2025 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

August 10, 2026

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

Dear Chip:

Enclosed is the organization's 2025 Exempt Organization return. The state Exempt Organization return and Annual report are also enclosed.

Specific filing instructions are as follows.

FORM 990 RETURN:

The Federal Form 990 has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will the submit the electronic retur to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 16, 2026.

No tax is payable with the filing of this return.

CALIFORNIA FORM 199 RETURN:

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

No tax is payable with the filing of this return.

CALIFORNIA FORM RRF-1

Enclosed is your 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 payable by November 16, 2026. Make the check or money order payable to "Department of Justice" and mail your California report on or before November 16, 2026 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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

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

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

D Employer identification number: 27-2614911

E Telephone number: (213) 709-7126

G Gross receipts $ 9,881,036.

F Name and address of principal officer:
Same As C Above

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

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

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

J Website: INN.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2009

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: See Schedule O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	26
6	Total number of volunteers (estimate if necessary)	6	12
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	14,824,322.	9,182,396.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	182,570.	157,519.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	587,988.	540,139.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,594,880.	9,880,054.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,661,222.	2,807,781.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,350,399.	3,604,312.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) 464,868.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,651,592.	2,994,329.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,663,213.	9,406,422.
19	Revenue less expenses. Subtract line 18 from line 12	-68,333.	473,632.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	8,704,403.	7,560,225.
21	Total liabilities (Part X, line 26)	1,984,895.	367,085.
22	Net assets or fund balances. Subtract line 21 from line 20	6,719,508.	7,193,140.

Part II Signature Block

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

Sign Here

Signature of officer — Date

KAREN RUNDLET, CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Anita H Bhagat	Anita H Bhagat			P01401116

Firm's name: Douglas & Bhagat CPA Services Inc.
Firm's address: 100 E Thousand Oaks Blvd., Ste. 202, Thousand Oaks, CA 91360
Firm's EIN: 82-5008973
Phone no. (805) 409-7705

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

FOSTERING AND PROMOTING THE HIGHEST QUALITY INVESTIGATIVE AND PUBLIC SERVICE JOURNALISM.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 $ 8,104,662. including grants of $ 2,807,781.) (Revenue $ 539,157.)

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 8,104,662.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? 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? *If "Yes," complete Schedule C, Part 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? *If "Yes," complete Schedule C, Part II*	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	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? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	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? *If "Yes," complete Schedule D, Part VI*	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? *If "Yes," complete Schedule D, Part VII*	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? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	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)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	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? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*. 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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	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? *If "Yes," complete Schedule I, Parts I and II*	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? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		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	38	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	1a	53		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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** 26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O.*	**3b**		
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)?	**4a**		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
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?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
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?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		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?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
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?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
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?	**12a**		
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? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
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?	**14a**		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.	**15**		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.	**16**		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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	**1a** 12		
b	Enter the number of voting members included on line 1a, above, who are independent	**1b** 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	**3**		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**		X
6	Did the organization have members or stockholders?	**6**		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	**8a**	X	
b	Each committee with authority to act on behalf of the governing body?	**8b**	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O.*	**9**		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* See Schedule O	**12c**	X	
13	Did the organization have a written whistleblower policy?	**13**	X	
14	Did the organization have a written document retention and destruction policy?	**14**	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . See Schedule O	**15a**	X	
b	Other officers or key employees of the organization	**15b**		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website ☐ Another's website ☐ Upon request X Other *(explain on Schedule O)* See Sch. O

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 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	Former			
(1) KAREN RUNDLET CEO	40 0			X				222,953.	0.	0.
(2) COURTNEY LEWIS CHIEF OF GROWTH PROGRAMS	40 0				X			177,328.	0.	0.
(3) LISA M GARDNER-SPRINGER CHIEF DEVELOPMENT OFFICER	40 0				X			174,491.	0.	0.
(4) JONATHAN KEALING CHIEF NETWORK OFFICER	40 0				X			170,537.	0.	0.
(5) CHARLES POTTS JR DIR. OF FINANCE	40 0			X				165,270.	0.	0.
(6) SORAYA MEMBRENO COO	40 0			X				164,733.	0.	0.
(7) SHARENE AZIMI DIRECTOR OF COMMUNICATIONS	40 0				X			159,139.	0.	0.
(8) STEPHANIE SCHENKEL NETWORK PHILANTHROPY DIRECTOR	40 0				X			145,819.	0.	0.
(9) MARCIA PARKER Chairman	10 0	X		X				0.	0.	0.
(10) BRUCE THERIAULT Treasurer	10 0	X		X				0.	0.	0.
(11) LUCAS GRINDLEY Secretary	5 0	X		X				0.	0.	0.
(12) KINSEY WILSON Director	5 0	X						0.	0.	0.
(13) JOHN ADAMS Director	5 0	X						0.	0.	0.
(14) VALERIA FERNANDEZ 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) CORINNE COLBERT	5									
Director	0	X						0.	0.	0.
(16) MARK HORVIT	5									
Director	0	X						0.	0.	0.
(17) KYRA KYLES	5									
Director	0	X						0.	0.	0.
(18) HSIU MEI WONG	5									
Director	0	X						0.	0.	0.
(19) CARLA MINET	5									
Director	0	X						0.	0.	0.
(20) GRACIELA MOCHKOFSKY	5									
Director	0	X						0.	0.	0.
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								1,380,270.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,380,270.	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 8

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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	265,916.				
	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	8,916,480.				
	g Noncash contributions included in lines 1a-1f	1g					
	h **Total.** Add lines 1a-1f			9,182,396.			
Program Service Revenue			**Business Code**				
	2a						
	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)			158,501.			158,501.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b		982.			
	c Gain or (loss)	7c		-982.			
	d Net gain or (loss)			-982.	-982.		
	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			**Business Code**				
	11a OTHER INCOME		519200	540,139.	540,139.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			540,139.			
	12 **Total revenue.** See instructions			9,880,054.	539,157.	0.	158,501.

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	2,807,781.	2,807,781.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,380,270.	1,000,988.	215,296.	163,986.
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	1,546,314.	1,159,467.	223,845.	163,002.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	85,473.	64,407.	11,845.	9,221.
9 Other employee benefits	356,496.	268,634.	49,403.	38,459.
10 Payroll taxes	235,759.	177,653.	32,672.	25,434.
11 Fees for services (nonemployees):				
a Management				
b Legal	24,832.		24,832.	
c Accounting	151,541.	139,944.	11,597.	
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.)	906,683.	836,054.	51,073.	19,556.
12 Advertising and promotion	29,199.	27,832.	912.	455.
13 Office expenses	7,327.	4,239.	3,088.	
14 Information technology	251,495.	150,852.	100,224.	419.
15 Royalties				
16 Occupancy	1,164.		1,164.	
17 Travel	223,316.	138,911.	62,952.	21,453.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	369,963.	347,665.	13,748.	8,550.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,072.	6,106.	838.	128.
23 Insurance	17,502.		17,502.	
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	843,176.	843,176.		
b DUES & SUBSCRIPTIONS	84,630.	74,032.	1,194.	9,404.
c BANKING/MERCHANT FEES	19,464.	14,897.	2,705.	1,862.
d STIPEND TO MEMBER	19,245.	13,245.	6,000.	
e All other expenses	37,720.	28,779.	6,002.	2,939.
25 **Total functional expenses.** Add lines 1 through 24e	9,406,422.	8,104,662.	836,892.	464,868.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash — non-interest-bearing	6,172,739.	1	1,439,332.
	2	Savings and temporary cash investments		2	5,526,067.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,332,714.	4	457,946.
	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	183,922.	9	129,906.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 21,394.			
	b	Less: accumulated depreciation — 10b: 21,083.	3,781.	10c	311.
	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	11,247.	14	6,663.
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	8,704,403.	16	7,560,225.
Liabilities	17	Accounts payable and accrued expenses	1,876,687.	17	246,248.
	18	Grants payable		18	
	19	Deferred revenue	108,208.	19	120,837.
	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	1,984,895.	26	367,085.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	3,409,877.	27	3,100,975.
	28	Net assets with donor restrictions	3,309,631.	28	4,092,165.
		Organizations that do not follow FASB ASC 958, check here ☐ 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	6,719,508.	32	7,193,140.
	33	Total liabilities and net assets/fund balances	8,704,403.	33	7,560,225.

