST MEDIA P O BOX 105 ESCALANTE, UT 84726	81-4388951		20,000.		FMV		INN SUPPORT - LABS
WAUSAU PILOT & REVIEW CORP 500 N THIRD ST STE 208-8 WAUSAU, WI 54403	81-4399324		23,000.		FMV		INN SUPPORT - LABS & ELECTION GUIDE
LADDER TO THE MOON NETWORK P O BOX 10379 PORTLAND, ME 04104	81-4484652		20,000.		FMV		INN SUPPORT - LABS
SOUTH DAKOTA NEWS WATCH P O BOX 90205 SIOX FALLS, SD 57109	81-4674814		23,000.		FMV		INN SUPPORT - LABS & ELECTION GUIDE

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PRISM REPORTS INC 1423 BROADWAY #271 OAKLAND, CA 94612	82-1772450		20,000.		FMV		INN SUPPORT - LABS
EAST GREENWICH NEWS 18 PROSPECT ST EAST GREENWICH, RI 02818	82-2813220		20,000.		FMV		INN SUPPORT - LABS
CIRCLE OF BLUE INC 1615 RANDOLPH ST TRAVERSE CITY, MI 49684	82-3582132		20,000.		FMV		INN SUPPORT - LABS
BLOCK CLUB CHICAGO NFP 333 N MICHIGAN AVE STE 1000 CHICAGO, IL 60601	82-3844275		20,000.		FMV		INN SUPPORT - LABS
KNOCK PUBLISHING COMPANY P O BOX 147 EGG HARBOR, WI 54209	82-3880972		26,500.		FMV		INN SUPPORT - LABS & ELECTION GUIDE
COLUMBIA INSIGHT P O BOX 1021 HOOD RIVER, OR 97031	82-4504894		20,000.		FMV		INN SUPPORT - LABS
BAY CITY NEWS FOUNDATION 900 HILLDALE AVE BERKELEY, CA 94708	83-0654488		20,000.		FMV		INN SUPPORT - LABS
FRESNOLAND MEDIA 700 VAN NESS AVE # 120 PMB113 FRESNO, CA 93721	83-0696156		20,000.		FMV		INN SUPPORT - LABS
SENTIENT MEDIA 2984 B FOLSOM ST SAN FRANCISCO, CA 94110	83-0804345		20,000.		FMV		INN SUPPORT - LABS
BORDERLESS MAGAZINE NFP 4753 N BROADWAY 2ND FL CHICAGO, IL 60640	83-1266434		30,000.		FMV		INN SUPPORT - LABS & CHICAGO CLIMAT

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FOOD SYSTEMS NEWS INC 43 SALTER PLACE MAPLEWOOD, NJ 07040	83-1453089		20,000.		FMV		INN SUPPORT - LABS
SPOTLIGHT DC.ORG 1467 SWANN ST NW UNIT4 WASHINGTON, DC 20009	83-1522500		20,000.		FMV		INN SUPPORT - LABS
THE ARBUTUS FOUNDATION INC 441 BROADWAY 3RD FL NEW YORK, NY 10013	83-1802347		20,000.		FMV		INN SUPPORT - LABS
INDIA CURRENTS FOUNDATION 3343 BELGROVE CIRCLE SAN JOSE, CA 95148	83-3257703		22,500.		FMV		INN SUPPORT - LABS & EMERGING LEADE
EL PASO MATTERS INC 500 W OVERLAND AVE STE 200 EL PASO, TX 79901	83-4301968		20,000.		FMV		INN SUPPORT - LABS
LIMESTONE MEDIA INC P O BOX 432 BLOOMINGTON, IN 47402	83-4440159		20,000.		FMV		INN SUPPORT - LABS
MASSACHUSETTS MEIDA FUND INC 519 SOMERVILLE AVE #206 SOMVERVILLE, MA 02143	83-4616910		20,000.		FMV		INN SUPPORT - LABS
FORT WORTH REPORT 2003 8TH AVE #300 FORT WORTH, TX 76110	83-4688357		20,000.		FMV		INN SUPPORT - LABS
THE SALT LAKE TRIBUNE INC 90 S 400 WEST STE 7000 SALT LAKE CITY, UT 84101	84-1878709		42,839.		FMV		INN SUPPORT - LABS & COLUMBIA COLLA
GROWING COMMUNITY MEDIA NFP 141 S OAK PARK AVE OAK PARK, IL 60302	84-2123099		20,000.		FMV		INN SUPPORT - LABS

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<u>INKSTICK MEDIA INC</u> <u>201 E PATRICK ST PO BOX 4044</u> <u>FREDERICK, MD 21701</u>	84-2451690		21,000.		FMV		INN SUPPORT - LABS & INDEX AWARD
<u>GREY MATTERS PROJECT</u> <u>P O BOX 8681</u> <u>SAVANNAH, GA 31412</u>	84-2657297		35,360.		FMV		INN SUPPORT - LABS & COLUMBIA COLLA
<u>THE IPSWICH LOCAL NEWS LLC</u> <u>P O BOX 183</u> <u>IPSWICH, MA 01938</u>	84-3780597		20,000.		FMV		INN SUPPORT - LABS
<u>CIVIL EATS</u> <u>502 E COTATI AVE NO 7014</u> <u>COTATIA, CA 94931</u>	84-4826419		20,000.		FMV		INN SUPPORT - LABS
<u>MAIN STREET MEDIA GROUP</u> <u>319 S HOOKER AVE</u> <u>THREE RIVERS, MI 49093</u>	84-4903099		20,000.		FMV		INN SUPPORT - LABS
<u>ASHEVILLE WATCHDOG</u> <u>825 MERRIMOM AVE C-175</u> <u>ASHVILLE, NC 28804</u>	85-0614521		20,000.		FMV		INN SUPPORT - LABS
<u>CANOPY ATLANTA INC</u> <u>P O BOX 115573</u> <u>ATLANTA, GA 30310</u>	85-0694979		20,000.		FMV		INN SUPPORT - LABS
<u>THE BUCKEYE FLAME</u> <u>6110 FIR AVE</u> <u>CLEVELAND, OH 44102</u>	85-0805098		20,000.		FMV		INN SUPPORT - LABS
<u>THE SIERRA NEVADA ALLY</u> <u>525 COURT ST 1-203</u> <u>RENO, NV 89501</u>	85-0858979		23,000.		FMV		INN SUPPORT - LABS & ELECTION GUIDE
<u>BUCKS COUNTY HERALD FND.</u> <u>875 N EASTON RD STE 1</u> <u>DOYLESTOWN, PA 18902</u>	85-1241475		20,000.		FMV		INN SUPPORT - LABS

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MISSISSIPPI JOURNALISM & EDUC 125 SOUTH CONGRESS ST STE1324 JACKSON, MS 39201	85-1403937		26,500.		FMV		INN SUPPORT - LABS & ELECTION GUIDE
MIAMI FOURTH ESTATE INC 14 NE 1ST AVE STE 405 MIAMI, FL 33132	85-2357996		20,000.		FMV		INN SUPPORT - LABS
ISTHMUS COMMUNITY MEDIA INC 529 S RANDALL AVE MADISON, WI 53715	85-2868484		20,000.		FMV		INN SUPPORT - LABS
ADVOATE MEDIA - DALLAS INC 6301 GASTON AVE STE 820 DALLAS, TX 75214	85-3121709		20,000.		FMV		INN SUPPORT - LABS
CAPITAL B NEWS INC 209 W 29TH ST STE 107 NEW YORK, NY 10001	85-3905902		30,750.		FMV		INN SUPPORT - LABS & ELECTION GUIDE
TCN INC DBA CHARLOTTE NEWS P O BOX 251 CHARLOTTTE, VT 05445	85-4018256		20,000.		FMV		INN SUPPORT - LABS
EDEN PRAIRIE LOCAL NEWS INC P O BOX 44242 EDEN PRAIRIE, MN 55344	85-4248265		20,000.		FMV		INN SUPPORT - LABS
CNTR FOR COMM. STEWARDSHIP 116 N FEW ST MADISON, WI 53703	86-0501459		20,000.		FMV		INN SUPPORT - LABS
FLOODLIGHT INC 712 H ST NE STE 1371 WASHINGTON, DC 20002	86-1433162		20,000.		FMV		INN SUPPORT - LABS
HIGHWAY 58 HERALD 47464 HIGHWAY 58 OAKRIDGE, OR 97463	86-1441619		20,000.		FMV		INN SUPPORT - LABS

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GIG HARBOR NOW P O BOX 546 GIG HARBOR, WA 98335	86-1636609		20,000.		FMV		INN SUPPORT - LABS
CENTRAL CURRENT P O BOX 1258 SYRACUSE, NY 13201	86-1656116		20,000.		FMV		INN SUPPORT - LABS
THE BALTIMORE BANNER 621 E PRATT ST STE 401 BALTIMORE, MD 21202	86-1715499		20,000.		FMV		INN SUPPORT - LABS
FLORIDA CTR FOR GVNT ACCOUNTA P O BOX 2723 SARASOTA, FL 34230	86-2135203		40,000.		FMV		INN SUPPORT - LABS
NEW BEDFORD LIGHT 127 W RODNEY FRENCH BVD #113 NEW BEFORD, MA 02744	86-2407296		20,000.		FMV		INN SUPPORT - LABS
THE TRIBUTARY 7940 PRAVER DR JACKSONVILLE, FL 32217	86-3715364		20,000.		FMV		INN SUPPORT - LABS
THE RED HOOK DAILY CATCH INC 10 WEST BARD AVE RED HOOK, NY 12571	87-0873194		20,000.		FMV		INN SUPPORT - LABS
LOCAL REPORTING LAB INITIATIV 2420 BLUFF ST BOULDER, CO 80304	87-1232586		20,000.		FMV		INN SUPPORT - LABS
YOURARLINGTON.ORG 150 WASHINGTON ST ARLINGTON, MA 02474	87-1248884		20,000.		FMV		INN SUPPORT - LABS
CARDINAL PRODUCTIONS P O BOX 4455 ROANOKE, VA 24015	87-1532828		38,500.		FMV		INN SUPPORT - LABS & ELECTION GUIDE

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LIMN MEDIA INC 64 ROUTE 7 NORTH FALLS VILLAGE, CT 06031	87-1609627		20,000.		FMV		INN SUPPORT - LABS
PEEKSKILL HERALD P O BOX 548 PEEKSKILL, NY 10566	87-1864588		20,000.		FMV		INN SUPPORT - LABS
THE POLITICAL REPORT INC 1250 CONNECTICUT AVE STE700 WASHINGTON, DC 20036	87-1945050		20,000.		FMV		INN SUPPORT - LABS
BALTIMORE BEAT INC 1400 GREENMOUNT AVE P01 BALTIMORE, MD 21202	87-1953122		20,000.		FMV		INN SUPPORT - LABS
THE APPEAL INC P O BOX 3711 LANDERS, CA 92285	87-2194457		20,000.		FMV		INN SUPPORT - LABS
ARIZONA LOCAL POST P O BOX 1335 TUCSON, AZ 85702	87-2217945		20,000.		FMV		INN SUPPORT - LABS
SPRINGFIELD DAILY CITIZEN INC 901 S NATIONAL AVE SPRINGFIELD, MO 65897	87-2276466		20,000.		FMV		INN SUPPORT - LABS
THE JOLT NEWS ORGANIZATION P O BOX 4008 TURNWATER, WA 98501	87-2868827		20,000.		FMV		INN SUPPORT - LABS
THE OGLETHORPE ECHO LEGACY P O BOX 268 LEXINGTON, GA 30648	87-3098936		20,000.		FMV		INN SUPPORT - LABS
FOUR POINTS MEDIA LLC 22 MAKAWASHA AVE CROW AGENCY, MT 59022	87-3592353		25,000.		FMV		INN SUPPORT - LABS & INDEX AWARD

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<u>PRISON JOURNALISM PROJECT INC</u> <u>3501 SOUTHPORT AVE #204</u> <u>CHICAGO, IL 60657</u>	87-3805290		20,000.		FMV		INN SUPPORT - LABS
<u>ALAMEDA POST INC</u> <u>1516 OAK STREET STE 203</u> <u>ALAMEDA, CA 94501</u>	87-4572048		20,000.		FMV		INN SUPPORT - LABS
<u>LEXINGTON OBSERVER INC</u> <u>P O BOX 343</u> <u>LEXINGTON, MA 02420</u>	87-4640985		20,000.		FMV		INN SUPPORT - LABS
<u>PUBLIC HEALTH WATCH</u> <u>52 WHITE MAGNOLIA CIRCLE</u> <u>AUSTIN, TX 78734</u>	88-0600656		20,000.		FMV		INN SUPPORT - LABS
<u>MARBLEHEAD NEWS GROUP INC</u> <u>217 HUMPHREY ST</u> <u>MARBLEHEAD, MA 01945</u>	88-2367192		20,000.		FMV		INN SUPPORT - LABS
<u>KENT NEWS INC</u> <u>254 MACEDONIA RD PO BOX 532</u> <u>KENT, CT 06757</u>	88-2479573		23,000.		FMV		INN SUPPORT - LABS & ELECTION GUIDE
<u>AFROLA MEDIA GROUP</u> <u>5777 W CENTURY BLVD #1125#423</u> <u>LOS ANGELES, CA 90045</u>	88-2517496		20,000.		FMV		INN SUPPORT - LABS
<u>BARN RAISING MEDIA INC</u> <u>550 W BRIAR PLACE 3A</u> <u>CHICAGO, IL 60657</u>	88-2659178		20,000.		FMV		INN SUPPORT - LABS
<u>MISSION LOCAL SF</u> <u>2489 MISSION ST #22</u> <u>SAN FRANCISCO, CA 94110</u>	88-3177547		32,000.		FMV		INN SUPPORT - LABS & COLUMBIA COLLA
<u>GRANITE STATE NEWS COLLABORAT</u> <u>P O BOX 87</u> <u>KEENE, NH 03431</u>	88-3783560		20,000.		FMV		INN SUPPORT - LABS

Continuation Sheet for Schedule I (Form 990)

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Name of the organization INSTITUTE FOR NONPROFIT NEWS	Employer identification number 27-2614911
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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 noncash assistance	(h) Purpose of grant or assistance
CIVIC NEW COMPANY 450 7TH AVE 32ND FL NEW YORK, NY 10123	90-0915846		12,360.		FMV		INN SUPPORT - COLUMBIA COLLABORATIV
CAPITAL REGION COMM. MEDIA 62 RIDGE ST MONTPELIER, VT 05602	92-0295563		20,000.		FMV		INN SUPPORT - LABS
PINE PLAINS LOCAL JOURNALISM 3459 ROUTE 199 PINE PLAINS, NY 12567	92-0630410		20,000.		FMV		INN SUPPORT - LABS
THE INTERCEPT MEDIA INC 15 WEST 38TH ST #636 NEW YORK, NY 10018	92-1198452		22,500.		FMV		INN SUPPORT - LABS & EMERGING LEADE
HUDSON VALLEY PILOT INC 286 RIVER RD PO BOX 810 RHINEBECK, NY 12572	92-1312008		20,000.		FMV		INN SUPPORT - LABS
FREE PRESS INDIANA 1220 WATERWAY BLV STE H295 INDIANAPOLIS, IN 46202	92-2211924		20,000.		FMV		INN SUPPORT - LABS
NEEDHAM OBSERVER 198 FAIR OAKS PARK NEEDHAM, MA 02492	92-2359697		20,000.		FMV		INN SUPPORT - LABS
LOOKOUT PUBLICATION NFP 1626 E ADAMS ST PHOENIX, AZ 85034	92-3129757		30,000.		FMV		INN SUPPORT - LABS & INDEX AWARD
BELMONT NEWS FOUNDATION INC 21 WHITCOMB ST BELMONT, MA 02478	92-3493154		20,000.		FMV		INN SUPPORT - LABS
PIKES PEAK BULLETIN NONPROFIT 517 MANITOU AVE MANITOU SPRING, CO 80829	92-3494496		20,000.		FMV		INN SUPPORT - LABS

Continuation Sheet for Schedule I (Form 990)