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	9,880,054.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,406,422.
3	Revenue less expenses. Subtract line 2 from line 1	3	473,632.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,719,508.
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	7,193,140.

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: ☐ Cash ☒ Accrual ☐ 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?	2a		X
	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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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

2025

Open to Public Inspection

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

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 must generally 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,443,954.	7,736,365.	7,888,873.	14824322.	9,182,396.	46,075,910.
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	6,443,954.	7,736,365.	7,888,873.	14824322.	9,182,396.	46,075,910.
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)						16,633,377.
6 **Public support.** Subtract line 5 from line 4						29,442,533.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	6,443,954.	7,736,365.	7,888,873.	14824322.	9,182,396.	46,075,910.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,908.	37,823.	136,266.	182,570.	157,519.	516,086.
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						46,591,996.

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) **14** 63.19 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 **15** 67.08 %

16a **33-1/3% support test—2025.** 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—2024.** 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—2025.** 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—2024.** 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests—2025.** 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—2024.** 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in **Part VI.***	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
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? *If "Yes," provide detail in **Part VI.***	9b		
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? *If "Yes," provide detail in **Part VI.***	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax* year.	**1**	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**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** ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

		Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**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? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**	
3	Parent of Supported Organizations. ***Answer lines 3a, 3b, and 3c below.***		
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI.***	**3a**	
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," *describe in* ***Part VI*** *the role played by the organization in this regard.*	**3b**	
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.***	**3c**	

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 **Total annual distributions.** Add lines 1 through 5.	**6**	
7 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	**7**	
8 Distributable amount for 2025 from Section C, line 6	**8**	
9 Line 7 amount divided by line 8 amount	**9**	

Section E – Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required – *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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	Employer identification number
INSTITUTE FOR NONPROFIT NEWS	27-2614911

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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

[X] 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	Employer identification number
INSTITUTE FOR NONPROFIT NEWS	27-2614911

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 1,275,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 1,500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 348,804.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 1,230,287.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 245,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 270,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 218,434.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
INSTITUTE FOR NONPROFIT NEWS	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	$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization INSTITUTE FOR NONPROFIT NEWS

Employer identification number 27-2614911

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

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

INSTITUTE FOR NONPROFIT NEWS

Employer identification number

27-2614911

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included on line 2a	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

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

b Assets included in Form 990, Part X $ _____

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		21,394.	21,083.	311.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				311.

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**	9,880,054.
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**	9,880,054.
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**	9,880,054.

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**	9,406,422.
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**	9,406,422.
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**	9,406,422.

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 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? ..... [X] **Yes** [ ] **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PUBLIC ROAD PRODUCTIONS LLC 7914 BABB AVE SKOKIE, IL 60077	83-1033241		268,063.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
(2) BRECKENRIDGE TEXAN 2922 STATE HIGHWAY 67 BRECKENRIDGE, TX 76424	82-3886648		7,977.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
(3) CECIL PUBLIC MEDIA 269 Trinity Church ROAD NORTH EAST, MD 21901	87-1349945		20,150.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
(4) FEET IN 2 WORLDS 276 FIFTH AVENUE STE 704 # 19 NEW YORK, NY 10001	87-1215486		7,053.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
(5) GIGAFACT 570 EL CAMINO REAL # 150-149 REDWOOD CITY, CA 94063	88-2840217		95,274.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
(6) HOMEFRONT 5441 S MACADAM AVE PORTLAND, OR 97239	33-3320413		79,648.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
(7) THE KANSAS CITY DEFENDER 632 W 39TH STREET KANSAS CITY, MO 64111	87-2292652		157,759.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
(8) MINERAL WELLS AREA NEWS PO Box 2 MINERAL WELLS, TX 76068	86-3147111		26,496.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 64

3 Enter total number of other organizations listed in the line 1 table 43

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.

(Rev. December 2024)

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

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
PASS BLUE 250 HENRY STREET BROOKLYN, NY 11201	92-2588427		300,722.		FMV		ORGANIZATION IS A FISCAL SPONSOR
RE: PUBLIC LANDS MEDIA 1208 MOUNTAIN ROAD PL NE#6011 ALBUQUERQUE, NM 87110	39-2421166		113,522.		FMV		ORGANIZATION IS A FISCAL SPONSOR
THE RIVERSIDE RECORD 2424 WILSHIRE Boulevard #518 LOS ANGELES, CA 90057	88-2159698		67,819.		FMV		ORGANIZATION IS A FISCAL SPONSOR
SHASTA SCOUT 1647 YUBA STREET #991215 REDDING, CA 96099	87-0875823		141,949.		FMV		ORGANIZATION IS A FISCAL SPONSOR
DIAL MAGAZINE INC 26 BROADWAY, STE 934-C81 NEW YORK, NY 10004	88-4024635		75,213.		FMV		ORGANIZATION IS A FISCAL SPONSOR
THE OBJECTIVE 802 6TH STREET, UNIT 202 AMES, IA 50010	87-2166199		87,085.		FMV		ORGANIZATION IS A FISCAL SPONSOR
UNSETTLED 1829 CATON AVE LINE 2 APT 5B BROOKLYN, NY 11226	93-1377312		24,893.		FMV		ORGANIZATION IS A FISCAL SPONSOR
VOICE OF MONTEREY BAY 502 LARKIN STREET MONTEREY, CA 93940	82-2565637		65,728.		FMV		ORGANIZATION IS A FISCAL SPONSOR
VOXPOPULI 929 WALKERS GROVE LANE WINTER GARDEN, FL 34787	85-4190041		59,318.		FMV		ORGANIZATION IS A FISCAL SPONSOR
JEFFERSON COUNTY BEACON 110 W UNCAS RD PORT TOWNSEND, WA 98368	99-1287781		41,592.		FMV		ORGANIZATION IS A FISCAL SPONSOR

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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
THE OVERLOOK RAYCLIFFE DR WOODSTOCK, NY 12498	93-1830001		128,708.		FMV		ORGANIZATION IS A FISCAL SPONSOR
AMERICAN FND FOR UNI OF BRITI 1030 15TH ST NW BI-STE 155 WASHINGTON, DC 20005	52-1559117		20,000.		FMV		INN SUPPORT - COHORT 5
PUBLIC ROAD PRODUCTIONS LLC 7914 BABB AVE SKOKIE, IL 60077	83-1033241		12,360.		FMV		INN SUPPORT - LABS & COLUMBIA PROJ
FOUNDATION FOR LA JOURNALISM 2804 GATEWAY OAK, DRIVE # 100 SACRAMENTO, CA 95833	88-2065705		10,000.		FMV		INN SUPPORT - LA FIRES
COMMUNITY PARTNERS 100 N ALAMEDA ST STE 240 LOS ANGELES, CA 90012	95-4302067		10,000.		FMV		INN SUPPORT - LABS
BAY CITY NEWS FOUNDATION 900 HILLDALE AVE BERKELEY, CA 94708	83-0654488		9,000.		FMV		INN SUPPORT - LABS
MINNPOST 639 9TH ST SE #220 MINNEAPOLIS, MN 55414	26-0573427		8,750.		FMV		INN SUPPORT - LABS & RURAL HUNGER
TEXAS TRIBUNE INC 919 CONGRESS AVE 6TH FL AUSTIN, TX 78701	26-4527097		22,360.		FMV		INN SUPPORT - LABS.& COLUMBIA INITA
CITY LIMITS NEWS INC 8 WEST 126TH ST NEW YORK, NY 10027	27-0218689		12,360.		FMV		INN SUPPORT - LABS
MAINE CTR FOR INTEREST REPORT P O BOX 284 HALLOWELL, ME 04915	27-2623867		13,500.		FMV		INN SUPPORT - LABS & HUNGER COLLAB.

(Rev. December 2024)

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
CITY REPORT INC DBA THE CITY 85 BROAD ST 13TH FL NEW YORK, NY 10004	37-1896785		10,952.		FMV		INN SUPPORT - LABS
FOSTERING MEDIA CONNECTIONS P O BOX 861928 LOS ANGELES, CA 90086	45-3860344		10,000.		FMV		INN SUPPORT - CA NATURAL DISASTER
DEEP SOUTH TODAY DBA VERITE N 750 WOODLANDS PKWY STE 100 RIDGELAND, MD 39157	47-2158741		11,869.		FMV		INN SUPPORT - LABS
INSIDE CLIMATE NEWS 26 COURT ST STE 1617 BROOKLYN, NY 11242	56-2451141		12,360.		FMV		INN SUPPORT - LABS
HONOLULU CIVIL BEAT INC 3650 WAIALAE AVE STE 200 HONOLULU, HI 96816	81-2803662		12,360.		FMV		INN SUPPORT - LABS
SOUTH DAKOTA NEWS WATCH P O BOX 90205 SIOX FALLS, SD 57109	81-4674814		11,000.		FMV		INN SUPPORT - LABS
THE SALT LAKE TRIBUNE INC 90 S 400 WEST STE 7000 SALT LAKE CITY, UT 84101	84-1878709		11,360.		FMV		INN SUPPORT - LABS & COLUMBIA COLLA
CARDINAL PRODUCTIONS P O BOX 4455 ROANOKE, VA 24015	87-1532828		8,000.		FMV		INN SUPPORT - LABS
AFROLA MEDIA GROUP 5777 W CENTURY BLVD #1125#423 LOS ANGELES, CA 90045	88-2517496		10,000.		FMV		INN SUPPORT - LA FIRES RELEIF
MISSION LOCAL SF 2489 MISSION ST #22 SAN FRANCISCO, CA 94110	88-3177547		12,000.		FMV		INN SUPPORT - COLUMBIA COLLAB.

(Rev. December 2024)

Continuation Sheet for Schedule I (Form 990)

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Name of the organization

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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
CIVIC NEW COMPANY 450 7TH AVE 32ND FL NEW YORK, NY 10123	90-0915846		12,146.		FMV		INN SUPPORT - COLUMBIA COLLABORATIV
LONG BEACH JOURNALISM INITIAT 100 W BROADWAY STE 650 LONG BEACH, CA 90802	93-4121848		10,000.		FMV		INN SUPPORT-CA NATURAL DISASTER FD
LOWER CAPE COMMUNITY ACCESSTV P O BOX 1661 N. EASTHAM, MA 02651	27-2812706		12,360.		FMV		INN SUPPORT - COLUMBIA JOURNALISM
SAN ANTONIO REPORT 711 NAVARRO ST STE 535 SAN ANTONIO, TX 78205	47-4820476		11,000.		FMV		INN SUPPORT - LABS
KENTUCKY PUBLIC RADIO INC 619 S 4TH ST LOUISVILLE, KY 40202	61-1259787		14,500.		FMV		INN SUPPORT - VIRGINA DISASTER FUND
SAHAN JOURNAL 428 MINNESOTA ST #500 ST PAUL, MN 55101	83-2745995		12,360.		FMV		IINN SUPPORT - LABS & COLUMBIA INIT
REST OF WORLD MEDIA INC 405 EL CAMINO REAL STE 238 MENLO PARK, CA 94025	83-4475862		22,660.		FMV		IINN SUPPORT - LABS & COLUMBIA INIT
MOUNTAIN STATE SPOTLIGHT P O BOX 1111 CHARLESTON, WV 25324	85-1154363		11,000.		FMV		INN SUPPORT - LABS
ENLACE LATINO NC INC 1053 EAST WHITAKER MILL RD115 RALEIGH, NC 27604	87-2137153		5,750.		FMV		INN SUPPORT - RURAL HUNGER COLLAB.
APPALACHIAN NEWSPAPER INC 211 MAIN ST PIKEVILLE, KY 41501	61-0941914		20,000.		FMV		INN SUPPORT - KENTUCKY DISASTER FD

(Rev. December 2024)

Continuation Sheet for Schedule I (Form 990)

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Name of the organization

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
ASIAN AMERICA MEDIA INC 440 N BARRANCA #8117 COVINA, CA 91723	87-4114362		10,000.		FMV		INN SUPPORT - CA NATURAL DISAS. FD
BEACON MEDIA INC 820 S MYRTLE AVE MONROVIA, CA 91016	26-2029382		10,000.		FMV		INN SUPPORT - LA FIRES RELEIF
BETHAL BROADCASTING INC PO BOX 468 BETHEL, AK 99559	92-0039676		10,000.		FMV		INN SUPPORT - ALASKA TYPHOON RELIEF
LATINO MEDIA COLLABORATIVE 360 E 2ND ST #800 LOS ANGELES, CA 90012	85-4098339		10,000.		FMV		INN SUPPORT - LA FIRES RELEIF
CANARY MEDIA INC 67 BROADWAY ST STE 200 ASHVILLE, NC 28801	86-2447828		10,500.		FMV		INN SUPPORT - LABS
CAPITAL & MAIN 1910 W SUNSET BLVD STE 740 LOS ANGELES, CA 90026	81-0895767		10,000.		FMV		INN SUPPORT - LABS
CASCADIA NEWSPAPER COMPANY 1329 N STATE ST #201 BELLINGHAM, WA 98225	20-4349338		10,000.		FMV		INN SUPPORT - WASHINGTON FLOOD RELI
COASTALALASKA INC 360 EGAN DR JUNEAU, AK 99801	92-0162579		8,034.		FMV		INN SUPPORT - LABS
CONNECTICUT MIRROR 1049 ASYLUM AVE HARTFORD, CT 06105	27-0583046		12,360.		FMV		IINN SUPPORT - LABS & COLUMBIA INIT
EASTERN KENTUCKY UNIVERSITY 521 LANCASTER AVE RICHMOND, KY 40475	61-1011211		10,000.		FMV		IINN SUPPORT - KENTUCKY DISASTER

(Rev. December 2024)

Continuation Sheet for Schedule I (Form 990)

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Name of the organization

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
FREDERICKSBURG PUBLISHING HLD 712 W MAIN ST FREDERICKSBURG, TX 78624	74-2724180		10,000.		FMV		INN SUPPORT - TEXAS DISASTER FD
GRACE LORRIANE PUBLICATIONS 80 W SIERRA MADRE BLVD # 327 SIERRA MADRE, CA 91024	26-0707896		10,000.		FMV		INN SUPPORT - CA NATURAL DISAS. FD
GRANITE MEDIA PARTNERS INC PO BOX 1010 TAYLOR, TX 76574	87-2428747		10,000.		FMV		INN SUPPORT - TEXAS DISASTER FD
HARLAN NEWSMEDIA, LLC 211 E CENTRAL ST STE 102 HARLAN, KY 40831	82-2547047		10,000.		FMV		INN SUPPORT - LABS
HOPTOWN CHRONICAL INC 621 MAIN ST STE 203 HOPKINSVILLE, KY 42240	84-1736647		10,000.		FMV		IINN SUPPORT - KENTUCKY DISASTER
IMPLULSO 6645 SOUTHSIDE DR LOS ANGELES, CA 90022	47-8950597		10,000.		FMV		INN SUPPORT - CA NATURAL DISAS. FD
THE UNIVERSITY OF MEMPHIS 275 ADMINSTRATION BLDG MEMPHIS, TN 38152	62-0648618		20,000.		FMV		INN SUPPORT - LABS
INTERGRATED WAVE COM. NEWSPAP 1007 N SEPULVEDA BLVD #1357 MANHATTAN, CA 90266	45-2286093		10,000.		FMV		INN SUPPORT - CA NATURAL DISAS. FD
KCRW FOUNDATION INC 1900 PICO BLVD SANTA MONICA, CA 90405	95-3750631		10,000.		FMV		INN SUPPORT - CA NATURAL DISAS. FD
KENTUCKY CENTER FOR PUBLIC SE 644 BRADDOCK CT EDGEWOOD, KY 41017	46-3464828		10,000.		FMV		INN SUPPORT - LABS

(Rev. December 2024)

Continuation Sheet for Schedule I (Form 990)