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

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STREET ROOTS 211 NW DAVIS ST PORTLAND, OR 97209	93-1271399		20,000.		FMV		INN SUPPORT - LABS
LONG BEACH JOURNALISM INITIAT 100 W BROADWAY STE 650 LONG BEACH, CA 90802	93-4121848		20,000.		FMV		INN SUPPORT - LABS
EDSOURCE INC 436 14TH ST STE 310 OAKLAND, CA 94612	94-2434900		20,000.		FMV		INN SUPPORT - LABS
COMMUNITY WIRELESS OF PARK 460 SWEDE ALLEY PO BOX 1372 PARK CITY, UT 84060	94-2528451		20,000.		FMV		INN SUPPORT - LABS
ACCION LATINA DBA EL TECOLOTE 2958 24TH ST SAN FRANCISCO, CA 94110	94-3039956		20,000.		FMV		INN SUPPORT - LABS
INTERNATIONAL MEDIA PROJECT 1714 FRANKLIN ST #100-251 OAKLAND, CA 94612	94-3239511		20,000.		FMV		INN SUPPORT - LABS
STET NEWS INC 369 CHURCHILL RD WEST PALML BCH, FL 33405	99-0718037		20,000.		FMV		INN SUPPORT - LABS
NEXT CITY INC P O BOX 22449 PHILADELPHIA, PA 19110	22-3886361		20,000.		FMV		INN SUPPORT - LABS
NATIONAL PARKS TRAVELER P O BOX 980452 PARK CITY, UT 84098	26-2378789		20,000.		FMV		INN SUPPORT - LABS
WNET 825 EIGHTH AVE NEW YORK, NY 10019	26-2810489		20,000.		FMV		INN SUPPORT - LABS

Continuation Sheet for Schedule I (Form 990)

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INSTITUTE FOR NONPROFIT NEWS

Employer identification number

27-2614911

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

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BROWARD BULLDOG INC P O BOX 23763 FORT LAUDERDALE, FL 33307	27-0318157		20,000.		FMV		INN SUPPORT - LABS
VOICE OF ORANGE COUNTY P O BOX 10020 SANTA ANA, CA 92711	27-0550219		20,000.		FMV		INN SUPPORT - LABS
LOWER CAPE COMMUNITY ACCESSTV P O BOX 1661 N. EASTHAM, MA 02651	27-2812706		20,000.		FMV		INN SUPPORT - LABS
RELIGION NEWS FOUNDATION 309 SOUTH 9TH ST COLUMBIA, MO 65211	31-1650883		41,245.		FMV		INN SUPPORT - LABS & COLUMBIA COLLA
FRESH ENERGY 408 SAINT PETER ST STE 350 SAINT PAUL, MN 55102	41-1735501		23,000.		FMV		INN SUPPORT - LABS & PITCHES
NORTH CARLINA HEALTH NEWS INC P O BOX 2573 CHAPEL HILL, NC 27515	45-3913463		20,300.		FMV		INN SUPPORT - LABS & POST-PLATFORM
THE GROUNDTRUTH PROJECT 10 GUEST ST BRIGHTON, MA 02135	46-0908502		20,000.		FMV		INN SUPPORT - LABS
CHAPMAN HYPERLOCAL MEDIA INC P O BOX 525 NORWALK, CT 06850	46-5509772		20,000.		FMV		INN SUPPORT - LABS
SOUTH SIDE WEEKLY NFP 6100 S BLACKSTONE AVE CHICAGO, IL 60637	47-1766522		20,000.		FMV		INN SUPPORT - LABS
BROWN IMPACT MEDIA GROUP 3802 WROXTON DRIVE FLINT, MI 48532	47-2276014		20,000.		FMV		INN SUPPORT - LABS

Continuation Sheet for Schedule I (Form 990)

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INSTITUTE FOR NONPROFIT NEWS

Employer identification number

27-2614911

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 noncash assistance	(h) Purpose of grant or assistance
CALMATERS 1017 L ST #261 SACRAMENTO, CA 95814	47-2474086		20,000.		FMV		INN SUPPORT - LABS
SAN ANTONIO REPORT 711 NAVARRO ST STE 535 SAN ANTONIO, TX 78205	47-4820476		20,000.		FMV		INN SUPPORT - LABS
OPENSECRETS 1100 13TH ST NW STE 800 WASHINGTON, DC 20005	52-1275227		20,000.		FMV		INN SUPPORT - LABS
NEWSHOUR PRODUCTIONS LLC 3939 CAMPBELL AVE ARLINGTON, VA 22206	53-0242992		114,660.		FMV		INN SUPPORT - LABS & COLUMBIA COLLA
CENTER FOR PUBLIC INTEGRITY 910 17TH ST NEW STE 1030 WASHINGTON, DC 20006	54-1512177		20,000.		FMV		INN SUPPORT - LABS
GEORGIA PRESS EDUCATIONAL FND P O BOX 4003 MARIETTA, GA 30061	58-6044342		20,000.		FMV		INN SUPPORT - LABS
WJCT INC 100 FESTIVAL PARK AVE JACKSONVILLE, FL 32202	59-0711482		20,000.		FMV		INN SUPPORT - LABS
SEARCHLIGHT NEW MEXICO NEWS 411 GREG AVE #104 SANTA FE, NM 87501	81-3234552		20,000.		FMV		INN SUPPORT - LABS
MOUNTAIN JOURNAL INC P O BOX 11251 BOZEMAN, MT 59719	82-1846471		20,000.		FMV		INN SUPPORT - LABS
THE CURRENT MEDIA INC 101 W VERMILLION ST STE 300 LAFAYETTE, LA 70501	82-2971272		22,500.		FMV		INN SUPPORT - LABS & EMERGING LEADE

Continuation Sheet for Schedule I (Form 990)

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Employer identification number

27-2614911

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 noncash assistance	(h) Purpose of grant or assistance
SAN JOSE NEWS BUREAU 1900 CAMDEN AVE STE 101 SAN JOSE, CA 95124	82-5355128		20,000.		FMV		INN SUPPORT - LABS
THE MEDIA PROJECT P O BOX 19599 IRVINE, CA 92623	83-0461425		20,000.		FMV		INN SUPPORT - LABS
ROCHESTER BEACON INC 5 STONEGATE LANE PITTSFORD, NY 14534	83-1431746		20,000.		FMV		INN SUPPORT - LABS
NASHVILLE PUBLIC MEDIA INC 308 TIMMONS ST NASHVILLE, TN 37211	83-1703750		20,000.		FMV		INN SUPPORT - LABS
SJVWATER 11715 BROCKRIDGE COURT BAKERSFIELD, CA 93312	83-2646098		20,000.		FMV		INN SUPPORT - LABS
SAHAN JOURNAL 428 MINNESOTA ST #500 ST PAUL, MN 55101	83-2745995		31,241.		FMV		IINN SUPPORT - LABS & COLUMBIA INIT
RESOLVE PHILADELPHIA INC 699 RANSTEAD ST STE 3 PHLADELPHIA, PA 19106	83-2762074		20,000.		FMV		INN SUPPORT - LABS
DOCUMENTED LTD P O BOX 924 NEW YORK, NY 10272	83-3036502		20,000.		FMV		INN SUPPORT - LABS
UNDERSCORE MEDIA COLLABORATIO 1200 NEW NAITO PKWY STE 490 PORLAND, OR 97209	83-3178910		20,000.		FMV		INN SUPPORT - LABS
MONTCLAIR LOCAL NONPROFIT NEW P O BOX 752 MONTCLAIR, NJ 07042	83-3801012		20,000.		FMV		INN SUPPORT - LABS

Continuation Sheet for Schedule I (Form 990)

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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 noncash assistance	(h) Purpose of grant or assistance
TRADEOFFS INC P O BOX 31865 PHILADELPHIA, PA 19104	83-4075323		21,750.		FMV		INN SUPPORT - LABS & EMERGING LEADE
REST OF WORLD MEDIA INC 405 EL CAMINO REAL STE 238 MENLO PARK, CA 94025	83-4475862		42,660.		FMV		IINN SUPPORT - LABS & COLUMBIA INIT
AURICLE PRODUCTIONS 35 W 31ST #1001 NEW YORK, NY 10001	84-2931585		20,000.		FMV		INN SUPPORT - LABS
CITYSIDE JOURNALISM 2120 UNIVERSITY AVE BERKELEY, CA 94704	84-3448887		20,000.		FMV		INN SUPPORT - LABS
SUSTAINABLE JOURNALISM FND P O BOX 18421 OAKLAHOMA CITY, OK 73154	84-3896856		20,500.		FMV		INN SUPPORT - LABS & PITCHES
CCIJ 300 WASHINGTON ST SE APT3 GRAND RAPIDS, MI 49503	84-4418797		20,000.		FMV		INN SUPPORT - LABS
INFORMED CALIFORNIA FND 490 43RD ST #12 OAKLAND, CA 94609	84-4618329		20,000.		FMV		INN SUPPORT - LABS
EVANSTON ROUNDTABLE MEDIA NFP 1514 ELMWOOD AVE STE 2 EVANSTON, IL 60202	85-0811163		20,000.		FMV		INN SUPPORT - LABS
THE LAND P O BOX 602732 CLEVELAND, OH 44102	85-1047943		20,000.		FMV		INN SUPPORT - LABS
MOUNTAIN STATE SPOTLIGHT P O BOX 1111 CHARLESTON, WV 25324	85-1154363		23,000.		FMV		INN SUPPORT - LABS & ELECTION GUIDE

Continuation Sheet for Schedule I (Form 990)

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

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<u>SALISH CURRENT</u> <u>772 MAHONIA DR</u> <u>BELLINGHAM, WA 98229</u>	85-1320325		20,000.		FMV		INN SUPPORT - LABS
<u>THE RECORD COMMUNITY NEWS GRP</u> <u>120 E CENTAL AVE</u> <u>LOMBARD, IL 60148</u>	85-1425791		20,000.		FMV		INN SUPPORT - LABS
<u>NEW YORK FOCUS NEWS</u> <u>361 WARREN ST</u> <u>BROOKLYN, NY 11201</u>	85-3154579		20,000.		FMV		INN SUPPORT - LABS
<u>THE CLEVELAND OBSERVER</u> <u>11459 MAYFIELD RD #302</u> <u>CLEVELAND, OH 44106</u>	85-3586681		20,000.		FMV		INN SUPPORT - LABS
<u>CENTRAL FLORIDA COMMUNITY NEW</u> <u>429 CANARY ISLAND COURT</u> <u>ORLANDO, FL 32828</u>	85-4381643		26,500.		FMV		INN SUPPORT - LABS & ELECTION GUIDE
<u>INDIJ PUBLIC MEDIA</u> <u>555 N CENTRAL AVE STE 500</u> <u>PHOENIX, AZ 85004</u>	86-2229607		20,000.		FMV		INN SUPPORT - LABS
<u>NEBRASKA JOURNALISM TRUST</u> <u>1402 JONES ST STE 332</u> <u>OMAHA, NE 68102</u>	86-3968316		23,000.		FMV		INN SUPPORT - LABS & ELECTION GUIDE
<u>ARIZONA STATE UNIVERSITY FND</u> <u>P O BOX 2260</u> <u>TEMPE, AZ 85280</u>	86-6051042		20,000.		FMV		INN SUPPORT - LABS
<u>NORTH DAKOTA NEWS COOPERATIVE</u> <u>501 E MAIN AVE STE 75</u> <u>BISMARCK, ND 58501</u>	87-1523995		20,000.		FMV		INN SUPPORT - LABS
<u>ENLACE LATINO NC INC</u> <u>1053 EAST WHITAKER MILL RD115</u> <u>RALEIGH, NC 27604</u>	87-2137153		29,000.		FMV		INN SUPPORT - ELECTION GUIDE& EMERG

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(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
LOCAL JOURNALISM INITIATIVE 1425 WOODLAWN AVE WILMINGTON, DE 19806	87-2914947		20,000.		FMV		INN SUPPORT - LABS
OHIO LOCAL INFORMATION INITIA 500 S FRONT ST 12TH FL COLUMBUS, OH 43215	87-3337208		20,000.		FMV		INN SUPPORT - LABS
PUBLIC SQUARE AMPLIFIED 375 MT PROSPECT AVE STE 5B NEWARK, NJ 07104	87-3566999		20,000.		FMV		INN SUPPORT - LABS
OUTLIER MEDIA 440 BURROUGHS DETROIT, MI 48202	87-4775293		20,000.		FMV		INN SUPPORT - LABS
SOUTHEAST OHIO INDEPEND. NEWS P O BOX 2602 AHTENS, OH 45701	88-1658964		23,000.		FMV		INN SUPPORT - LABS & ELECTION GUIDE
KEY PENINSULA NEWS 1719 142ND AVE SW LAKEBAY, WA 98349	88-1782029		20,000.		FMV		INN SUPPORT - LABS
MY NEIGHBORHOOD NEWS NETWORK 10016 EDMONDS WAY STE D-150 EDMONDS, WA 98020	88-3919841		20,000.		FMV		INN SUPPORT - LABS
THE DIAL MAGAZINE INC 26 BROADWAY STE 934-C81 NEW YORK, NY 10004	88-4024635		20,000.		FMV		INN SUPPORT - LABS
BROOKLINEDOTNEWS COPORATION 71 ST MARYS ST APT 2 BROOKLINE, MA 02446	88-4218324		20,000.		FMV		INN SUPPORT - LABS
100REPORTERS 1100 5TH ST NEW 4TH FL WASHINGTON, DC 20005	90-0702671		20,000.		FMV		INN SUPPORT - LABS

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SPOTLIGHT PA 312 MARKET ST #11728 HARRISBURG, PA 17108	92-0577182		23,000.		FMV		INN SUPPORT - LABS & ELECTION GUIDE
KRYSTAL KNAPP P O BOX 423 PRINCETON, NJ 08542	92-2224802		20,000.		FMV		INN SUPPORT - LABS
POLLEN INITIATIVE 2137 OTIS DR #202 ALAMEDA, CA 94501	92-2619177		20,000.		FMV		INN SUPPORT - LABS
THE PULP P O BOX 9277 MISSOULA, MT 59807	93-2918456		20,000.		FMV		INN SUPPORT - LABS
THE SAPAN FOUNDATION INC 329 NORFOLK ST CAMBRIDGE, MA 02139	93-3105901		20,000.		FMV		INN SUPPORT - LABS
CNTR FOR BROADCAST JOURNALISM 370 WABASHA ST NORTH STE 117 SAINT PAUL, MN 55102	94-0429167		20,000.		FMV		INN SUPPORT - LABS
FND FOR NATIONAL PROGRESS 222 SUTTER ST STE 600 SAN FRANCISCO, CA 94108	94-2282759		20,000.		FMV		INN SUPPORT - LABS
ATLANTA COMM. PRESS COLLECTIV 8735 DUNWOODY PL STE N ATLANTA, GA 30350	99-1861144		20,000.		FMV		INN SUPPORT - LABS
SAN FRANCISCO PUBLIC PRESS 44 PAGE ST #504 SAN FRANCISCO, CA 94102	27-1275141		20,000.		FMV		INN SUPPORT - LABS
NATIONAL ASSN. OF HISPANIC 1050 CONNECTICUT AVE NW 5TH F WASHINGTON, DC 20036	46-3985228		20,000.		FMV		INN SUPPORT - LABS

**SCHEDULE J
(Form 990)**

(Rev. December 2024)

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

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

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

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

- a** The organization? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

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			(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 KAREN RUNDLET CEO	(i)	214,828.	0.	0.	0.	214,828.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2 CHARLES POTTS JR DIR. OF FINANCE	(i)	157,058.	0.	0.	0.	157,058.	0.
	(ii)	0.	0.	0.	0.	0.	0.
3 COURTNEY LEWIS GROWTH OFFICER	(i)	161,205.	0.	0.	0.	161,205.	0.
	(ii)	0.	0.	0.	0.	0.	0.
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

INSTITUTE FOR NONPROFIT NEWS

27-2614911

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE CORPORATION IS ORGANIZED AND WILL BE OPERATED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES 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, LINE 11B - FORM 990 REVIEW PROCESS

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, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

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, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

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 BOARD (CHAIR, SECRETARY, AND TREASURER) AND APPROVED BY THE ENTIRE BOARD.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

INSTITUTE FOR NONPROFIT NEWS

Employer identification number

27-2614911

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION

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

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

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

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)
Corporation/Organization name: INSTITUTE FOR NONPROFIT NEWS
California corporation number: 3250040
FEIN: 27-2614911
Street address: 8549 WILSHIRE BLVD #2294
City: BEVERLY HILLS
State: CA
ZIP code: 90211

A First return
B Amended return
C IRC Section 4947(a)(1) trust
D Final information return
E Check accounting method
F Federal return filed
G Is this a group filing?
H Is this organization in a group exemption
I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L Is the organization a limited liability company?
M Did the organization file Form 100 or Form 109 to report taxable income?
N Is the organization under audit by the IRS or has the IRS audited in a prior year?
O Is federal Form 1023/1024 pending?

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

Table with 16 rows and 2 columns. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Payments (11-16). Total gross income is 15,594,880. Total expenses are 15,663,213. Balance due is 0.

Sign Here: Signature of officer ANITA H BHAGAT, Title CEO, Date
Paid Preparer's Use Only: Preparer's signature ANITA H BHAGAT, Firm's name DOUGLAS & BHAGAT CPA SERVICES INC., Address 100 E THOUSAND OAKS BLVD., STE. 202, THOUSAND OAKS, CA 91360

CACA112L 01/14/25

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	770,558.
Expenses and Disbursements	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	770,558.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 2	●	9	9,661,222.
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 3	●	11	1,314,718.
	12	Other salaries and wages	●	12	1,496,486.
	13	Interest	●	13	
	14	Taxes	●	14	221,256.
	15	Rents	●	15	1,370.
	16	Depreciation and depletion (See instructions)	●	16	6,253.
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 4	●	17	2,961,908.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	●	18	15,663,213.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		7,253,117.	●	6,172,739.
2	Net accounts receivable		58,945.	●	2,332,714.
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. Attach schedule			●	
10a	Depreciable assets	24,907.		24,907.	
b	Less accumulated depreciation	14,874.	10,033.	21,126.	3,781.
11	Land			●	
12	Other assets. Attach schedule. STM 5		200,785.	●	195,169.
13	Total assets		7,522,880.		8,704,403.
Liabilities and net worth					
14	Accounts payable		526,070.	●	1,876,687.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule. STM 6		208,969.		108,208.
19	Capital stock or principal fund		6,787,841.	●	6,719,508.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	Total liabilities and net worth		7,522,880.		8,704,403.

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	●	-68,333.	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.	●	
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	●	-68,333.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	Total. Add line 1 through line 5	●	-68,333.				

**Schedule B
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

CA PUBLIC DISCLOSURE COPY
Schedule of Contributors

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

OMB No. 1545-0047

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).

Name of organization INSTITUTE FOR NONPROFIT NEWS	Employer identification number 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		\$ 6,930,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,636,380.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	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
--	--

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
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

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

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 information once. See instructions.)..... \$ _____ *N/A*
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
N/A			

(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

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name INSTITUTE FOR NONPROFIT NEWS	California corporation number 3250040
---	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
MAC BOOK PRO -	4/21/2014	2,337.	2,337.	S/L	5		
MAC BOOK PRO -	11/01/2020	1,864.	1,182.	S/L	5	373.	
MACBOOK PRO 16"	4/10/2020	3,004.	2,228.	S/L	5	601.	
MAC BOOK AIR -	4/22/2021	1,016.	542.	S/L	5	203.	
MAC BOOK AIR -	9/10/2021	1,211.	545.	S/L	5	242.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	6,253.

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	<input checked="" type="radio"/>	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	<input checked="" type="radio"/>	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).....	<input checked="" type="radio"/>	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year	
WEBSITE DESIGN	5/01/2021	56,000.	48,223.	197	3	7,778.	
DOMAIN NAME	1/20/2015	20,000.	11,888.	197	15	1,333.	
RNN WEBSITE DESIG	5/15/2023	9,750.	2,031.	197	3	3,250.	
20 Total. Add the amounts in column (g).....						20	12,361.
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						<input checked="" type="radio"/>	22

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (INSTITUTE FOR NONPROFIT NEWS) and California corporation number (3250040).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with rows 1-13 for property election details, including maximum deduction, total cost, and expense deduction.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with columns (a) through (h) for depreciation details, including description of property, date acquired, cost, and depreciation amounts.

Part III Summary

Table for Part III with rows 16-18 for summary calculations, including total depreciation and adjustments.

Part IV Amortization

Table for Part IV with columns (a) through (g) for amortization details, including description of property, date acquired, and amortization amounts.

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (INSTITUTE FOR NONPROFIT NEWS) and California corporation number (3250040).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with 13 rows. Includes fields for maximum deduction (\$25,000), total cost, threshold cost (\$200,000), and various limitation calculations.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with 15 rows. Columns include description of property, date acquired, cost, depreciation allowed, method, life or rate, depreciation for this year, and additional first year depreciation.

Part III Summary

Table for Part III with 3 rows. Summary of depreciation amounts and adjustments, including total depreciation for federal purposes and state adjustments.

Part IV Amortization

Table for Part IV with 7 rows. Columns include description of property, date acquired, cost, amortization allowed, R&TC Section, period or percentage, and amortization for this year.

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (INSTITUTE FOR NONPROFIT NEWS) and California corporation number (3250040).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with 13 rows. Includes fields for maximum deduction, total cost, threshold cost, reduction in limitation, and dollar limitation. Total elected cost is \$25,000.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with 15 rows. Columns include Description of property, Date acquired, Cost or other basis, Depreciation allowed, Depreciation method, Life or rate, Depreciation for this year, and Additional first year depreciation.

Part III Summary

Table for Part III with 3 rows. Includes total depreciation for federal purposes and depreciation adjustment.

Part IV Amortization

Table for Part IV with 7 rows. Columns include Description of property, Date acquired, Cost or other basis, Amortization allowed, R&TC Section, Period or percentage, and Amortization for this year.

INSTITUTE FOR NONPROFIT NEWS

27-2614911

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

OTHER INCOME.....	\$	587,988.
OTHER INVESTMENT INCOME.....		182,570.
	TOTAL	<u>\$ 770,558.</u>

STATEMENT 2
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	ARK VALLEY VOICE	
DONEE'S STREET ADDRESS:	101 NORTH F STREET STE 204	
DONEE'S CITY	SALIDA	
DONEE'S STATE	CO	
DONEE'S ZIP CODE	81201	
CASH AND NONCASH AMOUNT:		\$ 70,454.

DONEE'S NAME - IND	PUBLIC ROAD PRODUCTIONS LLC	
DONEE'S STREET ADDRESS:	7914 BABB AVE	
DONEE'S CITY	SKOKIE	
DONEE'S STATE	IL	
DONEE'S ZIP CODE	60077	
CASH AND NONCASH AMOUNT:		175,569.

DONEE'S NAME - IND	BRECKENRIDGE TEXAN	
DONEE'S STREET ADDRESS:	2922 STATE HIGHWAY 67	
DONEE'S CITY	BRECKENRIDGE	
DONEE'S STATE	TX	
DONEE'S ZIP CODE	76424	
CASH AND NONCASH AMOUNT:		6,793.

DONEE'S NAME - IND	CECIL PUBLIC MEDIA	
DONEE'S STREET ADDRESS:	269 TRINITY CHURCH ROAD	
DONEE'S CITY	NORTH EAST	
DONEE'S STATE	MD	
DONEE'S ZIP CODE	21901	
CASH AND NONCASH AMOUNT:		15,545.

DONEE'S NAME - IND	FEET IN 2 WORLDS	
DONEE'S STREET ADDRESS:	276 FIFTH AVENUE STE 704 # 19	
DONEE'S CITY	NEW YORK	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	10001	
RELATIONSHIP OF DONEE:	GRANTOR	
CASH AND NONCASH AMOUNT:		3,372.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	GIGAFACT	
DONEE'S STREET ADDRESS:	570 EL CAMINO REAL # 150-149	
DONEE'S CITY	REDWOOD CITY	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	94063	
CASH AND NONCASH AMOUNT:		\$ 780,258.
DONEE'S NAME - IND	HUDSON VALLEY PILOT	
DONEE'S STREET ADDRESS:	286RIVER ROAD PO BOX 810	
DONEE'S CITY	RHINEBACK	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	12572	
CASH AND NONCASH AMOUNT:		26,671.
DONEE'S NAME - IND	THE KANSAS CITY DEFENDER	
DONEE'S STREET ADDRESS:	632 W 39TH STREET	
DONEE'S CITY	KANSAS CITY	
DONEE'S STATE	MO	
DONEE'S ZIP CODE	64111	
CASH AND NONCASH AMOUNT:		334,375.
DONEE'S NAME - IND	FOUNDATION FOR LA JOURNALISM	
DONEE'S STREET ADDRESS:	2804 GATEWAY OAK, DRIVE # 100	
DONEE'S CITY	SACRAMENTO	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95833	
CASH AND NONCASH AMOUNT:		491,711.
DONEE'S NAME - IND	MINERAL WELLS AREA NEWS	
DONEE'S STREET ADDRESS:	PO BOX 2	
DONEE'S CITY	MINERAL WELLS	
DONEE'S STATE	TX	
DONEE'S ZIP CODE	76068	
CASH AND NONCASH AMOUNT:		9,117.
DONEE'S NAME - IND	OPEN CAMPUS MEDIA	
DONEE'S STREET ADDRESS:	1 THOMAS CIRCLE, STE 700	
DONEE'S CITY	WASHINGTON	
DONEE'S STATE	DC	
DONEE'S ZIP CODE	20005	
CASH AND NONCASH AMOUNT:		35,322.
DONEE'S NAME - IND	PASS BLUE	
DONEE'S STREET ADDRESS:	250 HENTRY STREET	
DONEE'S CITY	BROOKLYN	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	11201	
CASH AND NONCASH AMOUNT:		269,196.

INSTITUTE FOR NONPROFIT NEWS

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STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	PLATEAU DAILY NEWS		
DONEE'S STREET ADDRESS:	310 MAIN ST, APT 5		
DONEE'S CITY	HIGHLNADS		
DONEE'S STATE	NC		
DONEE'S ZIP CODE	28741		
CASH AND NONCASH AMOUNT:		\$	1,832.

DONEE'S NAME - IND	PROVIDENCE EYE		
DONEE'S STREET ADDRESS:	498 PINE STREET		
DONEE'S CITY	PROVIDENCE		
DONEE'S STATE	RI		
DONEE'S ZIP CODE	02907		
CASH AND NONCASH AMOUNT:			13,473.

DONEE'S NAME - IND	PUBLIC SQUARE AMPLIFIED		
DONEE'S STREET ADDRESS:	375 MT. PROSPECT AVENUE, STE		
DONEE'S CITY	NEWARK		
DONEE'S STATE	NJ		
DONEE'S ZIP CODE	07104		
CASH AND NONCASH AMOUNT:			44,381.

DONEE'S NAME - IND	THE RIVERSIDE RECORD		
DONEE'S STREET ADDRESS:	2424 WILSHIRE BOULEVARD #518		
DONEE'S CITY	LOS ANGELES		
DONEE'S STATE	CA		
DONEE'S ZIP CODE	90057		
CASH AND NONCASH AMOUNT:			23,732.

DONEE'S NAME - IND	SHASTA SCOUT		
DONEE'S STREET ADDRESS:	1647 YUBA STREET #991215		
DONEE'S CITY	REDDINGS		
DONEE'S STATE	CA		
DONEE'S ZIP CODE	96099		
CASH AND NONCASH AMOUNT:			64,484.

DONEE'S NAME - IND	DIAL MAGAZINE INC		
DONEE'S STREET ADDRESS:	26 BROADWAY, STE 934-C81		
DONEE'S CITY	NEW YORK,		
DONEE'S STATE	NY		
DONEE'S ZIP CODE	10004		
CASH AND NONCASH AMOUNT:			65,173.

DONEE'S NAME - IND	THE OBJECTIVE		
DONEE'S STREET ADDRESS:	802 6TH STREET, UNIT 202		
DONEE'S CITY	AMES		
DONEE'S STATE	IA		
DONEE'S ZIP CODE	50010		
CASH AND NONCASH AMOUNT:			60,669.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	TRUTH HAS A VOICE	
DONEE'S STREET ADDRESS:	101 NORTH F STREET STE 204	
DONEE'S CITY	SALIDA	
DONEE'S STATE	CO	
DONEE'S ZIP CODE	91201	
CASH AND NONCASH AMOUNT:		\$ 207.

DONEE'S NAME - IND	UNSETTLED	
DONEE'S STREET ADDRESS:	1829 CATON AVE LINE 2 APT 5B	
DONEE'S CITY	BROOKLYN	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	11226	
CASH AND NONCASH AMOUNT:		46,247.

DONEE'S NAME - IND	VOICE OF MONTEREY BAY	
DONEE'S STREET ADDRESS:	502 LARKIN STREET	
DONEE'S CITY	MONTEREY	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	93940	
CASH AND NONCASH AMOUNT:		42,744.

DONEE'S NAME - IND	VOICES OF MOTEREY BAY - GIANN	
DONEE'S STREET ADDRESS:	502 LARKIN STREET	
DONEE'S CITY	MONTEREY	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	93940	
CASH AND NONCASH AMOUNT:		3,116.

DONEE'S NAME - IND	VOXPOPULI	
DONEE'S STREET ADDRESS:	929 WALKERS GROVE LANE	
DONEE'S CITY	WINTER GARDEN	
DONEE'S STATE	FL	
DONEE'S ZIP CODE	34787	
CASH AND NONCASH AMOUNT:		22,934.

DONEE'S NAME - IND	WINCHESTER NEWS GROUP	
DONEE'S STREET ADDRESS:	26 DUNSTER LANE	
DONEE'S CITY	WINCHESTER	
DONEE'S STATE	MA	
DONEE'S ZIP CODE	01890	
CASH AND NONCASH AMOUNT:		55,697.

DONEE'S NAME - IND	JEFFERSON COUNTY BEACON	
DONEE'S STREET ADDRESS:	110 W UNCAS RD	
DONEE'S CITY	PORT TOWNSEND	
DONEE'S STATE	WA	
DONEE'S ZIP CODE	98368	
CASH AND NONCASH AMOUNT:		5,535.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND THE OVERLOOK
 DONEE'S STREET ADDRESS: RAYCLIFFE DR
 DONEE'S CITY WOODSTOCK
 DONEE'S STATE NY
 DONEE'S ZIP CODE 12498
 CASH AND NONCASH AMOUNT: \$ 13,025.

DONEE'S NAME - IND TOTIM
 DONEE'S STREET ADDRESS: 480 SUMERSET DRIVE
 DONEE'S CITY ATHENS
 DONEE'S STATE GA
 DONEE'S ZIP CODE 30606
 CASH AND NONCASH AMOUNT: 3,676.

DONEE'S NAME - IND WCIJ INC DBA WISCONSIN WATCH
 DONEE'S STREET ADDRESS: PO BOX 5079
 DONEE'S CITY MILWAUKEE
 DONEE'S STATE WI
 DONEE'S ZIP CODE 53205
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND VERMONT JOURNALISM TRUST LTD
 DONEE'S STREET ADDRESS: P O BOX 1374
 DONEE'S CITY MONTPELIER
 DONEE'S STATE VT
 DONEE'S ZIP CODE 05601
 CASH AND NONCASH AMOUNT: 23,000.

DONEE'S NAME - IND UNIVERSITY OF TEXAS EL PASO
 DONEE'S STREET ADDRESS: 500 W UNIVERSITY AVE
 DONEE'S CITY EL PASO
 DONEE'S STATE TX
 DONEE'S ZIP CODE 79968
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND TINY NEWS COLLECTIVE
 DONEE'S STREET ADDRESS: 1500 CHESTNUT ST # 2113
 DONEE'S CITY PHILADELPHIA
 DONEE'S STATE PA
 DONEE'S ZIP CODE 19102
 CASH AND NONCASH AMOUNT: 24,000.

DONEE'S NAME - IND TIDES CENTER
 DONEE'S STREET ADDRESS: P O BOX 889385
 DONEE'S CITY LOS ANGEES
 DONEE'S STATE CA
 DONEE'S ZIP CODE 90088
 CASH AND NONCASH AMOUNT: 34,250.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	AMERICAN FND FOR UNI OF BRITI	
DONEE'S STREET ADDRESS:	1030 15TH ST NW BI-STE 155	
DONEE'S CITY	WASHINGTON	
DONEE'S STATE	DC	
DONEE'S ZIP CODE	20005	
CASH AND NONCASH AMOUNT:		\$ 1,000.
DONEE'S NAME - IND	MUCKROCK FOUNDATION	
DONEE'S STREET ADDRESS:	263 HUNTINGTON AVE	
DONEE'S CITY	BOSTON	
DONEE'S STATE	MA	
DONEE'S ZIP CODE	02115	
CASH AND NONCASH AMOUNT:		40,000.
DONEE'S NAME - IND	THE HACK FOUNDATION	
DONEE'S STREET ADDRESS:	8605 SANTA MONICA BLVD #8629	
DONEE'S CITY	WEST HOLLYWOOD	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	90069	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	THE CENTER FOR MICHIGAN INC	
DONEE'S STREET ADDRESS:	220 W MICHIGAN AVE	
DONEE'S CITY	YPSILANTI	
DONEE'S STATE	MI	
DONEE'S ZIP CODE	48197	
CASH AND NONCASH AMOUNT:		22,500.
DONEE'S NAME - IND	CENTER FOR COMMUNITY STEWARDS	
DONEE'S STREET ADDRESS:	116 N FEW ST STE 3	
DONEE'S CITY	MADISON	
DONEE'S STATE	WI	
DONEE'S ZIP CODE	53703	
CASH AND NONCASH AMOUNT:		26,500.
DONEE'S NAME - IND	TEACHERS COLLEGE, COLUMBIA UN	
DONEE'S STREET ADDRESS:	525 WEST 120 ST, MAIL BOX 30	
DONEE'S CITY	NEW YORK	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	10027	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	SOCIAL & ENVIRONMENTAL ENT.	
DONEE'S STREET ADDRESS:	23564 CALABASAS RD, STE 201	
DONEE'S CITY	CALABASAS	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	91302	
CASH AND NONCASH AMOUNT:		20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND SAN FRANCISCO STUDY CENTER
 DONEE'S STREET ADDRESS: 1663 MISSION ST STE 310
 DONEE'S CITY SAN FRANCISCO
 DONEE'S STATE CA
 DONEE'S ZIP CODE 94103
 CASH AND NONCASH AMOUNT: \$ 20,000.