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Name of the organization

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
KNOTT COUNTY PUBLISHING CO IN PO BOX 1500 HINDMAN, KY 41822	61-0969552		10,000.		FMV		INN SUPPORT - LABS
KOTZEBUE BROADCASTING INC 396 LAGOON ST KOTZEBUE, AK 99752	92-0041960		10,000.		FMV		INN SUPPORT - ALASKA TYPHOON RELIEF
KUOW PUGET SOUNDS PUBLIC RADI 4518 UNIVERSITY WAY NE #310 SEATTLE, WA 98105	91-2079402		10,000.		FMV		INN SUPPORT - WASHINGTON FLOODS REL
AMERICAN JOURNALISM PROJECT 6218 GEORGIA AVE NW # 1-599 WASHINGTON , DC 20011	83-1772542		10,000.		FMV		INN SUPPORT - LA FIRES RELEIF
TINY NEWS COLLECTIVE INC 111 NORTH WABASH AVE # 100 CHICAGO, IL 60602	85-3963369		10,000.		FMV		INN SUPPORT - WASHINGTON FLOODS REL
LARCHMONT BUZ 584 1/2 N LARCHMONT BLVD LOS ANGELES, CA 90004	45-3801000		10,000.		FMV		INN SUPPORT - CA NATURAL DISAS. FD
LCM-NEWS INC DBA OUTLOOK NEWS PO BOX 578 LA CANADA, CA 91012	95-4682795		10,000.		FMV		INN SUPPORT - CA NATURAL DISAS. FD
NEW WAVE COMMUNICATIONS INC 20 WEST MAIN ST PO BOX 1029 INEZ, KY 41224	61-1191601		10,000.		FMV		IINN SUPPORT - KENTUCKY DISASTER
NEW YORK PUBLIC RADIO 160 VARICK ST 7TH FLOOR NEW YORK, NY 10013	13-3015230		12,245.		FMV		IINN SUPPORT - LABS & COLUMBIA INIT
MANCHESTER ENTERPRISE INC PO BOX 578 MANCHESTER, KY 41224	61-0852235		10,000.		FMV		INN SUPPORT - LABS

(Rev. December 2024)

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

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
NORTHERN JOURNAL LLC 2709 W 31ST AVE ANCHORAGE, AK 99517	92-1476405		10,000.		FMV		INN SUPPORT - ALASKA TYPHOON RELIEF
NORTHWEST COMMUNITY EDUCATION 1040 S HENDERSON ST SEATTLE, WA 98108	91-0969818		10,000.		FMV		INN SUPPORT - WASHINGTON FLOODS REL
OAHE PUBLISHING CORPORATION PO BOX 308 CLE ELUM, WA 98922	36-2954689		10,000.		FMV		INN SUPPORT - WASHINGTON FLOODS REL
JOURNALISM DEV. NEWORK INC 1220 L ST NW STE 100 BOX #497 WASHINGTON, DC 20005	26-0898750		20,000.		FMV		INN SUPPORT - LABS
OJAI MEDIA LLC PO BOX 277 OJAI, CA 93023	87-2060443		10,000.		FMV		INN SUPPORT - CA NATURAL DISAS. FD
OKLAHOMA WATCH INC 500 N BROADWAY STE LL10 OKLAHOMA, OK 73102	27-3721498		11,948.		FMV		IINN SUPPORT - LABS & COLUMBIA INIT
OXFORD FREE PRESS INC 20 S ELM ST OXFORD, OH 45056	99-2474061		5,150.		FMV		INN SUPPORT - LABS
PACE NEWS INC 3707 WEST 54TH ST LOS ANGELES, CA 90043	82-2280976		10,000.		FMV		INN SUPPORT - CA NATURAL DISAS. FD
PASADENA BLACK PAGES NEWSPAPE 1521 NORTH GARFIELD PASADENA, CA 91104	99-4409792		10,000.		FMV		INN SUPPORT - CA NATURAL DISAS. FD
PBS SOCAL 2900 W ALAMEDA AVE STE 600 BURBANK, CA 91505	95-2211661		10,000.		FMV		INN SUPPORT - CA NATURAL DISAS. FD

(Rev. December 2024)

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

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
POINT ROBERTS PRESS INC 225 MARINE DR STE 200 BLAINE, WA 98230	91-1675689		10,000.		FMV		INN SUPPORT - WASHINGTON FLOODS REL
JEFFERSON COUNTY PUBLICATIONS 226 ADAMS ST PORT TOWNSEND, WA 96368	85-2456827		10,000.		FMV		INN SUPPORT - WASHINGTON FLOODS REL
PROUT JOHNSON ADVERTISING CON 303 EARL GARRETT KERRVILLE, TX 78028	74-3011152		10,000.		FMV		INN SUPPORT - TEXAS DISASTER FD
NEWTON ROUGE LLC 1640 5TH ST STE 218 SANTA MONICA, CA 93068	95-4885581		10,000.		FMV		INN SUPPORT - CA NATURAL DISAS. FD
QUEEN KELLY CORPORATION 959 1/2 RAILROAD AVE SANTA PAULA, CA 93060	82-4294713		10,000.		FMV		INN SUPPORT - LA FIRES RELEIF
SOUTHERN CALIFORNIA PUBLIC RA 474 SOUTH RAYMOND AVE PASADENA, CA 91105	95-4765734		10,000.		FMV		INN SUPPORT - CA NATURAL DISAS. FD
SOUTHERN NEWSPAPER INC 301 JUNCTION HIGHWAY STE101 KERRVILLE, TX 78028	74-1674526		10,000.		FMV		INN SUPPORT - TEXAS DISASTER FD
TACO INTL LLC 11420 SANTA MONICA BLVD252385 LOS ANGELES, CA 90025	46-2493679		10,000.		FMV		INN SUPPORT - CA NATURAL DISAS. FD
TEXAS PUBLIC RADIO 321 W COMMERCE SAN ANTONIO, TX 78205	74-2559514		10,000.		FMV		INN SUPPORT - TEXAS DISASTER FD
THE EASTSIDE LLC 1539 PARMER AVE LOS ANGELES, CA 91770	27-4744566		10,000.		FMV		INN SUPPORT - CA NATURAL DISAS. FD

(Rev. December 2024)

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

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
THE JOLT NEWS ORGANIZATION PO BOX 40008 TURNWATER, WA 98501	87-2868827		10,000.		FMV		INN SUPPORT - WASHINGTON FLOODS REL
AMESTOY COMMUNICATIONS LLC 314 ROCK RIDGE KERRVILLE, TX 78028	92-2534698		10,000.		FMV		INN SUPPORT - TEXAS DISASTER FD
THE MOUNTAIN EAGLE LP 41 NORTH WEBB AVE WHITESBURG, KY 41858	31-1567952		10,000.		FMV		IINN SUPPORT - KENTUCKY DISASTER
HISTORIC NORTHWEST MEDIA INC 2659 INDEPENDENCE AVE KANSAS CITY, MO 64124	61-2033029		20,000.		FMV		INN SUPPORT - LABS
THE PHILADELPHIA CITIZEN 2400 MARKET ST STE 200 PHILADELPHIA, PA 19103	46-2777419		10,000.		FMV		INN SUPPORT - LABS
THE SAN FERNANDO VALLEY SUN 1150 SAN FERNANDO RD STE 100 SAN FERNANDO, CA 91340	95-4844192		10,000.		FMV		INN SUPPORT - CA NATURAL DISAS. FD
THE UNIVERSITY TEXAS AT AUSTI 110 INNER CAMPUS DR AUSTIN, TX 78712	74-6000203		10,000.		FMV		INN SUPPORT - TEXAS DISASTER FD
VALLEY NEWS GROUP 22025 VENTURA BLVD # 303 WOODLAND HILLS, CA 91364	54-6867293		10,000.		FMV		INN SUPPORT - CA NATURAL DISAS. FD
PASEDENA MEDIA FOUNDATION 1416 NORTH MENTOR AVE PASEDENA, CA 91104	85-0824989		10,000.		FMV		INN SUPPORT - CA NATURAL DISAS. FD

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

		Yes	No
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.		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		
	☐ Travel for companions ☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ Personal services (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 **1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**		
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.		
	☐ Compensation committee ☒ Written employment contract		
	☐ Independent compensation consultant ☐ Compensation survey or study		
	☐ Form 990 of other organizations ☒ 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**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement? **4c**		X
	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**		X
b	Any related organization? **5b**		X
	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**		X
b	Any related organization? **6b**		X
	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 **7**		X
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 **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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

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

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

	(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns(B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1	KAREN RUNDLET CEO	(i) (ii)	222,953. 0.	0. 0.	0. 0.	0. 0.	34,105. 0.	257,058. 0.	0. 0.
2	CHARLES POTTS JR DIR. OF FINANCE	(i) (ii)	165,270. 0.	0. 0.	0. 0.	0. 0.	6,553. 0.	171,823. 0.	0. 0.
3	SORAYA MEMBRENO COO	(i) (ii)	164,733. 0.	0. 0.	0. 0.	0. 0.	18,583. 0.	183,316. 0.	0. 0.
4	JONATHAN KEALING CHIEF NETWORK OFFICER	(i) (ii)	170,537. 0.	0. 0.	0. 0.	0. 0.	8,452. 0.	178,989. 0.	0. 0.
5	SHARENE AZIMI DIRECTOR OF COMMUNICATIONS	(i) (ii)	159,139. 0.	0. 0.	0. 0.	0. 0.	18,755. 0.	177,894. 0.	0. 0.
6	COURTNEY LEWIS CHIEF OF GROWTH PROGRAMS	(i) (ii)	177,328. 0.	0. 0.	0. 0.	0. 0.	19,248. 0.	196,576. 0.	0. 0.
7	LISA M GARDNER-SPRINGER CHIEF DEVELOPMENT OFFICER	(i) (ii)	174,491. 0.	0. 0.	0. 0.	0. 0.	32,780. 0.	207,271. 0.	0. 0.
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.

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.

TAXABLE YEAR **2025**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2025 or fiscal year beginning (mm/dd/yyyy) _____ , and ending (mm/dd/yyyy) _____ .

Corporation/Organization name	California corporation number
INSTITUTE FOR NONPROFIT NEWS	3250040
Additional information. See instructions.	FEIN 27-2614911
Street address (suite or room) 8549 WILSHIRE BLVD #2294	PMB no.
City: BEVERLY HILLS / State: CA	ZIP code: 90211
Foreign country name / Foreign province/state/county	Foreign postal code

A First return. ☐ Yes ☒ No

B Amended return ● ☐ Yes ☒ No

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

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

E Check accounting method:
1 ☐ Cash 2 ☒ Accrual 3 ☐ Other

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

G Is this a group filing? See instructions ● ☐ Yes ☒ No

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

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

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

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

L Is the organization a limited liability company? ● ☐ Yes ☒ No

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

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

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

CACA1112L 01/23/26

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●		1	698,640.
	2	Gross dues and assessments from members and affiliates ●		2	
	3	Gross contributions, gifts, grants, and similar amounts received SEE SCH. B ●		3	9,182,396.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B ●		4	9,881,036.
	5	Cost of goods sold ●	5		
	6	Cost or other basis, and sales expenses of assets sold ●	6	982.	
	7	Total costs. Add line 5 and line 6		7	982.
	8	Total gross income. Subtract line 7 from line 4 ●		8	9,880,054.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●		9	9,406,422.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●		10	473,632.
Payments	11	Total payments ●		11	
	12	Use tax. See General Information K ●		12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 ●		13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ●		14	
	15	Penalties and interest. See General Information J		15	
	16	**Balance due.** Add line 12 and line 15. Then subtract line 11 from the result ◉		16	0.

Sign Here

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

Signature of officer ►	Title	Date	● Telephone
	CEO		(213) 709-7126

Paid Preparer's Use Only

Preparer's name ● ANITA H BHAGAT			
Preparer's signature ► ANITA H BHAGAT	Date	Check if self-employed ► ☐	● PTIN P01401116
Firm's name (or yours, if self-employed) and address ► DOUGLAS & BHAGAT CPA SERVICES INC. 100 E THOUSAND OAKS BLVD., STE. 202 THOUSAND OAKS, CA 91360			● Firm's FEIN 82-5008973 ● Telephone (805) 409-7705

May the FTB discuss this return with the preparer shown above? See instructions ● ☒ Yes ☐ No

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

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	698,640.
	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	698,640.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 2	9	2,807,781.
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STMT 3	11	1,380,270.
	12	Other salaries and wages	12	1,546,314.
	13	Interest	13	
	14	Taxes	14	235,759.
	15	Rents	15	1,164.
	16	Depreciation and depletion (See instructions)	16	2,488.
	17	Other expenses and disbursements. Attach schedule SEE STATEMENT 4	17	3,432,646.
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	9,406,422.

Schedule L Balance Sheet

		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		6,172,739.		6,965,399.
2	Net accounts receivable		2,332,714.		457,946.
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.		21,394.	
b	Less accumulated depreciation	21,126.	3,781.	21,083.	311.
11	Land				
12	Other assets. Attach schedule STM 5		195,169.		136,569.
13	**Total assets**		8,704,403.		7,560,225.
Liabilities and net worth					
14	Accounts payable		1,876,687.		246,248.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule STM 6		108,208.		120,837.
19	Capital stock or principal fund		6,719,508.		7,193,140.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	**Total liabilities and net worth**		8,704,403.		7,560,225.

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	473,632.	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains				
4	Income not recorded on books this year. Attach schedule				
5	Expenses recorded on books this year not deducted in this return. Attach schedule		9	Total. Add line 7 and line 8	
6	Total. Add line 1 through line 5	473,632.	10	Net income per return. Subtract line 9 from line 6	473,632.

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	Employer identification number
INSTITUTE FOR NONPROFIT NEWS	27-2614911

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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

[X] 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	Employer identification number
INSTITUTE FOR NONPROFIT NEWS	27-2614911

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 1,275,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 1,500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 348,804.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 1,230,287.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 245,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 270,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 218,434.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (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	$	

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

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

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

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

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

Name of organization INSTITUTE FOR NONPROFIT NEWS

Employer identification number 27-2614911

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

TAXABLE YEAR

2025

CALIFORNIA FORM

3885

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 199

Corporation name	California corporation number
INSTITUTE FOR NONPROFIT NEWS	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 2026. 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	2,335.	2,335.	S/L	5		
MAC BOOK PRO -	11/01/2020	1,864.	1,555.	S/L	5	309.	
MACBOOK PRO 16"	4/10/2020	3,004.	2,829.	S/L	5	175.	
MAC BOOK AIR -	4/22/2021	1,016.	745.	S/L	5	203.	
MAC BOOK AIR -	9/10/2021	1,211.	787.	S/L	5		

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	2,488.

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)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	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.)	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.	56,001.	197	3	
DOMAIN NAME	1/20/2015	20,000.	13,221.	197	15	1,334.
RNN WEBSITE DESIG	5/15/2023	9,750.	5,281.	197	3	3,250.

20	Total. Add the amounts in column (g)	20	4,584.
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	22	

TAXABLE YEAR

2025

CALIFORNIA FORM

3885

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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 2026. 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 AIR -	11/30/2021	1,220.	752.	S/L	5		
24" IMAC - CYNT	12/27/2021	1,217.	730.	S/L	5	243.	
MAC BOOK PRO -	1/19/2022	1,345.	1,307.	S/L	3	38.	
MAC BOOK PRO -	4/01/2022	1,188.	1,089.	S/L	3	99.	
MAC BOOK AIR -	4/08/2022	934.	842.	S/L	3	92.	

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		

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)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	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.)	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

20	Total. Add the amounts in column (g)	20	
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	22	

TAXABLE YEAR

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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 2026. 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
24" IMAC (ORIGI	3/11/2022	1,395.	1,298.	S/L	3	97.	
MAC BOOK PRO -	4/20/2022	1,170.	1,040.	S/L	3	130.	
MAC BOOK AIR -	4/26/2022	1,080.	960.	S/L	3	30.	
MAC BOOK AIR -	6/07/2022	1,125.	953.	S/L	3	172.	
MAC BOOK AIR -	6/21/2022	1,146.	955.	S/L	3	191.	

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	

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)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	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.)	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

20	Total. Add the amounts in column (g)	20	
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	22	

TAXABLE YEAR

2025

CALIFORNIA FORM

3885

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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 2026. 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 AIR -	6/23/2022	903.	752.	S/L	3	151.	
MICROSOFT SURFA	8/09/2022	1,048.	829.	S/L	3	218.	
MAC BOOK AIR -	11/10/2022	908.	644.	S/L	3	6.	
FUJITSU SCANSNA	1/10/2022	441.	435.	S/L	3	265.	
IPAD - SARA	7/31/2022	355.	286.	S/L	3	69.	