DONEE'S NAME - IND OKLAHOMA STATE UNIVERSITY FND
 DONEE'S STREET ADDRESS: 400 SOUTH MONROE
 DONEE'S CITY STILLWATER
 DONEE'S STATE OK
 DONEE'S ZIP CODE 74074
 CASH AND NONCASH AMOUNT: 29,000.

DONEE'S NAME - IND NATIONAL CAPITALISM SOLUTIONS
 DONEE'S STREET ADDRESS: 11823 N 75TH ST
 DONEE'S CITY LONGMONT
 DONEE'S STATE CO
 DONEE'S ZIP CODE 80503
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND MOVEMENT ALLIANCE PROJECT
 DONEE'S STREET ADDRESS: 924 CHERRY ST 5TH FLOOR
 DONEE'S CITY PHILADELPHIA
 DONEE'S STATE PA
 DONEE'S ZIP CODE 19107
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND MICHIGAN ENVIROMENTAL COUNCIL
 DONEE'S STREET ADDRESS: 602 W IONIA
 DONEE'S CITY LANSING
 DONEE'S STATE MI
 DONEE'S ZIP CODE 48933
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND MEDIA ALLIANCE
 DONEE'S STREET ADDRESS: 2830 20TH ST STE 201
 DONEE'S CITY SAN FRANCISCO
 DONEE'S STATE CA
 DONEE'S ZIP CODE 94110
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND MADISON WORKERS COOPERATIVE
 DONEE'S STREET ADDRESS: 1202 WILLIAMSON ST STE 100
 DONEE'S CITY MADISON
 DONEE'S STATE WI
 DONEE'S ZIP CODE 53703
 CASH AND NONCASH AMOUNT: 20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	INVESTIGATIVE REPORTERS & EDI	
DONEE'S STREET ADDRESS:	109 LEE HILL HALL UMC221 S 8T	
DONEE'S CITY	COLUMBIA	
DONEE'S STATE	MO	
DONEE'S ZIP CODE	65201	
CASH AND NONCASH AMOUNT:		\$ 20,000.
DONEE'S NAME - IND	PUBLIC ROAD PRODUCTIONS LLC	
DONEE'S STREET ADDRESS:	7914 BABB AVE	
DONEE'S CITY	SKOKIE	
DONEE'S STATE	IL	
DONEE'S ZIP CODE	60077	
CASH AND NONCASH AMOUNT:		32,033.
DONEE'S NAME - IND	ARK VALLEY VOICE	
DONEE'S STREET ADDRESS:	101 NORTH F STREET STE 204	
DONEE'S CITY	SALIDA	
DONEE'S STATE	CO	
DONEE'S ZIP CODE	81201	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	BRECKENRIDGE TEXAN	
DONEE'S STREET ADDRESS:	2922 STATE HIGHWAY 67	
DONEE'S CITY	BRECKENRIDGE	
DONEE'S STATE	TX	
DONEE'S ZIP CODE	76424	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	CECIL PUBLIC MEDIA	
DONEE'S STREET ADDRESS:	269 TRINITY CHURCH RD	
DONEE'S CITY	NORTH EAST	
DONEE'S STATE	MD	
DONEE'S ZIP CODE	21901	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	FEET IN 2 WORLDS	
DONEE'S STREET ADDRESS:	276 FIFTH AVENUE STE 704 # 19	
DONEE'S CITY	NEW YORK	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	10001	
CASH AND NONCASH AMOUNT:		22,500.
DONEE'S NAME - IND	FOUNDATION FOR LA JOURNALISM	
DONEE'S STREET ADDRESS:	2804 GATEWAY OAK, DRIVE # 100	
DONEE'S CITY	SACRAMENTO	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95833	
CASH AND NONCASH AMOUNT:		20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	MINERAL WELLS AREA NEWS	
DONEE'S STREET ADDRESS:	PO BOX 2	
DONEE'S CITY	MINERAL WELLS	
DONEE'S STATE	TX	
DONEE'S ZIP CODE	76067	
CASH AND NONCASH AMOUNT:		\$ 22,500.

DONEE'S NAME - IND	PASS BLUE	
DONEE'S STREET ADDRESS:	250 HENTRY STREET	
DONEE'S CITY	BROOKLYN	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	11201	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	SHASTA SCOUT	
DONEE'S STREET ADDRESS:	1647 YUBA STREET #991215	
DONEE'S CITY	REDDINGS	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	96099	
CASH AND NONCASH AMOUNT:		40,000.

DONEE'S NAME - IND	THE KANSAS CITY DEFENDER	
DONEE'S STREET ADDRESS:	632 W 39TH STREET	
DONEE'S CITY	KANSAS CITY	
DONEE'S STATE	MO	
DONEE'S ZIP CODE	64111	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	THE OBJECTIVE	
DONEE'S STREET ADDRESS:	802 6TH STREET, UNIT 202	
DONEE'S CITY	AMES	
DONEE'S STATE	IA	
DONEE'S ZIP CODE	50010	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	PROVIDENCE EYE	
DONEE'S STREET ADDRESS:	498 PINE STREET	
DONEE'S CITY	PROVIDENCE	
DONEE'S STATE	RI	
DONEE'S ZIP CODE	02907	
CASH AND NONCASH AMOUNT:		20,500.

DONEE'S NAME - IND	THE RIVERSIDE RECORD	
DONEE'S STREET ADDRESS:	2424 WILSHIRE BLVD #518	
DONEE'S CITY	LOS ANGELES	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	90057	
CASH AND NONCASH AMOUNT:		20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	UNSETTLED	
DONEE'S STREET ADDRESS:	1829 CATON AVE LINE 2 APT 5B	
DONEE'S CITY	BROOKLYN	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	11226	
CASH AND NONCASH AMOUNT:		\$ 20,000.
DONEE'S NAME - IND	VOICE OF MONTEREY BAY	
DONEE'S STREET ADDRESS:	502 LARKIN STREET	
DONEE'S CITY	MONTEREY	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	93940	
CASH AND NONCASH AMOUNT:		20,500.
DONEE'S NAME - IND	VOXPOPULI	
DONEE'S STREET ADDRESS:	929 WALKERS GROVE LANE	
DONEE'S CITY	WINTER GARDEN	
DONEE'S STATE	FL	
DONEE'S ZIP CODE	34787	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	WINCHESTER NEWS GROUP	
DONEE'S STREET ADDRESS:	26 DUNSTER LANE	
DONEE'S CITY	WINCHESTER	
DONEE'S STATE	MA	
DONEE'S ZIP CODE	01890	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	INDEPENDENT ARTS AND MEDIA	
DONEE'S STREET ADDRESS:	P O BOX 420442	
DONEE'S CITY	OAKLAND	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	94142	
CASH AND NONCASH AMOUNT:		40,000.
DONEE'S NAME - IND	ILLINOIS PRESS FOUNDATION INC	
DONEE'S STREET ADDRESS:	2501 CHATHAM RD STE 200	
DONEE'S CITY	SPRINGFIELD	
DONEE'S STATE	IL	
DONEE'S ZIP CODE	62704	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	DUKE UNIVERSITY	
DONEE'S STREET ADDRESS:	BOX 10413	
DONEE'S CITY	DURHAM	
DONEE'S STATE	NC	
DONEE'S ZIP CODE	27708	
CASH AND NONCASH AMOUNT:		20,000.

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STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	COMMUNITY PARTNERS	
DONEE'S STREET ADDRESS:	100 N ALAMEDA ST STE 240	
DONEE'S CITY	LOS ANGELES	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	90012	
CASH AND NONCASH AMOUNT:		\$ 20,000.

DONEE'S NAME - IND	CITY BUREAU NFP	
DONEE'S STREET ADDRESS:	3619 S STATE ST STE 400	
DONEE'S CITY	CHICAGO	
DONEE'S STATE	IL	
DONEE'S ZIP CODE	60609	
CASH AND NONCASH AMOUNT:		4,000.

DONEE'S NAME - IND	BAY CITY NEWS FOUNDATION	
DONEE'S STREET ADDRESS:	900 HILLDALE AVE	
DONEE'S CITY	BERKELEY	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	94708	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	AMERICAN UNIVERSITY	
DONEE'S STREET ADDRESS:	440 MASSACHUSETTS AVE NW	
DONEE'S CITY	WASHINGTON	
DONEE'S STATE	DC	
DONEE'S ZIP CODE	20016	
CASH AND NONCASH AMOUNT:		25,211.

DONEE'S NAME - IND	ALTERNATIVE NEWSWEEKLY FND	
DONEE'S STREET ADDRESS:	253 TENNESSEE AVE NE	
DONEE'S CITY	WASHINGTON	
DONEE'S STATE	DC	
DONEE'S ZIP CODE	20002	
CASH AND NONCASH AMOUNT:		66,000.

DONEE'S NAME - IND	MASS INC	
DONEE'S STREET ADDRESS:	11 BEACON ST STE 500	
DONEE'S CITY	BOSTON	
DONEE'S STATE	MA	
DONEE'S ZIP CODE	02108	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	THE REPORTERS INC	
DONEE'S STREET ADDRESS:	7032 2ND AVE	
DONEE'S CITY	SOUTH RICHFIELD	
DONEE'S STATE	MN	
DONEE'S ZIP CODE	55423	
CASH AND NONCASH AMOUNT:		20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	GRIST MAGAZINE INC	
DONEE'S STREET ADDRESS:	1501 EAST MADISON ST STE 650	
DONEE'S CITY	SEATTLE	
DONEE'S STATE	WA	
DONEE'S ZIP CODE	98122	
CASH AND NONCASH AMOUNT:		\$ 20,000.

DONEE'S NAME - IND	70 FACES MEDIA INC	
DONEE'S STREET ADDRESS:	520 EIGHTH AVE 4TH FL	
DONEE'S CITY	NEW YORK	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	10018	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	JEWISH CURRENT	
DONEE'S STREET ADDRESS:	P O BOX 130049	
DONEE'S CITY	BROOKLYN	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	11213	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	SCIENCE FRIDAY INITIATIVE	
DONEE'S STREET ADDRESS:	30 BROAD ST STE 801	
DONEE'S CITY	NEW YORK	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	10004	
CASH AND NONCASH AMOUNT:		31,475.

DONEE'S NAME - IND	TYPE MEDIA CENTER INC	
DONEE'S STREET ADDRESS:	30 IRVING PLACE, 10 FL	
DONEE'S CITY	NEW YORK	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	10003	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	ADIRONDACK EXPLORER INC	
DONEE'S STREET ADDRESS:	36 CHURCH ST	
DONEE'S CITY	SARANAC LAKE	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	12983	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	THE COMMONS	
DONEE'S STREET ADDRESS:	139 MAIN ST STE 604	
DONEE'S CITY	BRATTLEBORO	
DONEE'S STATE	VT	
DONEE'S ZIP CODE	05302	
CASH AND NONCASH AMOUNT:		20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND CHARLOTTEVILLE TOMORROW
 DONEE'S STREET ADDRESS: P O BOX 1591
 DONEE'S CITY CHARLOTTEVILLE
 DONEE'S STATE VA
 DONEE'S ZIP CODE 22902
 CASH AND NONCASH AMOUNT: \$ 23,000.

DONEE'S NAME - IND NEW HAVEN INDEPENDENT
 DONEE'S STREET ADDRESS: 493 CENTRAL AVE
 DONEE'S CITY NEW HAVEN
 DONEE'S STATE CT
 DONEE'S ZIP CODE 06515
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND GLOBAL PRESS INSTITUTE
 DONEE'S STREET ADDRESS: 5636 CONNECTICUT AVE NW
 DONEE'S CITY WASHINGTON
 DONEE'S STATE DC
 DONEE'S ZIP CODE 20015
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND DALLAS FREE PRESS
 DONEE'S STREET ADDRESS: 6301 GASTON AVE STE 820
 DONEE'S CITY DALLAS
 DONEE'S STATE TX
 DONEE'S ZIP CODE 75214
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND KANSAS LEADERSHIP CENTER
 DONEE'S STREET ADDRESS: 325 EAST DOUGLAS AVE
 DONEE'S CITY WICHITA
 DONEE'S STATE KS
 DONEE'S ZIP CODE 67202
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND SHELTERFORCE
 DONEE'S STREET ADDRESS: 125 GLENRIDGE AVE #1547
 DONEE'S CITY MONTCLAIR
 DONEE'S STATE NJ
 DONEE'S ZIP CODE 07042
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND LEHIGH VALLEY PUBLIC TELECOM
 DONEE'S STREET ADDRESS: 839 SESAME ST
 DONEE'S CITY BETHLEHEM
 DONEE'S STATE PA
 DONEE'S ZIP CODE 18015
 CASH AND NONCASH AMOUNT: 20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND WVIA NEWS
 DONEE'S STREET ADDRESS: 100 WVIA WAY
 DONEE'S CITY PITTSTON
 DONEE'S STATE PA
 DONEE'S ZIP CODE 18640
 CASH AND NONCASH AMOUNT: \$ 20,000.

DONEE'S NAME - IND MINNPOST
 DONEE'S STREET ADDRESS: 639 9TH ST SE #220
 DONEE'S CITY MINNEAPOLIS
 DONEE'S STATE MN
 DONEE'S ZIP CODE 55414
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND WISCONSIN CTR FOR INVEST JOUR
 DONEE'S STREET ADDRESS: 821 UNIVERSITY AVE 5TH FL VIL
 DONEE'S CITY MADISON
 DONEE'S STATE WI
 DONEE'S ZIP CODE 53706
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND SLUDGE
 DONEE'S STREET ADDRESS: 1500 DEKALB AVE 1R
 DONEE'S CITY BROOKLYN
 DONEE'S STATE NY
 DONEE'S ZIP CODE 11237
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND BAY JOURNAL MEDIA INC
 DONEE'S STREET ADDRESS: P O BOX 300
 DONEE'S CITY MAYO
 DONEE'S STATE MD
 DONEE'S ZIP CODE 21106
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND THE LUND REPORT INC
 DONEE'S STREET ADDRESS: 245 S BANCROFT STE D
 DONEE'S CITY PORTLAND
 DONEE'S STATE OR
 DONEE'S ZIP CODE 97239
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND SOPRIS SUN LLC
 DONEE'S STREET ADDRESS: P O BOX 399
 DONEE'S CITY CARBONDALE
 DONEE'S STATE CO
 DONEE'S ZIP CODE 81623
 CASH AND NONCASH AMOUNT: 20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	ECORI INC	
DONEE'S STREET ADDRESS:	10 DAVOL SQ STE 100	
DONEE'S CITY	PROVIDENCE	
DONEE'S STATE	RI	
DONEE'S ZIP CODE	02903	
CASH AND NONCASH AMOUNT:		\$ 20,000.

DONEE'S NAME - IND	TEXAS TRIBUNE INC	
DONEE'S STREET ADDRESS:	919 CONGRESS AVE 6TH FL	
DONEE'S CITY	AUSTIN	
DONEE'S STATE	TX	
DONEE'S ZIP CODE	78701	
CASH AND NONCASH AMOUNT:		40,626.

DONEE'S NAME - IND	INVESTIGATE WEST	
DONEE'S STREET ADDRESS:	P O BOX 9574	
DONEE'S CITY	SEATTLE	
DONEE'S STATE	WA	
DONEE'S ZIP CODE	98109	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	CITY LIMITS NEWS INC	
DONEE'S STREET ADDRESS:	8 WEST 126TH ST	
DONEE'S CITY	NEW YORK	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	10027	
CASH AND NONCASH AMOUNT:		30,800.