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		

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)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	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.)	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

20	Total. Add the amounts in column (g)	20	
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	22	

Statement 1
Form 199, Part II, Line 7
Other Income

OTHER INCOME	$	540,139.
Other Investment Income		158,501.
Total	$	698,640.

Statement 2
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind	CAPECODENEWS.ORG INC	
Donee's Street Address:	10 HIDE AWAY LANE	
Donee's City	EASTHAM	
Donee's State	MA	
Donee's Zip code	02642	
Cash and Noncash Amount:		$ 2,849.
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:		268,063.
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:		7,977.
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:		20,150.
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:		7,053.

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:		$ 95,274.

Donee's Name - Ind	HOMEFRONT	
Donee's Street Address:	5441 S MACADAM AVE	
Donee's City	PORTLAND	
Donee's State	OR	
Donee's Zip code	97239	
Cash and Noncash Amount:		79,648.

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:		157,759.

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:		2,677.

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:		26,496.

Donee's Name - Ind	PASS BLUE	
Donee's Street Address:	250 HENRY STREET	
Donee's City	BROOKLYN	
Donee's State	NY	
Donee's Zip code	11201	
Cash and Noncash Amount:		300,722.

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:		212.

Statement 2 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

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:		$ 1,761.
Donee's Name - Ind	RE: PUBLIC LANDS MEDIA	
Donee's Street Address:	1208 MOUNTAIN ROAD PL NE#6011	
Donee's City	ALBUQUERQUE	
Donee's State	NM	
Donee's Zip code	87110	
Cash and Noncash Amount:		113,522.
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:		67,819.
Donee's Name - Ind	SHASTA SCOUT	
Donee's Street Address:	1647 YUBA STREET #991215	
Donee's City	REDDING	
Donee's State	CA	
Donee's Zip code	96099	
Cash and Noncash Amount:		141,949.
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:		75,213.
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:		87,085.
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:		24,893.

Statement 2 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

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:		$ 65,728.

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:		59,318.

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:		182.

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:		41,592.

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:		128,708.

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:		162.

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:		3,375.

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:		$ 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:		4,500.
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:		12,360.
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:		10,000.
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:		1,000.
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:		10,000.
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:		9,000.

Statement 2 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

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:		$ 1,000.

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:		230.

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:		500.

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:		8,750.

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:		22,360.

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:		12,360.

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:		4,500.

Statement 2 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

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:		$ 500.
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:		13,500.
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:		500.
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:		10,952.
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:		10,000.
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:		1,000.
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:		11,869.

Statement 2 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

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:		$ 12,360.
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:		12,360.
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:		11,000.
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:		11,360.
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:		1,000.
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:		4,500.
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:		250.

Statement 2 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

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:		$ 8,000.

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:		370.

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:		10,000.

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:		12,000.

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:		12,146.

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:		500.

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:		10,000.

Statement 2 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

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:		$ 12,360.
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:		11,000.
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:		14,500.
Donee's Name - Ind	SEARCHLIGHT NEW MEXICO NEWS	
Donee's Street Address:	PO BOX 32087	
Donee's City	SANTA FE	
Donee's State	NM	
Donee's Zip code	87501	
Cash and Noncash Amount:		5,000.
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:		12,360.
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:		22,660.
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:		11,000.

Statement 2 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

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:		$ 5,750.

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:		1,000.

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:		500.

Donee's Name - Ind	ALABAMA INT. FOR IND JOURNALI	
Donee's Street Address:	1801 OXMOOR ROAD	
Donee's City	BIRMINGHAM	
Donee's State	AL	
Donee's Zip code	35209	
Cash and Noncash Amount:		500.

Donee's Name - Ind	APPALACHIAN NEWSPAPER INC	
Donee's Street Address:	211 MAIN ST	
Donee's City	PIKEVILLE	
Donee's State	KY	
Donee's Zip code	41501	
Cash and Noncash Amount:		20,000.

Donee's Name - Ind	ASIAN AMERICA MEDIA INC	
Donee's Street Address:	440 N BARRANCA #8117	
Donee's City	COVINA	
Donee's State	CA	
Donee's Zip code	91723	
Cash and Noncash Amount:		10,000.

Donee's Name - Ind	BEACON MEDIA INC	
Donee's Street Address:	820 S MYRTLE AVE	
Donee's City	MONROVIA	
Donee's State	CA	
Donee's Zip code	91016	
Cash and Noncash Amount:		10,000.

Statement 2 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind	BETHAL BROADCASTING INC	
Donee's Street Address:	PO BOX 468	
Donee's City	BETHEL	
Donee's State	AK	
Donee's Zip code	99559	
Cash and Noncash Amount:		$ 10,000.
Donee's Name - Ind	LATINO MEDIA COLLABORATIVE	
Donee's Street Address:	360 E 2ND ST #800	
Donee's City	LOS ANGELES	
Donee's State	CA	
Donee's Zip code	90012	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	CANARY MEDIA INC	
Donee's Street Address:	67 BROADWAY ST STE 200	
Donee's City	ASHVILLE	
Donee's State	NC	
Donee's Zip code	28801	
Cash and Noncash Amount:		10,500.
Donee's Name - Ind	CAPITAL & MAIN	
Donee's Street Address:	1910 W SUNSET BLVD STE 740	
Donee's City	LOS ANGELES	
Donee's State	CA	
Donee's Zip code	90026	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	CASCADIA NEWSPAPER COMPANY	
Donee's Street Address:	1329 N STATE ST #201	
Donee's City	BELLINGHAM	
Donee's State	WA	
Donee's Zip code	98225	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	COASTALALASKA INC	
Donee's Street Address:	360 EGAN DR	
Donee's City	JUNEAU	
Donee's State	AK	
Donee's Zip code	99801	
Cash and Noncash Amount:		8,034.
Donee's Name - Ind	COMPLIER MEDIA INC	
Donee's Street Address:	PO BOX 21095	
Donee's City	WASHINGTON	
Donee's State	DC	
Donee's Zip code	20009	
Cash and Noncash Amount:		5,000.

Statement 2 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind	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:		$ 12,360.

Donee's Name - Ind	EASTERN KENTUCKY UNIVERSITY	
Donee's Street Address:	521 LANCASTER AVE	
Donee's City	RICHMOND	
Donee's State	KY	
Donee's Zip code	40475	
Cash and Noncash Amount:		10,000.

Donee's Name - Ind	FREDERICKSBURG PUBLISHING HLD	
Donee's Street Address:	712 W MAIN ST	
Donee's City	FREDERICKSBURG	
Donee's State	TX	
Donee's Zip code	78624	
Cash and Noncash Amount:		10,000.

Donee's Name - Ind	GRACE LORRIANE PUBLICATIONS	
Donee's Street Address:	80 W SIERRA MADRE BLVD # 327	
Donee's City	SIERRA MADRE	
Donee's State	CA	
Donee's Zip code	91024	
Cash and Noncash Amount:		10,000.

Donee's Name - Ind	GRANITE MEDIA PARTNERS INC	
Donee's Street Address:	PO BOX 1010	
Donee's City	TAYLOR	
Donee's State	TX	
Donee's Zip code	76574	
Cash and Noncash Amount:		10,000.

Donee's Name - Ind	HARLAN NEWSMEDIA, LLC	
Donee's Street Address:	211 E CENTRAL ST STE 102	
Donee's City	HARLAN	
Donee's State	KY	
Donee's Zip code	40831	
Cash and Noncash Amount:		10,000.

Donee's Name - Ind	HOMEFRONT PRODUCTIONS LLC	
Donee's Street Address:	8549 WILSHIRE BLVD #2294	
Donee's City	BEVERLEY HILLS	
Donee's State	CA	
Donee's Zip code	90211	
Cash and Noncash Amount:		500.