DONEE'S NAME - IND	AUSTIN INVESTIGATIVE REPORTIN	
DONEE'S STREET ADDRESS:	2028 E BEN WHITE BLVD240-6115	
DONEE'S CITY	AUSTIN	
DONEE'S STATE	TX	
DONEE'S ZIP CODE	78741	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	WYOFIELD	
DONEE'S STREET ADDRESS:	220 N 8TH ST	
DONEE'S CITY	LANDER	
DONEE'S STATE	WY	
DONEE'S ZIP CODE	82520	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	DELAWARE PUBIC MEDIA	
DONEE'S STREET ADDRESS:	1200 NORTH DUPONT HIGHWAY	
DONEE'S CITY	DOVER	
DONEE'S STATE	DE	
DONEE'S ZIP CODE	19901	
CASH AND NONCASH AMOUNT:		20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	THE CONNECTICUT MIRROR	
DONEE'S STREET ADDRESS:	1049 ASYLUM AVE	
DONEE'S CITY	HARTFORD	
DONEE'S STATE	CT	
DONEE'S ZIP CODE	06105	
CASH AND NONCASH AMOUNT:		\$ 32,360.

DONEE'S NAME - IND	INEWSOURCE	
DONEE'S STREET ADDRESS:	P O BOX 34546	
DONEE'S CITY	SAN DIEGO	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	92163	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	MIDWEST CTR FOR INVEST REPORT	
DONEE'S STREET ADDRESS:	701 DEVONSHIRE DR STE C33	
DONEE'S CITY	CHAMPAIGN	
DONEE'S STATE	IL	
DONEE'S ZIP CODE	61820	
CASH AND NONCASH AMOUNT:		23,500.

DONEE'S NAME - IND	CATCHLIGHT	
DONEE'S STREET ADDRESS:	1150 25H ST	
DONEE'S CITY	SAN FRANCISCO	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	94107	
CASH AND NONCASH AMOUNT:		6,000.

DONEE'S NAME - IND	THE LENS	
DONEE'S STREET ADDRESS:	P O BOX 13242	
DONEE'S CITY	NEW ORLEANS	
DONEE'S STATE	LA	
DONEE'S ZIP CODE	70185	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	MAINE CTR FOR INTEREST REPORT	
DONEE'S STREET ADDRESS:	P O BOX 284	
DONEE'S CITY	HALLOWELL	
DONEE'S STATE	ME	
DONEE'S ZIP CODE	04915	
CASH AND NONCASH AMOUNT:		37,550.

DONEE'S NAME - IND	PATAGONIA REGIONAL TIMES	
DONEE'S STREET ADDRESS:	P O BOX 1073	
DONEE'S CITY	PATAGOINIA	
DONEE'S STATE	AZ	
DONEE'S ZIP CODE	85624	
CASH AND NONCASH AMOUNT:		23,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND FOOD & ENVIRO REPORTING NETWK
 DONEE'S STREET ADDRESS: 580 FIFTH AVE STE 820
 DONEE'S CITY NEW YORK
 DONEE'S STATE NY
 DONEE'S ZIP CODE 10036
 CASH AND NONCASH AMOUNT: \$ 20,000.

DONEE'S NAME - IND ASPEN JOURNALISM
 DONEE'S STREET ADDRESS: 1280 UTE AVE STE 9
 DONEE'S CITY ASPEN
 DONEE'S STATE CO
 DONEE'S ZIP CODE 81611
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND ASHLAND NEWS
 DONEE'S STREET ADDRESS: P O BOX 640
 DONEE'S CITY ASHLAND
 DONEE'S STATE OR
 DONEE'S ZIP CODE 97520
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND BETTER GOVERNMENT ASSOCIATION
 DONEE'S STREET ADDRESS: 223 W JACKSON BLVD #300
 DONEE'S CITY CHICAGO
 DONEE'S STATE IL
 DONEE'S ZIP CODE 60606
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND WINTER PARK VOICE INC
 DONEE'S STREET ADDRESS: P O BOX 1543
 DONEE'S CITY WINTER PARK
 DONEE'S STATE FL
 DONEE'S ZIP CODE 32790
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND THE CONTRIBUTOR INC
 DONEE'S STREET ADDRESS: P O BOX 332023
 DONEE'S CITY NASHVILLE
 DONEE'S STATE VT
 DONEE'S ZIP CODE 37203
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND CITY REPORT INC DBA THE CITY
 DONEE'S STREET ADDRESS: 85 BROAD ST 13TH FL
 DONEE'S CITY NEW YORK
 DONEE'S STATE NY
 DONEE'S ZIP CODE 10004
 CASH AND NONCASH AMOUNT: 31,561.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND ILLINOIS STATE UNIVERSITY
 DONEE'S STREET ADDRESS: CAMPUS POX 1200
 DONEE'S CITY NORMAL
 DONEE'S STATE IL
 DONEE'S ZIP CODE 61790
 CASH AND NONCASH AMOUNT: \$ 40,000.

DONEE'S NAME - IND WHITE PINE COMM. BROADCASTING
 DONEE'S STREET ADDRESS: 28 NORTH STEVENS ST
 DONEE'S CITY RHINELANDER
 DONEE'S STATE WI
 DONEE'S ZIP CODE 54501
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND THE NATIONAL CATHOLIC REPORT
 DONEE'S STREET ADDRESS: 115 EAST ARMOUR BLVD
 DONEE'S CITY KANSAS CITY
 DONEE'S STATE MO
 DONEE'S ZIP CODE 64111
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND CURATORS OF UNI. OF MISSOURI
 DONEE'S STREET ADDRESS: 118 UNVERSITY HALL
 DONEE'S CITY COLUMBIA
 DONEE'S STATE MO
 DONEE'S ZIP CODE 65211
 CASH AND NONCASH AMOUNT: 40,000.

DONEE'S NAME - IND WEST VIEW MEDIA
 DONEE'S STREET ADDRESS: 622 W 500 N
 DONEE'S CITY SALT LAKE CITY
 DONEE'S STATE UT
 DONEE'S ZIP CODE 84116
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND NEW NARRATIVES INC
 DONEE'S STREET ADDRESS: ONE GRAND ARMY PLAZA
 DONEE'S CITY BROOKLYN
 DONEE'S STATE NY
 DONEE'S ZIP CODE 11238
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND MONGABAY ORG CORPORATION
 DONEE'S STREET ADDRESS: P O BOX 0291
 DONEE'S CITY MENLO PARK
 DONEE'S STATE CA
 DONEE'S ZIP CODE 94062
 CASH AND NONCASH AMOUNT: 20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	INVESTIGATIVE POST	
DONEE'S STREET ADDRESS:	487 MAIN STREET STE 300	
DONEE'S CITY	BUFFALO	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	14203	
CASH AND NONCASH AMOUNT:		\$ 20,000.

DONEE'S NAME - IND	FOSTERING MEDIA CONNECTIONS	
DONEE'S STREET ADDRESS:	P O BOX 861928	
DONEE'S CITY	LOS ANGELES	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	90086	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	NEW MEXICO IN DEPTH INC	
DONEE'S STREET ADDRESS:	6937 MERLOT DR NE	
DONEE'S CITY	RIO RANCHO	
DONEE'S STATE	NM	
DONEE'S ZIP CODE	87144	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	HIGHLANDS CURRENT INC	
DONEE'S STREET ADDRESS:	142 MAIN ST	
DONEE'S CITY	COLD SPRING	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	10516	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	THE BEDFORD CITIZEN INC	
DONEE'S STREET ADDRESS:	P O BOX 212	
DONEE'S CITY	BEDFORD	
DONEE'S STATE	MA	
DONEE'S ZIP CODE	01730	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	CAROLINA PUBLIC PRESS	
DONEE'S STREET ADDRESS:	201 W MAIN ST	
DONEE'S CITY	DURHAM	
DONEE'S STATE	NC	
DONEE'S ZIP CODE	27701	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	THE CONVERSATION US INC	
DONEE'S STREET ADDRESS:	303 WYMAN ST STE 300	
DONEE'S CITY	WALTHAM	
DONEE'S STATE	MA	
DONEE'S ZIP CODE	02451	
CASH AND NONCASH AMOUNT:		20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND ARIZONA CTR FOR INVEST REPORT
 DONEE'S STREET ADDRESS: P O BOX 3665
 DONEE'S CITY PHOENIX
 DONEE'S STATE AZ
 DONEE'S ZIP CODE 85030
 CASH AND NONCASH AMOUNT: \$ 20,000.

DONEE'S NAME - IND CIVICLEX INCORPORATED
 DONEE'S STREET ADDRESS: 165 EAST MAIN ST STE 130
 DONEE'S CITY LEXINGTON
 DONEE'S STATE KY
 DONEE'S ZIP CODE 40507
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND H2O MEDIA INC
 DONEE'S STREET ADDRESS: 2359 KEARNEY ST
 DONEE'S CITY DENVER
 DONEE'S STATE CO
 DONEE'S ZIP CODE 80207
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND CAPITAL OF TEXAS MEDIA FND
 DONEE'S STREET ADDRESS: 1023 SPRINGDALE RD STE 1J
 DONEE'S CITY AUSTIN
 DONEE'S STATE TX
 DONEE'S ZIP CODE 78721
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND EAST LANSING INFO
 DONEE'S STREET ADDRESS: P O BOX 115
 DONEE'S CITY EAST LANSING
 DONEE'S STATE MI
 DONEE'S ZIP CODE 48826
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND THE ITHACA VOICE IN
 DONEE'S STREET ADDRESS: 121 E SENECA ST STE 200
 DONEE'S CITY ITHACA
 DONEE'S STATE NY
 DONEE'S ZIP CODE 14850
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND TUSCON SENTINEL
 DONEE'S STREET ADDRESS: 1960 N PAINTED HILLS RD
 DONEE'S CITY TUSCAN
 DONEE'S STATE AZ
 DONEE'S ZIP CODE 85745
 CASH AND NONCASH AMOUNT: 20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	DEEP SOUTH TODAY DBA VERITE N	
DONEE'S STREET ADDRESS:	750 WOODLANDS PKWY STE 100	
DONEE'S CITY	RIDGELAND	
DONEE'S STATE	MD	
DONEE'S ZIP CODE	39157	
CASH AND NONCASH AMOUNT:		\$ 38,360.

DONEE'S NAME - IND	THE 74 MEDIA INC	
DONEE'S STREET ADDRESS:	222 BROADWAY 19TH FL	
DONEE'S CITY	NEW YORK	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	10038	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	BENITOLINK INC	
DONEE'S STREET ADDRESS:	615 SAN BENITO ST STE 201	
DONEE'S CITY	HOLLISTER	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95023	
CASH AND NONCASH AMOUNT:		26,500.

DONEE'S NAME - IND	ALABAMA INTI. FOR INDEP JOURN	
DONEE'S STREET ADDRESS:	1801 OXMOOR RD	
DONEE'S CITY	BIRMINGHAM	
DONEE'S STATE	AL	
DONEE'S ZIP CODE	35209	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	INVISIBLE INSTITUTE	
DONEE'S STREET ADDRESS:	6100 S BLACKSTONE AVE	
DONEE'S CITY	CHICAGO	
DONEE'S STATE	IL	
DONEE'S ZIP CODE	60637	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	TRACE MEDIA INC	
DONEE'S STREET ADDRESS:	P O BOX 24532	
DONEE'S CITY	BROOKLYN	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	11202	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	PUBLICSOURCE INC	
DONEE'S STREET ADDRESS:	1936 FIFTH AVE	
DONEE'S CITY	PITTSBURGH	
DONEE'S STATE	PA	
DONEE'S ZIP CODE	15219	
CASH AND NONCASH AMOUNT:		20,000.

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STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	INJUSTICE WATCH, NFP	
DONEE'S STREET ADDRESS:	55 E JACKSON BLVD STE 640	
DONEE'S CITY	CHICAGO	
DONEE'S STATE	IL	
DONEE'S ZIP CODE	60604	
CASH AND NONCASH AMOUNT:		\$ 20,000.

DONEE'S NAME - IND	365 MEDIA FOUNDATION INC	
DONEE'S STREET ADDRESS:	P O BOX 842	
DONEE'S CITY	MADISON	
DONEE'S STATE	WI	
DONEE'S ZIP CODE	53701	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	LINKING COMMUNITY NOW INC	
DONEE'S STREET ADDRESS:	122 E MAIN ST #234	
DONEE'S CITY	LAKELAND	
DONEE'S STATE	FL	
DONEE'S ZIP CODE	33801	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	MONTANA FREE PRESS	
DONEE'S STREET ADDRESS:	34 W 6TH AVE STE2F	
DONEE'S CITY	HELENA	
DONEE'S STATE	MT	
DONEE'S ZIP CODE	59601	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	BELT MEDIA COLLABORATIVE	
DONEE'S STREET ADDRESS:	P O BOX 81690	
DONEE'S CITY	PITTSBURGH	
DONEE'S STATE	PA	
DONEE'S ZIP CODE	15217	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	DELAWARE CURRENTS	
DONEE'S STREET ADDRESS:	P O BOX 306	
DONEE'S CITY	POT JERVIS	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	12771	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	SOCIETY FOR SCIENCE & PUBLIC	
DONEE'S STREET ADDRESS:	1719 N ST NW	
DONEE'S CITY	WASHINGTON	
DONEE'S STATE	DC	
DONEE'S ZIP CODE	20036	
CASH AND NONCASH AMOUNT:		8,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND HAMPTON ROADS EDUC. TELECOM.
 DONEE'S STREET ADDRESS: 5200 HAMPTON BLVD
 DONEE'S CITY NORFOLK
 DONEE'S STATE VA
 DONEE'S ZIP CODE 23508
 CASH AND NONCASH AMOUNT: \$ 20,000.

DONEE'S NAME - IND THE DAILY TAR HEEL
 DONEE'S STREET ADDRESS: 109 E FRANKLIN ST STE 210
 DONEE'S CITY CHAPEL HILL
 DONEE'S STATE NC
 DONEE'S ZIP CODE 27516
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND UNIVERSITY RADIO FND INC
 DONEE'S STREET ADDRESS: 8801 J.M. KEYNES DR STE 91
 DONEE'S CITY CHARLOTTE
 DONEE'S STATE NC
 DONEE'S ZIP CODE 28262
 CASH AND NONCASH AMOUNT: 27,794.

DONEE'S NAME - IND INSIDE CLIMATE NEWS
 DONEE'S STREET ADDRESS: 26 COURT ST STE 1617
 DONEE'S CITY BROOKLYN
 DONEE'S STATE NY
 DONEE'S ZIP CODE 11242
 CASH AND NONCASH AMOUNT: 40,291.

DONEE'S NAME - IND VOICE NEWS NETWORK INC
 DONEE'S STREET ADDRESS: 633 PRYOR ST SW
 DONEE'S CITY ATLANTA
 DONEE'S STATE GA
 DONEE'S ZIP CODE 30312
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND THE RED & BLACK PUBLISHING CO
 DONEE'S STREET ADDRESS: 540 BAXTER ST
 DONEE'S CITY ATHENS
 DONEE'S STATE GA
 DONEE'S ZIP CODE 30605
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND THE POYNTER INSTITUTE FOR MED
 DONEE'S STREET ADDRESS: 801 THIRD ST SOUTH
 DONEE'S CITY ST PETERSBURG
 DONEE'S STATE FL
 DONEE'S ZIP CODE 33701
 CASH AND NONCASH AMOUNT: 20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND CENTER FOR RURAL STRATEGIES
 DONEE'S STREET ADDRESS: 46 EAST MAIN ST
 DONEE'S CITY WHITESBURG
 DONEE'S STATE KY
 DONEE'S ZIP CODE 41858
 CASH AND NONCASH AMOUNT: \$ 24,000.

DONEE'S NAME - IND CENTRO DE PERIODISMO INVESTIG
 DONEE'S STREET ADDRESS - FOREIGN P O BOX 6834
 DONEE'S REGION SAN JUAN
 DONEE'S COUNTRY PUERTO RICO
 DONEE'S POSTAL CODE P O BOX 6834
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND BAY NATURE INSTITUTE
 DONEE'S STREET ADDRESS: 1328 SIXTH ST #2
 DONEE'S CITY BERKELEY
 DONEE'S STATE CA
 DONEE'S ZIP CODE 94710
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND STREETCAR SUBURBS PUBLISHING
 DONEE'S STREET ADDRESS: P O BOX 132
 DONEE'S CITY HYATTSVILLE
 DONEE'S STATE MD
 DONEE'S ZIP CODE 20781
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND WASHINGTON MONTHLY
 DONEE'S STREET ADDRESS: 1200 18TH ST NW STE 330
 DONEE'S CITY WASHINGTON
 DONEE'S STATE DC
 DONEE'S ZIP CODE 20036
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND CITY BUREAU NFP
 DONEE'S STREET ADDRESS: 3619 S STATE ST STE 400
 DONEE'S CITY CHICAGO
 DONEE'S STATE IL
 DONEE'S ZIP CODE 60609
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND NARRATIVE ARTS
 DONEE'S STREET ADDRESS: P O BOX 448
 DONEE'S CITY WILMINGTON
 DONEE'S STATE NC
 DONEE'S ZIP CODE 28402
 CASH AND NONCASH AMOUNT: 20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND NH CNTR FOR PUBLIC INT JOURNAL
 DONEE'S STREET ADDRESS: 38 EDGEWATER DR
 DONEE'S CITY BARRINGTON
 DONEE'S STATE NH
 DONEE'S ZIP CODE 03825
 CASH AND NONCASH AMOUNT: \$ 20,000.