Statement 2 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind	HOPTOWN CHRONICAL INC	
Donee's Street Address:	621 MAIN ST STE 203	
Donee's City	HOPKINSVILLE	
Donee's State	KY	
Donee's Zip code	42240	
Cash and Noncash Amount:		$ 10,000.
Donee's Name - Ind	IMPLULSO	
Donee's Street Address:	6645 SOUTHSIDE DR	
Donee's City	LOS ANGELES	
Donee's State	CA	
Donee's Zip code	90022	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	THE UNIVERSITY OF MEMPHIS	
Donee's Street Address:	275 ADMINSTRATION BLDG	
Donee's City	MEMPHIS	
Donee's State	TN	
Donee's Zip code	38152	
Cash and Noncash Amount:		20,000.
Donee's Name - Ind	INTERGRATED WAVE COM. NEWSPAP	
Donee's Street Address:	1007 N SEPULVEDA BLVD #1357	
Donee's City	MANHATTAN	
Donee's State	CA	
Donee's Zip code	90266	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	JEFFERSON COUNTY BEACON	
Donee's Street Address:	8549 WILSHIRE BLVD # 2294	
Donee's City	BEVERLEY HILLS	
Donee's State	CA	
Donee's Zip code	90211	
Cash and Noncash Amount:		4,500.
Donee's Name - Ind	KCRW FOUNDATION INC	
Donee's Street Address:	1900 PICO BLVD	
Donee's City	SANTA MONICA	
Donee's State	CA	
Donee's Zip code	90405	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	KENTUCKY CENTER FOR PUBLIC SE	
Donee's Street Address:	644 BRADDOCK CT	
Donee's City	EDGEWOOD	
Donee's State	KY	
Donee's Zip code	41017	
Cash and Noncash Amount:		10,000.

Statement 2 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind	KNOTT COUNTY PUBLISHING CO IN	
Donee's Street Address:	PO BOX 1500	
Donee's City	HINDMAN	
Donee's State	KY	
Donee's Zip code	41822	
Cash and Noncash Amount:		$ 10,000.

Donee's Name - Ind	KOTZEBUE BROADCASTING INC	
Donee's Street Address:	396 LAGOON ST	
Donee's City	KOTZEBUE	
Donee's State	AK	
Donee's Zip code	99752	
Cash and Noncash Amount:		10,000.

Donee's Name - Ind	KUOW PUGET SOUNDS PUBLIC RADI	
Donee's Street Address:	4518 UNIVERSITY WAY NE #310	
Donee's City	SEATTLE	
Donee's State	WA	
Donee's Zip code	98105	
Cash and Noncash Amount:		10,000.

Donee's Name - Ind	AMERICAN JOURNALISM PROJECT	
Donee's Street Address:	6218 GEORGIA AVE NW # 1-599	
Donee's City	WASHINGTON	
Donee's State	DC	
Donee's Zip code	20011	
Cash and Noncash Amount:		10,000.

Donee's Name - Ind	TINY NEWS COLLECTIVE INC	
Donee's Street Address:	111 NORTH WABASH AVE # 100	
Donee's City	CHICAGO	
Donee's State	IL	
Donee's Zip code	60602	
Cash and Noncash Amount:		10,000.

Donee's Name - Ind	LARCHMONT BUZ	
Donee's Street Address:	584 1/2 N LARCHMONT BLVD	
Donee's City	LOS ANGELES	
Donee's State	CA	
Donee's Zip code	90004	
Cash and Noncash Amount:		10,000.

Donee's Name - Ind	LCM-NEWS INC DBA OUTLOOK NEWS	
Donee's Street Address:	PO BOX 578	
Donee's City	LA CANADA	
Donee's State	CA	
Donee's Zip code	91012	
Cash and Noncash Amount:		10,000.

Statement 2 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind	MAT-SU SENTINEL	
Donee's Street Address:	1150 S COLONY WAY #3 PMB 112	
Donee's City	PALMER	
Donee's State	AK	
Donee's Zip code	99645	
Cash and Noncash Amount:		$ 250.
Donee's Name - Ind	NEW WAVE COMMUNICATIONS INC	
Donee's Street Address:	20 WEST MAIN ST PO BOX 1029	
Donee's City	INEZ	
Donee's State	KY	
Donee's Zip code	41224	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	NEW YORK PUBLIC RADIO	
Donee's Street Address:	160 VARICK ST 7TH FLOOR	
Donee's City	NEW YORK	
Donee's State	NY	
Donee's Zip code	10013	
Cash and Noncash Amount:		12,245.
Donee's Name - Ind	MANCHESTER ENTERPRISE INC	
Donee's Street Address:	PO BOX 578	
Donee's City	MANCHESTER	
Donee's State	KY	
Donee's Zip code	41224	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	NORTHERN JOURNAL LLC	
Donee's Street Address:	2709 W 31ST AVE	
Donee's City	ANCHORAGE	
Donee's State	AK	
Donee's Zip code	99517	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	NORTHWEST COMMUNITY EDUCATION	
Donee's Street Address:	1040 S HENDERSON ST	
Donee's City	SEATTLE	
Donee's State	WA	
Donee's Zip code	98108	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	OAHE PUBLISHING CORPORATION	
Donee's Street Address:	PO BOX 308	
Donee's City	CLE ELUM	
Donee's State	WA	
Donee's Zip code	98922	
Cash and Noncash Amount:		10,000.

Statement 2 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind	JOURNALISM DEV. NEWORK INC	
Donee's Street Address:	1220 L ST NW STE 100 BOX #497	
Donee's City	WASHINGTON	
Donee's State	DC	
Donee's Zip code	20005	
Cash and Noncash Amount:		$ 20,000.
Donee's Name - Ind	OJAI MEDIA LLC	
Donee's Street Address:	PO BOX 277	
Donee's City	OJAI	
Donee's State	CA	
Donee's Zip code	93023	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	OKLAHOMA WATCH INC	
Donee's Street Address:	500 N BROADWAY STE LL10	
Donee's City	OKLAHOMA	
Donee's State	OK	
Donee's Zip code	73102	
Cash and Noncash Amount:		11,948.
Donee's Name - Ind	OXFORD FREE PRESS INC	
Donee's Street Address:	20 S ELM ST	
Donee's City	OXFORD	
Donee's State	OH	
Donee's Zip code	45056	
Cash and Noncash Amount:		5,150.
Donee's Name - Ind	PACE NEWS INC	
Donee's Street Address:	3707 WEST 54TH ST	
Donee's City	LOS ANGELES	
Donee's State	CA	
Donee's Zip code	90043	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	PASADENA BLACK PAGES NEWSPAPE	
Donee's Street Address:	1521 NORTH GARFIELD	
Donee's City	PASADENA	
Donee's State	CA	
Donee's Zip code	91104	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	PBS SOCAL	
Donee's Street Address:	2900 W ALAMEDA AVE STE 600	
Donee's City	BURBANK	
Donee's State	CA	
Donee's Zip code	91505	
Cash and Noncash Amount:		10,000.

Statement 2 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind	POINT ROBERTS PRESS INC	
Donee's Street Address:	225 MARINE DR STE 200	
Donee's City	BLAINE	
Donee's State	WA	
Donee's Zip code	98230	
Cash and Noncash Amount:		$ 10,000.
Donee's Name - Ind	JEFFERSON COUNTY PUBLICATIONS	
Donee's Street Address:	226 ADAMS ST	
Donee's City	PORT TOWNSEND	
Donee's State	WA	
Donee's Zip code	96368	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	PROUT JOHNSON ADVERTISING CON	
Donee's Street Address:	303 EARL GARRETT	
Donee's City	KERRVILLE	
Donee's State	TX	
Donee's Zip code	78028	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	SAN FRANCISCO JEWISH COMM PUB	
Donee's Street Address:	131 STEUART STE 600	
Donee's City	SAN FRANCISCO	
Donee's State	CA	
Donee's Zip code	94105	
Cash and Noncash Amount:		500.
Donee's Name - Ind	NEWTON ROUGE LLC	
Donee's Street Address:	1640 5TH ST STE 218	
Donee's City	SANTA MONICA	
Donee's State	CA	
Donee's Zip code	93068	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	QUEEN KELLY CORPORATION	
Donee's Street Address:	959 1/2 RAILROAD AVE	
Donee's City	SANTA PAULA	
Donee's State	CA	
Donee's Zip code	93060	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	SOUTHERN CALIFORNIA PUBLIC RA	
Donee's Street Address:	474 SOUTH RAYMOND AVE	
Donee's City	PASADENA	
Donee's State	CA	
Donee's Zip code	91105	
Cash and Noncash Amount:		10,000.

Statement 2 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind	SOUTHERN NEWSPAPER INC	
Donee's Street Address:	301 JUNCTION HIGHWAY STE101	
Donee's City	KERRVILLE	
Donee's State	TX	
Donee's Zip code	78028	
Cash and Noncash Amount:		$ 10,000.