DONEE'S NAME - IND UTAH INVEST. JOURNALISM PROJ.
 DONEE'S STREET ADDRESS: P O BOX 25653
 DONEE'S CITY SALT LAKE CITY
 DONEE'S STATE UT
 DONEE'S ZIP CODE 84125
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND AMERICAN WITNESS
 DONEE'S STREET ADDRESS: 1414 44TH ST NW
 DONEE'S CITY WASHINGTON
 DONEE'S STATE DC
 DONEE'S ZIP CODE 20007
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND RADIO AMBULANTE STUDIOS INC
 DONEE'S STREET ADDRESS: 42 TIEMANN PL #312
 DONEE'S CITY NEW YORK
 DONEE'S STATE NY
 DONEE'S ZIP CODE 10027
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND HONOLULU CIVIL BEAT INC
 DONEE'S STREET ADDRESS: 3650 WAIALAE AVE STE 200
 DONEE'S CITY HONOLULU
 DONEE'S STATE HI
 DONEE'S ZIP CODE 96816
 CASH AND NONCASH AMOUNT: 35,360.

DONEE'S NAME - IND CORNER POST MEDIA
 DONEE'S STREET ADDRESS: P O BOX 105
 DONEE'S CITY ESCALANTE
 DONEE'S STATE UT
 DONEE'S ZIP CODE 84726
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND WAUSAU PILOT & REVIEW CORP
 DONEE'S STREET ADDRESS: 500 N THIRD ST STE 208-8
 DONEE'S CITY WAUSAU
 DONEE'S STATE WI
 DONEE'S ZIP CODE 54403
 CASH AND NONCASH AMOUNT: 23,000.

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STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	LADDER TO THE MOON NEWORK	
DONEE'S STREET ADDRESS:	P O BOX 10379	
DONEE'S CITY	PORTLAND	
DONEE'S STATE	ME	
DONEE'S ZIP CODE	04104	
CASH AND NONCASH AMOUNT:		\$ 20,000.
DONEE'S NAME - IND	SOUTH DAKOTA NEWS WATCH	
DONEE'S STREET ADDRESS:	P O BOX 90205	
DONEE'S CITY	SIOX FALLS	
DONEE'S STATE	SD	
DONEE'S ZIP CODE	57109	
CASH AND NONCASH AMOUNT:		23,000.
DONEE'S NAME - IND	PRISM REPORTS INC	
DONEE'S STREET ADDRESS:	1423 BROADWAY #271	
DONEE'S CITY	OAKLAND	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	94612	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	EAST GREENWICH NEWS	
DONEE'S STREET ADDRESS:	18 PROSPECT ST	
DONEE'S CITY	EAST GREENWICH	
DONEE'S STATE	RI	
DONEE'S ZIP CODE	02818	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	CIRCLE OF BLUE INC	
DONEE'S STREET ADDRESS:	1615 RANDOLPH ST	
DONEE'S CITY	TRAVERSE CITY	
DONEE'S STATE	MI	
DONEE'S ZIP CODE	49684	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	BLOCK CLUB CHICAGO NFP	
DONEE'S STREET ADDRESS:	333 N MICHIGAN AVE STE 1000	
DONEE'S CITY	CHICAGO	
DONEE'S STATE	IL	
DONEE'S ZIP CODE	60601	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	KNOCK PUBLISHING COMPANY	
DONEE'S STREET ADDRESS:	P O BOX 147	
DONEE'S CITY	EGG HARBOR	
DONEE'S STATE	WI	
DONEE'S ZIP CODE	54209	
CASH AND NONCASH AMOUNT:		26,500.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND COLUMBIA INSIGHT
 DONEE'S STREET ADDRESS: P O BOX 1021
 DONEE'S CITY HOOD RIVER
 DONEE'S STATE OR
 DONEE'S ZIP CODE 97031
 CASH AND NONCASH AMOUNT: \$ 20,000.

DONEE'S NAME - IND BAY CITY NEWS FOUNDATION
 DONEE'S STREET ADDRESS: 900 HILDALE AVE
 DONEE'S CITY BERKELEY
 DONEE'S STATE CA
 DONEE'S ZIP CODE 94708
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND FRESNOLAND MEDIA
 DONEE'S STREET ADDRESS: 700 VAN NESS AVE # 120 PMB113
 DONEE'S CITY FRESNO
 DONEE'S STATE CA
 DONEE'S ZIP CODE 93721
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND SENTIENT MEDIA
 DONEE'S STREET ADDRESS: 2984 B FOLSOM ST
 DONEE'S CITY SAN FRANCISCO
 DONEE'S STATE CA
 DONEE'S ZIP CODE 94110
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND BORDERLESS MAGAZINE NFP
 DONEE'S STREET ADDRESS: 4753 N BROADWAY 2ND FL
 DONEE'S CITY CHICAGO
 DONEE'S STATE IL
 DONEE'S ZIP CODE 60640
 CASH AND NONCASH AMOUNT: 30,000.

DONEE'S NAME - IND FOOD SYSTEMS NEWS INC
 DONEE'S STREET ADDRESS: 43 SALTER PLACE
 DONEE'S CITY MAPLEWOOD
 DONEE'S STATE NJ
 DONEE'S ZIP CODE 07040
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND SPOTLIGHT DC.ORG
 DONEE'S STREET ADDRESS: 1467 SWANN ST NW UNIT4
 DONEE'S CITY WASHINGTON
 DONEE'S STATE DC
 DONEE'S ZIP CODE 20009
 CASH AND NONCASH AMOUNT: 20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	THE ARBUTUS FOUNDATION INC	
DONEE'S STREET ADDRESS:	441 BROADWAY 3RD FL	
DONEE'S CITY	NEW YORK	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	10013	
CASH AND NONCASH AMOUNT:		\$ 20,000.
DONEE'S NAME - IND	INDIA CURRENTS FOUNDATION	
DONEE'S STREET ADDRESS:	3343 BELGROVE CIRCLE	
DONEE'S CITY	SAN JOSE	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95148	
CASH AND NONCASH AMOUNT:		22,500.
DONEE'S NAME - IND	EL PASO MATTERS INC	
DONEE'S STREET ADDRESS:	500 W OVERLAND AVE STE 200	
DONEE'S CITY	EL PASO	
DONEE'S STATE	TX	
DONEE'S ZIP CODE	79901	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	LIMESTONE MEDIA INC	
DONEE'S STREET ADDRESS:	P O BOX 432	
DONEE'S CITY	BLOOMINGTON	
DONEE'S STATE	IN	
DONEE'S ZIP CODE	47402	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	MASSACHUSETTS MEIDA FUND INC	
DONEE'S STREET ADDRESS:	519 SOMERVILLE AVE #206	
DONEE'S CITY	SOMVERVILLE	
DONEE'S STATE	MA	
DONEE'S ZIP CODE	02143	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	FORT WORTH REPORT	
DONEE'S STREET ADDRESS:	2003 8TH AVE #300	
DONEE'S CITY	FORT WORTH	
DONEE'S STATE	TX	
DONEE'S ZIP CODE	76110	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	THE SALT LAKE TRIBUNE INC	
DONEE'S STREET ADDRESS:	90 S 400 WEST STE 7000	
DONEE'S CITY	SALT LAKE CITY	
DONEE'S STATE	UT	
DONEE'S ZIP CODE	84101	
CASH AND NONCASH AMOUNT:		42,839.

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STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND GROWING COMMUNITY MEDIA NFP
 DONEE'S STREET ADDRESS: 141 S OAK PARK AVE
 DONEE'S CITY OAK PARK
 DONEE'S STATE IL
 DONEE'S ZIP CODE 60302
 CASH AND NONCASH AMOUNT: \$ 20,000.

DONEE'S NAME - IND INKSTICK MEDIA INC
 DONEE'S STREET ADDRESS: 201 E PATRICK ST PO BOX 4044
 DONEE'S CITY FREDERICK
 DONEE'S STATE MD
 DONEE'S ZIP CODE 21701
 CASH AND NONCASH AMOUNT: 21,000.

DONEE'S NAME - IND GREY MATTERS PROJECT
 DONEE'S STREET ADDRESS: P O BOX 8681
 DONEE'S CITY SAVANNAH
 DONEE'S STATE GA
 DONEE'S ZIP CODE 31412
 CASH AND NONCASH AMOUNT: 35,360.

DONEE'S NAME - IND THE IPSWICH LOCAL NEWS LLC
 DONEE'S STREET ADDRESS: P O BOX 183
 DONEE'S CITY IPSWICH
 DONEE'S STATE MA
 DONEE'S ZIP CODE 01938
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND CIVIL EATS
 DONEE'S STREET ADDRESS: 502 E COTATI AVE NO 7014
 DONEE'S CITY COTATIA
 DONEE'S STATE CA
 DONEE'S ZIP CODE 94931
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND MAIN STREET MEDIA GROUP
 DONEE'S STREET ADDRESS: 319 S HOOKER AVE
 DONEE'S CITY THREE RIVERS
 DONEE'S STATE MI
 DONEE'S ZIP CODE 49093
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND ASHEVILLE WATCHDOG
 DONEE'S STREET ADDRESS: 825 MERRIMOM AVE C-175
 DONEE'S CITY ASHVILLE
 DONEE'S STATE NC
 DONEE'S ZIP CODE 28804
 CASH AND NONCASH AMOUNT: 20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	CANOPY ATLANTA INC	
DONEE'S STREET ADDRESS:	P O BOX 115573	
DONEE'S CITY	ATLANTA	
DONEE'S STATE	GA	
DONEE'S ZIP CODE	30310	
CASH AND NONCASH AMOUNT:		\$ 20,000.
DONEE'S NAME - IND	THE BUCKEYE FLAME	
DONEE'S STREET ADDRESS:	6110 FIR AVE	
DONEE'S CITY	CLEVELAND	
DONEE'S STATE	OH	
DONEE'S ZIP CODE	44102	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	THE SIERRA NEVADA ALLY	
DONEE'S STREET ADDRESS:	525 COURT ST 1-203	
DONEE'S CITY	RENO	
DONEE'S STATE	NV	
DONEE'S ZIP CODE	89501	
CASH AND NONCASH AMOUNT:		23,000.
DONEE'S NAME - IND	BUCKS COUNTY HERALD FND.	
DONEE'S STREET ADDRESS:	875 N EASTON RD STE 1	
DONEE'S CITY	DOYLESTOWN	
DONEE'S STATE	PA	
DONEE'S ZIP CODE	18902	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	MISSISSIPPI JOURNALISM & EDUC	
DONEE'S STREET ADDRESS:	125 SOUTH CONGRESS ST STE1324	
DONEE'S CITY	JACKSON	
DONEE'S STATE	MS	
DONEE'S ZIP CODE	39201	
CASH AND NONCASH AMOUNT:		26,500.
DONEE'S NAME - IND	MIAMI FOURTH ESTATE INC	
DONEE'S STREET ADDRESS:	14 NE 1ST AVE STE 405	
DONEE'S CITY	MIAMI	
DONEE'S STATE	FL	
DONEE'S ZIP CODE	33132	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	ISTHMUS COMMUNITY MEDIA INC	
DONEE'S STREET ADDRESS:	529 S RANDALL AVE	
DONEE'S CITY	MADISON	
DONEE'S STATE	WI	
DONEE'S ZIP CODE	53715	
CASH AND NONCASH AMOUNT:		20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	ADVOATE MEDIA - DALLAS INC	
DONEE'S STREET ADDRESS:	6301 GASTON AVE STE 820	
DONEE'S CITY	DALLAS	
DONEE'S STATE	TX	
DONEE'S ZIP CODE	75214	
CASH AND NONCASH AMOUNT:		\$ 20,000.

DONEE'S NAME - IND	CAPITAL B NEWS INC	
DONEE'S STREET ADDRESS:	209 W 29TH ST STE 107	
DONEE'S CITY	NEW YORK	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	10001	
CASH AND NONCASH AMOUNT:		30,750.

DONEE'S NAME - IND	TCN INC DBA CHARLOTTE NEWS	
DONEE'S STREET ADDRESS:	P O BOX 251	
DONEE'S CITY	CHARLOTTTE	
DONEE'S STATE	VT	
DONEE'S ZIP CODE	05445	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	EDEN PRAIRIE LOCAL NEWS INC	
DONEE'S STREET ADDRESS:	P O BOX 44242	
DONEE'S CITY	EDEN PRAIRIE	
DONEE'S STATE	MN	
DONEE'S ZIP CODE	55344	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	CNTR FOR COMM. STEWARDSHIP	
DONEE'S STREET ADDRESS:	116 N FEW ST	
DONEE'S CITY	MADISON	
DONEE'S STATE	WI	
DONEE'S ZIP CODE	53703	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	FLOODLIGHT INC	
DONEE'S STREET ADDRESS:	712 H ST NE STE 1371	
DONEE'S CITY	WASHINGTON	
DONEE'S STATE	DC	
DONEE'S ZIP CODE	20002	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	HIGHWAY 58 HERALD	
DONEE'S STREET ADDRESS:	47464 HIGHWAY 58	
DONEE'S CITY	OAKRIDGE	
DONEE'S STATE	OR	
DONEE'S ZIP CODE	97463	
CASH AND NONCASH AMOUNT:		20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND GIG HARBOR NOW
 DONEE'S STREET ADDRESS: P O BOX 546
 DONEE'S CITY GIG HARBOR
 DONEE'S STATE WA
 DONEE'S ZIP CODE 98335
 CASH AND NONCASH AMOUNT: \$ 20,000.

DONEE'S NAME - IND CENTRAL CURRENT
 DONEE'S STREET ADDRESS: P O BOX 1258
 DONEE'S CITY SYRACUSE
 DONEE'S STATE NY
 DONEE'S ZIP CODE 13201
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND THE BALTIMORE BANNER
 DONEE'S STREET ADDRESS: 621 E PRATT ST STE 401
 DONEE'S CITY BALTIMORE
 DONEE'S STATE MD
 DONEE'S ZIP CODE 21202
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND FLORIDA CTR FOR GVNT ACCOUNTA
 DONEE'S STREET ADDRESS: P O BOX 2723
 DONEE'S CITY SARASOTA
 DONEE'S STATE FL
 DONEE'S ZIP CODE 34230
 CASH AND NONCASH AMOUNT: 40,000.

DONEE'S NAME - IND NEW BEDFORD LIGHT
 DONEE'S STREET ADDRESS: 127 W RODNEY FRENCH BVD #113
 DONEE'S CITY NEW BEFORD
 DONEE'S STATE MA
 DONEE'S ZIP CODE 02744
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND THE TRIBUTARY
 DONEE'S STREET ADDRESS: 7940 PRAVER DR
 DONEE'S CITY JACKSONVILLE
 DONEE'S STATE FL
 DONEE'S ZIP CODE 32217
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND THE RED HOOK DAILY CATCH INC
 DONEE'S STREET ADDRESS: 10 WEST BARD AVE
 DONEE'S CITY RED HOOK
 DONEE'S STATE NY
 DONEE'S ZIP CODE 12571
 CASH AND NONCASH AMOUNT: 20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	LOCAL REPORTING LAB INITIATIV	
DONEE'S STREET ADDRESS:	2420 BLUFF ST	
DONEE'S CITY	BOULDER	
DONEE'S STATE	CO	
DONEE'S ZIP CODE	80304	
CASH AND NONCASH AMOUNT:		\$ 20,000.
DONEE'S NAME - IND	YOURARLINGTON.ORG	
DONEE'S STREET ADDRESS:	150 WASHINGTON ST	
DONEE'S CITY	ARLINGTON	
DONEE'S STATE	MA	
DONEE'S ZIP CODE	02474	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	CARDINAL PRODUCTIONS	
DONEE'S STREET ADDRESS:	P O BOX 4455	
DONEE'S CITY	ROANOKE	
DONEE'S STATE	VA	
DONEE'S ZIP CODE	24015	
CASH AND NONCASH AMOUNT:		38,500.
DONEE'S NAME - IND	LIMN MEDIA INC	
DONEE'S STREET ADDRESS:	64 ROUTE 7 NORTH	
DONEE'S CITY	FALLS VILLAGE	
DONEE'S STATE	CT	
DONEE'S ZIP CODE	06031	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	PEEKSKILL HERALD	
DONEE'S STREET ADDRESS:	P O BOX 548	
DONEE'S CITY	PEEKSKILL	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	10566	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	THE POLITICAL REPORT INC	
DONEE'S STREET ADDRESS:	1250 CONNECTICUT AVE STE700	
DONEE'S CITY	WASHINGTON	
DONEE'S STATE	DC	
DONEE'S ZIP CODE	20036	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	BALTIMORE BEAT INC	
DONEE'S STREET ADDRESS:	1400 GREENMOUNT AVE P01	
DONEE'S CITY	BALTIMORE	
DONEE'S STATE	MD	
DONEE'S ZIP CODE	21202	
CASH AND NONCASH AMOUNT:		20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	THE APPEAL INC	
DONEE'S STREET ADDRESS:	P O BOX 3711	
DONEE'S CITY	LANDERS	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	92285	
CASH AND NONCASH AMOUNT:		\$ 20,000.

DONEE'S NAME - IND	ARIZONA LOCAL POST	
DONEE'S STREET ADDRESS:	P O BOX 1335	
DONEE'S CITY	TUCSON	
DONEE'S STATE	AZ	
DONEE'S ZIP CODE	85702	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	SPRINGFIELD DAILY CITIZEN INC	
DONEE'S STREET ADDRESS:	901 S NATIONAL AVE	
DONEE'S CITY	SPRINGFIELD	
DONEE'S STATE	MO	
DONEE'S ZIP CODE	65897	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	THE JOLT NEWS ORGANIZATION	
DONEE'S STREET ADDRESS:	P O BOX 4008	
DONEE'S CITY	TURNWATER	
DONEE'S STATE	WA	
DONEE'S ZIP CODE	98501	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	THE OGLETHORPE ECHO LEGACY	
DONEE'S STREET ADDRESS:	P O BOX 268	
DONEE'S CITY	LEXINGTON	
DONEE'S STATE	GA	
DONEE'S ZIP CODE	30648	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	FOUR POINTS MEDIA LLC	
DONEE'S STREET ADDRESS:	22 MAKAWASHA AVE	
DONEE'S CITY	CROW AGENCY	
DONEE'S STATE	MT	
DONEE'S ZIP CODE	59022	
CASH AND NONCASH AMOUNT:		25,000.

DONEE'S NAME - IND	PRISON JOURNALISM PROJECT INC	
DONEE'S STREET ADDRESS:	3501 SOUTHPORT AVE #204	
DONEE'S CITY	CHICAGO	
DONEE'S STATE	IL	
DONEE'S ZIP CODE	60657	
CASH AND NONCASH AMOUNT:		20,000.

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STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	ALAMEDA POST INC	
DONEE'S STREET ADDRESS:	1516 OAK STREET STE 203	
DONEE'S CITY	ALAMEDA	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	94501	
CASH AND NONCASH AMOUNT:		\$ 20,000.

DONEE'S NAME - IND	LEXINGTON OBSERVER INC	
DONEE'S STREET ADDRESS:	P O BOX 343	
DONEE'S CITY	LEXINGTON	
DONEE'S STATE	MA	
DONEE'S ZIP CODE	02420	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	PUBLIC HEALTH WATCH	
DONEE'S STREET ADDRESS:	52 WHITE MAGNOLIA CIRCLE	
DONEE'S CITY	AUSTIN	
DONEE'S STATE	TX	
DONEE'S ZIP CODE	78734	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	MARBLEHEAD NEWS GROUP INC	
DONEE'S STREET ADDRESS:	217 HUMPHREY ST	
DONEE'S CITY	MARBLEHEAD	
DONEE'S STATE	MA	
DONEE'S ZIP CODE	01945	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	KENT NEWS INC	
DONEE'S STREET ADDRESS:	254 MACEDONIA RD PO BOX 532	
DONEE'S CITY	KENT	
DONEE'S STATE	CT	
DONEE'S ZIP CODE	06757	
CASH AND NONCASH AMOUNT:		23,000.

DONEE'S NAME - IND	AFROLA MEDIA GROUP	
DONEE'S STREET ADDRESS:	5777 W CENTURY BLVD #1125#423	
DONEE'S CITY	LOS ANGELES	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	90045	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	BARN RAISING MEDIA INC	
DONEE'S STREET ADDRESS:	550 W BRIAR PLACE 3A	
DONEE'S CITY	CHICAGO	
DONEE'S STATE	IL	
DONEE'S ZIP CODE	60657	
CASH AND NONCASH AMOUNT:		20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND MISSION LOCAL SF
 DONEE'S STREET ADDRESS: 2489 MISSION ST #22
 DONEE'S CITY SAN FRANCISCO
 DONEE'S STATE CA
 DONEE'S ZIP CODE 94110
 CASH AND NONCASH AMOUNT: \$ 32,000.

DONEE'S NAME - IND GRANITE STATE NEWS COLLABORAT
 DONEE'S STREET ADDRESS: P O BOX 87
 DONEE'S CITY KEENE
 DONEE'S STATE NH
 DONEE'S ZIP CODE 03431
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND CIVIC NEW COMPANY
 DONEE'S STREET ADDRESS: 450 7TH AVE 32ND FL
 DONEE'S CITY NEW YORK
 DONEE'S STATE NY
 DONEE'S ZIP CODE 10123
 CASH AND NONCASH AMOUNT: 12,360.

DONEE'S NAME - IND CAPITAL REGION COMM. MEDIA
 DONEE'S STREET ADDRESS: 62 RIDGE ST
 DONEE'S CITY MONTPELIER
 DONEE'S STATE VT
 DONEE'S ZIP CODE 05602
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND PINE PLAINS LOCAL JOURNALISM
 DONEE'S STREET ADDRESS: 3459 ROUTE 199
 DONEE'S CITY PINE PLAINS
 DONEE'S STATE NY
 DONEE'S ZIP CODE 12567
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND THE INTERCEPT MEDIA INC
 DONEE'S STREET ADDRESS: 15 WEST 38TH ST #636
 DONEE'S CITY NEW YORK
 DONEE'S STATE NY
 DONEE'S ZIP CODE 10018
 CASH AND NONCASH AMOUNT: 22,500.

DONEE'S NAME - IND HUDSON VALLEY PILOT INC
 DONEE'S STREET ADDRESS: 286 RIVER RD PO BOX 810
 DONEE'S CITY RHINEBECK
 DONEE'S STATE NY
 DONEE'S ZIP CODE 12572
 CASH AND NONCASH AMOUNT: 20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND FREE PRESS INDIANA
 DONEE'S STREET ADDRESS: 1220 WATERWAY BLV STE H295
 DONEE'S CITY INDIANAPOLIS
 DONEE'S STATE IN
 DONEE'S ZIP CODE 46202
 CASH AND NONCASH AMOUNT: \$ 20,000.

DONEE'S NAME - IND NEEDHAM OBSERVER
 DONEE'S STREET ADDRESS: 198 FAIR OAKS PARK
 DONEE'S CITY NEEDHAM
 DONEE'S STATE MA
 DONEE'S ZIP CODE 02492
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND LOOKOUT PUBLICATION NFP
 DONEE'S STREET ADDRESS: 1626 E ADAMS ST
 DONEE'S CITY PHOENIX
 DONEE'S STATE AZ
 DONEE'S ZIP CODE 85034
 CASH AND NONCASH AMOUNT: 30,000.

DONEE'S NAME - IND BELMONT NEWS FOUNDATION INC
 DONEE'S STREET ADDRESS: 21 WHITCOMB ST
 DONEE'S CITY BELMONT
 DONEE'S STATE MA
 DONEE'S ZIP CODE 02478
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND PIKES PEAK BULLETIN NONPROFIT
 DONEE'S STREET ADDRESS: 517 MANITOU AVE
 DONEE'S CITY MANITOU SPRING
 DONEE'S STATE CO
 DONEE'S ZIP CODE 80829
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND STREET ROOTS
 DONEE'S STREET ADDRESS: 211 NW DAVIS ST
 DONEE'S CITY PORTLAND
 DONEE'S STATE OR
 DONEE'S ZIP CODE 97209
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND LONG BEACH JOURNALISM INITIAT
 DONEE'S STREET ADDRESS: 100 W BROADWAY STE 650
 DONEE'S CITY LONG BEACH
 DONEE'S STATE CA
 DONEE'S ZIP CODE 90802
 CASH AND NONCASH AMOUNT: 20,000.

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STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	EDSOURCE INC	
DONEE'S STREET ADDRESS:	436 14TH ST STE 310	
DONEE'S CITY	OAKLAND	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	94612	
CASH AND NONCASH AMOUNT:		\$ 20,000.

DONEE'S NAME - IND	COMMUNITY WIRELESS OF PARK	
DONEE'S STREET ADDRESS:	460 SWEDE ALLEY PO BOX 1372	
DONEE'S CITY	PARK CITY	
DONEE'S STATE	UT	
DONEE'S ZIP CODE	84060	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	ACCION LATINA DBA EL TECOLOTE	
DONEE'S STREET ADDRESS:	2958 24TH ST	
DONEE'S CITY	SAN FRANCISCO	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	94110	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	INTERNATIONAL MEDIA PROJECT	
DONEE'S STREET ADDRESS:	1714 FRANKLIN ST #100-251	
DONEE'S CITY	OAKLAND	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	94612	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	STET NEWS INC	
DONEE'S STREET ADDRESS:	369 CHURCHILL RD	
DONEE'S CITY	WEST PALML BCH	
DONEE'S STATE	FL	
DONEE'S ZIP CODE	33405	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	NEXT CITY INC	
DONEE'S STREET ADDRESS:	P O BOX 22449	
DONEE'S CITY	PHILADELPHIA	
DONEE'S STATE	PA	
DONEE'S ZIP CODE	19110	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	NATIONAL PARKS TRAVELER	
DONEE'S STREET ADDRESS:	P O BOX 980452	
DONEE'S CITY	PARK CITY	
DONEE'S STATE	UT	
DONEE'S ZIP CODE	84098	
CASH AND NONCASH AMOUNT:		20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	WNET	
DONEE'S STREET ADDRESS:	825 EIGHTH AVE	
DONEE'S CITY	NEW YORK	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	10019	
CASH AND NONCASH AMOUNT:		\$ 20,000.
DONEE'S NAME - IND	BROWARD BULLDOG INC	
DONEE'S STREET ADDRESS:	P O BOX 23763	
DONEE'S CITY	FORT LAUDERDALE	
DONEE'S STATE	FL	
DONEE'S ZIP CODE	33307	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	VOICE OF ORANGE COUNTY	
DONEE'S STREET ADDRESS:	P O BOX 10020	
DONEE'S CITY	SANTA ANA	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	92711	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	LOWER CAPE COMMUNITY ACCESSTV	
DONEE'S STREET ADDRESS:	P O BOX 1661	
DONEE'S CITY	N. EASTHAM	
DONEE'S STATE	MA	
DONEE'S ZIP CODE	02651	
CASH AND NONCASH AMOUNT:		20,000.
DONEE'S NAME - IND	RELIGION NEWS FOUNDATION	
DONEE'S STREET ADDRESS:	309 SOUTH 9TH ST	
DONEE'S CITY	COLUMBIA	
DONEE'S STATE	MO	
DONEE'S ZIP CODE	65211	
CASH AND NONCASH AMOUNT:		41,245.
DONEE'S NAME - IND	FRESH ENERGY	
DONEE'S STREET ADDRESS:	408 SAINT PETER ST STE 350	
DONEE'S CITY	SAINT PAUL	
DONEE'S STATE	MN	
DONEE'S ZIP CODE	55102	
CASH AND NONCASH AMOUNT:		23,000.
DONEE'S NAME - IND	NORTH CARLINA HEALTH NEWS INC	
DONEE'S STREET ADDRESS:	P O BOX 2573	
DONEE'S CITY	CHAPEL HILL	
DONEE'S STATE	NC	
DONEE'S ZIP CODE	27515	
CASH AND NONCASH AMOUNT:		20,300.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND THE GROUNDTRUTH PROJECT
 DONEE'S STREET ADDRESS: 10 GUEST ST
 DONEE'S CITY BRIGHTON
 DONEE'S STATE MA
 DONEE'S ZIP CODE 02135
 CASH AND NONCASH AMOUNT: \$ 20,000.

DONEE'S NAME - IND CHAPMAN HYPERLOCAL MEDIA INC
 DONEE'S STREET ADDRESS: P O BOX 525
 DONEE'S CITY NORWALK
 DONEE'S STATE CT
 DONEE'S ZIP CODE 06850
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND SOUTH SIDE WEEKLY NFP
 DONEE'S STREET ADDRESS: 6100 S BLACKSTONE AVE
 DONEE'S CITY CHICAGO
 DONEE'S STATE IL
 DONEE'S ZIP CODE 60637
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND BROWN IMPACT MEDIA GROUP
 DONEE'S STREET ADDRESS: 3802 WROXTON DRIVE
 DONEE'S CITY FLINT
 DONEE'S STATE MI
 DONEE'S ZIP CODE 48532
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND CALMATTERS
 DONEE'S STREET ADDRESS: 1017 L ST #261
 DONEE'S CITY SACRAMENTO
 DONEE'S STATE CA
 DONEE'S ZIP CODE 95814
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND SAN ANTONIO REPORT
 DONEE'S STREET ADDRESS: 711 NAVARRO ST STE 535
 DONEE'S CITY SAN ANTONIO
 DONEE'S STATE TX
 DONEE'S ZIP CODE 78205
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND OPENSECRETS
 DONEE'S STREET ADDRESS: 1100 13TH ST NW STE 800
 DONEE'S CITY WASHINGTON
 DONEE'S STATE DC
 DONEE'S ZIP CODE 20005
 CASH AND NONCASH AMOUNT: 20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	NEWSHOUR PRODUCTIONS LLC	
DONEE'S STREET ADDRESS:	3939 CAMPBELL AVE	
DONEE'S CITY	ARLINGTON	
DONEE'S STATE	VA	
DONEE'S ZIP CODE	22206	
CASH AND NONCASH AMOUNT:		\$ 114,660.

DONEE'S NAME - IND	CENTER FOR PUBLIC INTEGRITY	
DONEE'S STREET ADDRESS:	910 17TH ST NEW STE 1030	
DONEE'S CITY	WASHINGTON	
DONEE'S STATE	DC	
DONEE'S ZIP CODE	20006	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	GEORGIA PRESS EDUCATIONAL FND	
DONEE'S STREET ADDRESS:	P O BOX 4003	
DONEE'S CITY	MARIETTA	
DONEE'S STATE	GA	
DONEE'S ZIP CODE	30061	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	WJCT INC	
DONEE'S STREET ADDRESS:	100 FESTIVAL PARK AVE	
DONEE'S CITY	JACKSONVILLE	
DONEE'S STATE	FL	
DONEE'S ZIP CODE	32202	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	KENTUCKY PUBLIC RADIO INC	
DONEE'S STREET ADDRESS:	619 S 4TH ST	
DONEE'S CITY	LOUISVILLE	
DONEE'S STATE	KY	
DONEE'S ZIP CODE	40202	
CASH AND NONCASH AMOUNT:		4,000.

DONEE'S NAME - IND	SEARCHLIGHT NEW MEXICO NEWS	
DONEE'S STREET ADDRESS:	411 GREG AVE #104	
DONEE'S CITY	SANTA FE	
DONEE'S STATE	NM	
DONEE'S ZIP CODE	87501	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	MOUNTAIN JOURNAL INC	
DONEE'S STREET ADDRESS:	P O BOX 11251	
DONEE'S CITY	BOZEMAN	
DONEE'S STATE	MT	
DONEE'S ZIP CODE	59719	
CASH AND NONCASH AMOUNT:		20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	THE CURRENT MEDIA INC	
DONEE'S STREET ADDRESS:	101 W VERMILLION ST STE 300	
DONEE'S CITY	LAFAYETTE	
DONEE'S STATE	LA	
DONEE'S ZIP CODE	70501	
CASH AND NONCASH AMOUNT:		\$ 22,500.

DONEE'S NAME - IND	SAN JOSE NEWS BUREAU	
DONEE'S STREET ADDRESS:	1900 CAMDEN AVE STE 101	
DONEE'S CITY	SAN JOSE	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95124	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	THE MEDIA PROJECT	
DONEE'S STREET ADDRESS:	P O BOX 19599	
DONEE'S CITY	IRVINE	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	92623	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	ROCHESTER BEACON INC	
DONEE'S STREET ADDRESS:	5 STONEGATE LANE	
DONEE'S CITY	PITTSFORD	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	14534	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	NASHVILLE PUBLIC MEDIA INC	
DONEE'S STREET ADDRESS:	308 TIMMONS ST	
DONEE'S CITY	NASHVILLE	
DONEE'S STATE	TN	
DONEE'S ZIP CODE	37211	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	SJVWATER	
DONEE'S STREET ADDRESS:	11715 BROCKRIDGE COURT	
DONEE'S CITY	BAKERSFIELD	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	93312	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	SAHAN JOURNAL	
DONEE'S STREET ADDRESS:	428 MINNESOTA ST #500	
DONEE'S CITY	ST PAUL	
DONEE'S STATE	MN	
DONEE'S ZIP CODE	55101	
CASH AND NONCASH AMOUNT:		31,241.