Donee's Name - Ind	TACO INTL LLC	
Donee's Street Address:	11420 SANTA MONICA BLVD252385	
Donee's City	LOS ANGELES	
Donee's State	CA	
Donee's Zip code	90025	
Cash and Noncash Amount:		10,000.

Donee's Name - Ind	TEXAS PUBLIC RADIO	
Donee's Street Address:	321 W COMMERCE	
Donee's City	SAN ANTONIO	
Donee's State	TX	
Donee's Zip code	78205	
Cash and Noncash Amount:		10,000.

Donee's Name - Ind	THE 51ST	
Donee's Street Address:	1930 18TH ST NW PMB 2061	
Donee's City	WASHINGTON	
Donee's State	DC	
Donee's Zip code	20009	
Cash and Noncash Amount:		300.

Donee's Name - Ind	BEACON MEDIA INC	
Donee's Street Address:	300 E 39 ST	
Donee's City	KANSAS CITY	
Donee's State	MO	
Donee's Zip code	64111	
Cash and Noncash Amount:		4,950.

Donee's Name - Ind	THE EASTSIDE LLC	
Donee's Street Address:	1539 PARMER AVE	
Donee's City	LOS ANGELES	
Donee's State	CA	
Donee's Zip code	91770	
Cash and Noncash Amount:		10,000.

Donee's Name - Ind	THE JOLT NEWS ORGANIZATION	
Donee's Street Address:	PO BOX 40008	
Donee's City	TURNWATER	
Donee's State	WA	
Donee's Zip code	98501	
Cash and Noncash Amount:		10,000.

Statement 2 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind	AMESTOY COMMUNICATIONS LLC	
Donee's Street Address:	314 ROCK RIDGE	
Donee's City	KERRVILLE	
Donee's State	TX	
Donee's Zip code	78028	
Cash and Noncash Amount:		$ 10,000.
Donee's Name - Ind	THE MOUNTAIN EAGLE LP	
Donee's Street Address:	41 NORTH WEBB AVE	
Donee's City	WHITESBURG	
Donee's State	KY	
Donee's Zip code	41858	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	HISTORIC NORTHWEST MEDIA INC	
Donee's Street Address:	2659 INDEPENDENCE AVE	
Donee's City	KANSAS CITY	
Donee's State	MO	
Donee's Zip code	64124	
Cash and Noncash Amount:		20,000.
Donee's Name - Ind	THE PHILADELPHIA CITIZEN	
Donee's Street Address:	2400 MARKET ST STE 200	
Donee's City	PHILADELPHIA	
Donee's State	PA	
Donee's Zip code	19103	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	THE SAN FERNANDO VALLEY SUN	
Donee's Street Address:	1150 SAN FERNANDO RD STE 100	
Donee's City	SAN FERNANDO	
Donee's State	CA	
Donee's Zip code	91340	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	THE RICHMONDER INC	
Donee's Street Address:	PO BOX 14684	
Donee's City	RICHMOND	
Donee's State	VA	
Donee's Zip code	23221	
Cash and Noncash Amount:		1,000.
Donee's Name - Ind	THE UNIVERSITY TEXAS AT AUSTI	
Donee's Street Address:	110 INNER CAMPUS DR	
Donee's City	AUSTIN	
Donee's State	TX	
Donee's Zip code	78712	
Cash and Noncash Amount:		10,000.

Statement 2 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind	VALLEY NEWS GROUP	
Donee's Street Address:	22025 VENTURA BLVD # 303	
Donee's City	WOODLAND HILLS	
Donee's State	CA	
Donee's Zip code	91364	
Cash and Noncash Amount:		$ 10,000.
Donee's Name - Ind	THE WAR HORSE NEWS INC	
Donee's Street Address:	500 WESTOVER DR # 39399	
Donee's City	SANFORD	
Donee's State	NC	
Donee's Zip code	27330	
Cash and Noncash Amount:		1,500.
Donee's Name - Ind	PASEDENA MEDIA FOUNDATION	
Donee's Street Address:	1416 NORTH MENTOR AVE	
Donee's City	PASEDENA	
Donee's State	CA	
Donee's Zip code	91104	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	OPENDEMOCRACY LTD	
Donee's Street Address - Foreig	18 ASHWIN STREET	
Donee's city - Foreign	DALSTON	
Donee's region	LONDON	
Donee's country	United Kingdom	
Donee's postal code	E9 3DL	
Cash and Noncash Amount:		1,500.
	Total	$ 2,807,781.

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 Compensation	Contribution 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.

Statement 3 (continued)
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
LUCAS GRINDLEY 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.
CORINNE COLBERT 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 MOCHKOFSKY 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	Director 5.00	0.	0.	0.
KAREN RUNDLET 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	CEO 40.00	222,953.	0.	0.
CHARLES POTTS JR 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	DIR. OF FINANCE 40.00	165,270.	0.	0.

Statement 3 (continued)
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
SORAYA MEMBRENO 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	COO 40.00	$ 164,733.	$ 0.	$ 0.
	Total	$ 552,956.	$ 0.	$ 0.

Key Employees:

Name	Title and Average Hours Per Week Devoted	Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
JONATHAN KEALING 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	CHIEF NETWORK OFF 40	170,537.	0.	0.
SHARENE AZIMI 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	DIRECTOR OF COMMU 40	159,139.	0.	0.
	0	0.	0.	0.
COURTNEY LEWIS 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	CHIEF OF GROWTH P 40	177,328.	0.	0.
LISA M GARDNER-SPRINGER 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	CHIEF DEVELOPMENT 40	174,491.	0.	0.
STEPHANIE SCHENKEL 8549 WILSHIRE BLVD #2294 BEVERLY HILLS, CA 90211	NETWORK PHILANTHR 40	145,819.	0.	0.
	Total	$ 827,314.	$ 0.	$ 0.

Statement 4
Form 199, Part II, Line 17
Other Expenses

Accounting Fees	$ 151,541.
Advertising and Promotion	29,199.
Amortization	4,584.
BANKING/MERCHANT FEES	19,464.
Conferences, Conventions, and Meetings	369,963.
DUES & SUBSCRIPTIONS	84,630.
Funds Released to Separated Fi	843,176.
Information Technology	251,495.

Statement 4 (continued)
Form 199, Part II, Line 17
Other Expenses

Insurance	$ 17,502.
Legal Fees	24,832.
MEALS AND ENTERTAINMENT	9,759.
Office Expenses	7,327.
Other Employee Benefit	356,496.
Other fees	906,683.
Pension Plan Contributions	85,473.
PRINTING & POSTAGE	15,434.
STIPEND TO MEMBER	19,245.
TELEPHONE	12,527.
Travel	223,316.
Total	$ 3,432,646.

Statement 5
Form 199, Schedule L, Line 12
Other Assets

Net Intangible Assets	6,663.
Prepaid Expenses and Deferred Charges	129,906.
Total	$ 136,569.

Statement 6
Form 199, Schedule L, Line 18
Other Liabilities

Deferred Revenue	120,837.
Total	$ 120,837.

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

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

(For Registry Use Only)

INSTITUTE FOR NONPROFIT NEWS
Name of Organization

List all DBAs and names the organization uses or has used

8549 WILSHIRE BLVD #2294
Address (Number and Street)

BEVERLY HILLS, CA 90211
City or Town, State, and ZIP Code

(213) 709-7126
Telephone Number

Email Address

Check if:
- ☐ Change of address
- ☐ Amended report
- ☐ Organization requests email notifications

State Charity Registration Number 0166893

Corporation or Organization No. 3250040

Federal Employer ID No. 27-2614911

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 1/01/25 **ending** 12/31/25 **) list:**

Total Revenue $ (including noncash contributions) 9,880,054. **Noncash Contributions** $ 0. **Total Assets** $ 7,560,225.

Program Expenses $ 8,104,662. **Total Expenses** $ 9,406,422.

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

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.

Signature of Authorized Agent	Printed Name	Title	Date
	KAREN RUNDLET	CEO	

Form **8868**
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
INSTITUTE FOR NONPROFIT NEWS

Taxpayer identification number (TIN)
27-2614911

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, 20 26, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 25 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.