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STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	RESOLVE PHILADELPHIA INC	
DONEE'S STREET ADDRESS:	699 RANSTEAD ST STE 3	
DONEE'S CITY	PHLADELPHIA	
DONEE'S STATE	PA	
DONEE'S ZIP CODE	19106	
CASH AND NONCASH AMOUNT:		\$ 20,000.

DONEE'S NAME - IND	DOCUMENTED LTD	
DONEE'S STREET ADDRESS:	P O BOX 924	
DONEE'S CITY	NEW YORK	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	10272	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	UNDERSCORE MEDIA COLLABORATIO	
DONEE'S STREET ADDRESS:	1200 NEW NAITO PKWY STE 490	
DONEE'S CITY	PORLAND	
DONEE'S STATE	OR	
DONEE'S ZIP CODE	97209	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	MONTCLAIR LOCAL NONPROFIT NEW	
DONEE'S STREET ADDRESS:	P O BOX 752	
DONEE'S CITY	MONTCLAIR	
DONEE'S STATE	NJ	
DONEE'S ZIP CODE	07042	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	TRADEOFFS INC	
DONEE'S STREET ADDRESS:	P O BOX 31865	
DONEE'S CITY	PHILADELPHIA	
DONEE'S STATE	PA	
DONEE'S ZIP CODE	19104	
CASH AND NONCASH AMOUNT:		21,750.

DONEE'S NAME - IND	REST OF WORLD MEDIA INC	
DONEE'S STREET ADDRESS:	405 EL CAMINO REAL STE 238	
DONEE'S CITY	MENLO PARK	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	94025	
CASH AND NONCASH AMOUNT:		42,660.

DONEE'S NAME - IND	OPEN CAMPUS MEDIA INC	
DONEE'S STREET ADDRESS:	1 THOMAS CIRCLE NW STE 700	
DONEE'S CITY	WASHINTON	
DONEE'S STATE	DC	
DONEE'S ZIP CODE	20005	
CASH AND NONCASH AMOUNT:		2,500.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	MOUNTAIN STATE SPOTLIGHT	
DONEE'S STREET ADDRESS:	P O BOX 1111	
DONEE'S CITY	CHARLESTON	
DONEE'S STATE	WV	
DONEE'S ZIP CODE	25324	
CASH AND NONCASH AMOUNT:		\$ 23,000.

DONEE'S NAME - IND	SALISH CURRENT	
DONEE'S STREET ADDRESS:	772 MAHONIA DR	
DONEE'S CITY	BELLINGHAM	
DONEE'S STATE	WA	
DONEE'S ZIP CODE	98229	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	THE RECORD COMMUNITY NEWS GRP	
DONEE'S STREET ADDRESS:	120 E CENTAL AVE	
DONEE'S CITY	LOMBARD	
DONEE'S STATE	IL	
DONEE'S ZIP CODE	60148	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	NEW YORK FOCUS NEWS	
DONEE'S STREET ADDRESS:	361 WARREN ST	
DONEE'S CITY	BROOKLYN	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	11201	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	THE CLEVELAND OBSERVER	
DONEE'S STREET ADDRESS:	11459 MAYFIELD RD #302	
DONEE'S CITY	CLEVELAND	
DONEE'S STATE	OH	
DONEE'S ZIP CODE	44106	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	CENTRAL FLORIDA COMMUNITY NEW	
DONEE'S STREET ADDRESS:	429 CANARY ISLAND COURT	
DONEE'S CITY	ORLANDO	
DONEE'S STATE	FL	
DONEE'S ZIP CODE	32828	
CASH AND NONCASH AMOUNT:		26,500.

DONEE'S NAME - IND	INDIJ PUBLIC MEDIA	
DONEE'S STREET ADDRESS:	555 N CENTRAL AVE STE 500	
DONEE'S CITY	PHOENIX	
DONEE'S STATE	AZ	
DONEE'S ZIP CODE	85004	
CASH AND NONCASH AMOUNT:		20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	NEBRASKA JOURNALISM TRUST	
DONEE'S STREET ADDRESS:	1402 JONES ST STE 332	
DONEE'S CITY	OMAHA	
DONEE'S STATE	NE	
DONEE'S ZIP CODE	68102	
CASH AND NONCASH AMOUNT:		\$ 23,000.

DONEE'S NAME - IND	ARIZONA STATE UNIVERSITY FND	
DONEE'S STREET ADDRESS:	P O BOX 2260	
DONEE'S CITY	TEMPE	
DONEE'S STATE	AZ	
DONEE'S ZIP CODE	85280	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	NORTH DAKOTA NEWS COOPERATIVE	
DONEE'S STREET ADDRESS:	501 E MAIN AVE STE 75	
DONEE'S CITY	BISMARCK	
DONEE'S STATE	ND	
DONEE'S ZIP CODE	58501	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	ENLACE LATINO NC INC	
DONEE'S STREET ADDRESS:	1053 EAST WHITAKER MILL RD115	
DONEE'S CITY	RALEIGH	
DONEE'S STATE	NC	
DONEE'S ZIP CODE	27604	
CASH AND NONCASH AMOUNT:		29,000.

DONEE'S NAME - IND	LOCAL JOURNALISM INITIATIVE	
DONEE'S STREET ADDRESS:	1425 WOODLAWN AVE	
DONEE'S CITY	WILMINGTON	
DONEE'S STATE	DE	
DONEE'S ZIP CODE	19806	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	OHIO LOCAL INFORMATION INITIA	
DONEE'S STREET ADDRESS:	500 S FRONT ST 12TH FL	
DONEE'S CITY	COLUMBUS	
DONEE'S STATE	OH	
DONEE'S ZIP CODE	43215	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	PUBLIC SQUARE AMPLIFIED	
DONEE'S STREET ADDRESS:	375 MT PROSPECT AVE STE 5B	
DONEE'S CITY	NEWARK	
DONEE'S STATE	NJ	
DONEE'S ZIP CODE	07104	
CASH AND NONCASH AMOUNT:		20,000.

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STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	OUTLIER MEDIA	
DONEE'S STREET ADDRESS:	440 BURROUGHS	
DONEE'S CITY	DETROIT	
DONEE'S STATE	MI	
DONEE'S ZIP CODE	48202	
CASH AND NONCASH AMOUNT:		\$ 20,000.

DONEE'S NAME - IND	SOUTHEAST OHIO INDEPEND. NEWS	
DONEE'S STREET ADDRESS:	P O BOX 2602	
DONEE'S CITY	AHTENS	
DONEE'S STATE	OH	
DONEE'S ZIP CODE	45701	
CASH AND NONCASH AMOUNT:		23,000.

DONEE'S NAME - IND	KEY PENINSULA NEWS	
DONEE'S STREET ADDRESS:	1719 142ND AVE SW	
DONEE'S CITY	LAKEBAY	
DONEE'S STATE	WA	
DONEE'S ZIP CODE	98349	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	MY NEIGHBORHOOD NEWS NETWORK	
DONEE'S STREET ADDRESS:	10016 EDMONDS WAY STE D-150	
DONEE'S CITY	EDMONDS	
DONEE'S STATE	WA	
DONEE'S ZIP CODE	98020	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	THE DIAL MAGAZINE INC	
DONEE'S STREET ADDRESS:	26 BROADWAY STE 934-C81	
DONEE'S CITY	NEW YORK	
DONEE'S STATE	NY	
DONEE'S ZIP CODE	10004	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	BROOKLINEDOTNEWS COPORATION	
DONEE'S STREET ADDRESS:	71 ST MARYS ST APT 2	
DONEE'S CITY	BROOKLINE	
DONEE'S STATE	MA	
DONEE'S ZIP CODE	02446	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	100REPORTERS	
DONEE'S STREET ADDRESS:	1100 5TH ST NEW 4TH FL	
DONEE'S CITY	WASHINGTON	
DONEE'S STATE	DC	
DONEE'S ZIP CODE	20005	
CASH AND NONCASH AMOUNT:		20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	SPOTLIGHT PA	
DONEE'S STREET ADDRESS:	312 MARKET ST #11728	
DONEE'S CITY	HARRISBURG	
DONEE'S STATE	PA	
DONEE'S ZIP CODE	17108	
CASH AND NONCASH AMOUNT:		\$ 23,000.

DONEE'S NAME - IND	KRYSTAL KNAPP	
DONEE'S STREET ADDRESS:	P O BOX 423	
DONEE'S CITY	PRINCETON	
DONEE'S STATE	NJ	
DONEE'S ZIP CODE	08542	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	POLLEN INITIATIVE	
DONEE'S STREET ADDRESS:	2137 OTIS DR #202	
DONEE'S CITY	ALAMEDA	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	94501	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	THE PULP	
DONEE'S STREET ADDRESS:	P O BOX 9277	
DONEE'S CITY	MISSOULA	
DONEE'S STATE	MT	
DONEE'S ZIP CODE	59807	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	THE SAPAN FOUNDATION INC	
DONEE'S STREET ADDRESS:	329 NORFOLK ST	
DONEE'S CITY	CAMBRIDGE	
DONEE'S STATE	MA	
DONEE'S ZIP CODE	02139	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	CNTR FOR BROADCAST JOURNALISM	
DONEE'S STREET ADDRESS:	370 WABASHA ST NORTH STE 117	
DONEE'S CITY	SAINT PAUL	
DONEE'S STATE	MN	
DONEE'S ZIP CODE	55102	
CASH AND NONCASH AMOUNT:		20,000.

DONEE'S NAME - IND	FND FOR NATIONAL PROGRESS	
DONEE'S STREET ADDRESS:	222 SUTTER ST STE 600	
DONEE'S CITY	SAN FRANCISCO	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	94108	
CASH AND NONCASH AMOUNT:		20,000.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND ATLANTA COMM. PRESS COLLECTIV
 DONEE'S STREET ADDRESS: 8735 DUNWOODY PL STE N
 DONEE'S CITY ATLANTA
 DONEE'S STATE GA
 DONEE'S ZIP CODE 30350
 CASH AND NONCASH AMOUNT: \$ 20,000.

DONEE'S NAME - IND SAN FRANCISCO PUBLIC PRESS
 DONEE'S STREET ADDRESS: 44 PAGE ST #504
 DONEE'S CITY SAN FRANCISCO
 DONEE'S STATE CA
 DONEE'S ZIP CODE 94102
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND NATIONAL ASSN. OF HISPANIC
 DONEE'S STREET ADDRESS: 1050 CONNECTICUT AVE NW 5TH F
 DONEE'S CITY WASHINGTON
 DONEE'S STATE DC
 DONEE'S ZIP CODE 20036
 CASH AND NONCASH AMOUNT: 20,000.

DONEE'S NAME - IND THE MIAMI FOUNDATION
 DONEE'S STREET ADDRESS: 40 NW 3RD ST
 DONEE'S CITY MIAMI
 DONEE'S STATE FL
 DONEE'S ZIP CODE 33128
 CASH AND NONCASH AMOUNT: 139,050.

CLASS OF ACTIVITY: INN SUPPORT - LABS
 DONEE'S NAME - IND INVESTIGATIVE JOURNALISM
 DONEE'S STREET ADDRESS: 606 MILVERTON BLVD
 DONEE'S CITY TORONTO, ONTARIO
 DONEE'S ZIP CODE M4C1X
 CASH AND NONCASH AMOUNT: 21,000.

CLASS OF ACTIVITY: INN SUPPORT - LABS
 DONEE'S NAME - IND THE NARWHAL NEWS SOCIETY
 DONEE'S STREET ADDRESS: 185-911 YATES ST STE 634
 DONEE'S CITY VICTORIA, BRITISH COLUMBI
 DONEE'S ZIP CODE V8V4Y
 CASH AND NONCASH AMOUNT: 22,500.

TOTAL \$ 9,661,194.

INSTITUTE FOR NONPROFIT NEWS

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STATEMENT 3
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARCIA PARKER 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	CHAIRMAN 10.00	\$ 0.	\$ 0.	\$ 0.
BRUCE THERIAULT 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	TREASURER 10.00	0.	0.	0.
RON SMITH 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	SECRETARY 5.00	0.	0.	0.
KINSEY WILSON 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	DIRECTOR 5.00	0.	0.	0.
JOHN ADAMS 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	DIRECTOR 5.00	0.	0.	0.
VALERIA FERNANDEZ 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	DIRECTOR 5.00	0.	0.	0.
LUCAS GRINDLEY 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	DIRECTOR 5.00	0.	0.	0.
MARK HORVIT 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	DIRECTOR 5.00	0.	0.	0.
KYRA KYLES 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	DIRECTOR 5.00	0.	0.	0.
HSIU MEI WONG 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	DIRECTOR 5.00	0.	0.	0.
CARLA MINET 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	DIRECTOR 5.00	0.	0.	0.
GRACIELA MOCHKOSFKY 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	DIRECTOR 5.00	0.	0.	0.

INSTITUTE FOR NONPROFIT NEWS

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STATEMENT 3 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>TOTAL COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
KAREN RUNDLET 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	CEO 40.00	\$ 214,828.	\$ 0.	\$ 0.
CHARLES POTTS JR 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	DIR. OF FINANCE 40.00	157,058.	0.	0.
SORAYA MEMBRENO 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	COO 40.00	132,090.	0.	0.
		TOTAL \$ 503,976.	\$ 0.	\$ 0.

KEY EMPLOYEES:

<u>NAME</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
JOHNATHAN KEALING 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	NETWORK OFFICER 40	141,480.	0.	0.
SHARENE AZIMI 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	DIRECTOR OF COMMU 40	123,958.	0.	0.
EMILY ROSEMAN 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	INN INDEX DIRECTO 40	115,043.	0.	0.
COURTNEY LEWIS 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	GROWTH OFFICER 40	161,205.	0.	0.
LISA M GARDNER-SPRINGER 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	CHIEF DEVELOPMENT 40	138,038.	0.	0.
STEPHANIE SCHENKEL 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	NETWORK PHILANTHR 40	131,018.	0.	0.
		TOTAL \$ 810,742.	\$ 0.	\$ 0.

STATEMENT 4
FORM 199, PART II, LINE 17
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$	41,248.
AMORTIZATION.....		12,361.
BANKING/MERCHANT FEES.....		19,937.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		333,368.
DUES & SUBSCRIPTIONS.....		94,940.
FUNDS RELEASED TO SEPARATED FI.....		497,584.
INFORMATION TECHNOLOGY.....		215,722.
INSURANCE.....		13,321.
MEALS AND ENTERTAINMENT.....		13,036.
OFFICE EXPENSES.....		4,828.
OTHER EMPLOYEE BENEFIT.....		236,134.
OTHER FEES.....		1,108,108.
PENSION PLAN CONTRIBUTIONS.....		81,805.
PRINTING & POSTAGE.....		17,341.
STIPEND TO MEMBER.....		42,326.
TELEPHONE.....		11,732.
TRAVEL.....		218,117.
	TOTAL	<u>\$ 2,961,908.</u>

STATEMENT 5
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

NET INTANGIBLE ASSETS.....		11,247.
PREPAID EXPENSES AND DEFERRED CHARGES.....		183,922.
	TOTAL	<u>\$ 195,169.</u>

STATEMENT 6
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

DEFERRED REVENUE.....		108,208.
	TOTAL	<u>\$ 108,208.</u>



MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

(For Registry Use Only)

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310**

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.

WEBSITE ADDRESS:
www.oag.ca.gov/charities

<p>INSTITUTE FOR NONPROFIT NEWS Name of Organization</p> <p>List all DBAs and names the organization uses or has used 8549 WILSHIRE BLVD #2294 Address (Number and Street)</p> <p>BEVERLY HILLS, CA 90211 City or Town, State, and ZIP Code</p> <p>(213) 709-7126 Telephone Number</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input checked="" type="checkbox"/> Amended report</p> <p><input type="checkbox"/> Organization requests email notifications</p> <p>State Charity Registration Number <u>0166893</u></p> <p>Corporation or Organization No. <u>3250040</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, and 310)
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 1/01/24 ending 12/31/24) list:

Total Revenue \$ (including noncash contributions) 15,594,880. **Noncash Contributions \$** 0. **Total Assets \$** 8,704,403.

Program Expenses \$ 14,482,423. **Total Expenses \$** 15,663,213.

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

	KAREN RUNDLET	CEO	
Signature of Authorized Agent	Printed Name	Title	Date