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.

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



Α	For th	e 2013 calendar year, or tax year beginning and	ending	-	
В	Check if applicab	e: C Name of organization		D Employer identific	ation number
	Addre	INVESTIGATIVE NEWSOURCE			
	Name			27-07	732786
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termi ated	5500 CAMPANILLE DRIVE, PSPA 501C) 594-5100
	Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	498,889.
	Appli tion pend	SAN DIEGO, CA 92102		H(a) Is this a group re	
	penu	F Name and address of principal officer: KARIN WINNER		for subordinates?	
		SAME AS C ABOVE		H(b) Are all subordinates ind	
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 🛄 527		list. (see instructions)
		te: WWW.INEWSOURCE.ORG		H(c) Group exemption	
		f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 2009 M	State of legal domicile: CA
P	art I				
e	1	Briefly describe the organization's mission or most significant activities: TO E	DUCATE	THE PUBLIC	, CONDUCT
ano		PUBLIC INTEREST RESEARCH, IMPROVE SOCIAL			
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more		sets. 11
ğ	3				11
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			
ties	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		<u> </u>	
tivi	6	Total number of volunteers (estimate if necessary)		0.	
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34			
		Contributions and events (Dart)/III line 1b)	-	Prior Year 403,400.	Current Year 479,531.
Revenue	8	Contributions and grants (Part VIII, line 1h)		24,020.	19,200.
ver		Program service revenue (Part VIII, line 2g)		182.	15,200.
Ве		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		427,602.	498,889.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		304,780.	313,474.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per		Total fundraising expenses (Part IX, column (D), line 25)	0.		
ŵ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		120,657.	104,783.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		425,437.	418,257.
	19	Revenue less expenses. Subtract line 18 from line 12		2,165.	80,632.
Or	8			eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		229,742.	310,374.
ASt	21	Total liabilities (Part X, line 26)		0.	0.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		229,742.	310,374.
P	art II				
Line				and a share the state of the st	1 1 1 1 1 1 1 1 1 1 1

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 LORIE HEARN, EXECUTIVE Type or print name and title	DIRECTOR		Date				
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	LISA M. BETYAR	Original Signed by Lisa M. Betyar 09/30/20		L4 If self-employed	P0023431	1		
Preparer	Firm's name 🕨 LINDSAY & BROWNE		F	irm's EIN 🕨 🔅	33-088589	5		
Use Only	Firm's address 4225 EXECUTIVE S	QUARE, SUITE 1150						
	LA JOLLA, CA 92037 Phone no.858 5589200							
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)							
332001 10-2	332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)							
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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2013) INVESTIGATIVE NEWSOURCE	27-0732786	Page
Par	t III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III		L
1	Briefly describe the organization's mission: THE MISSION OF INVESTIGATIVE NEWSOURCE IS TO PRODUCE JOURNALISM THAT INFORMS CITIZENS OF SAN DIEGO AND IM		
	JOURNALISM THAT INFORMS CITIZENS OF SAN DIEGO AND IM	PERIAL COUNTIES	•
2	Did the organization undertake any significant program services during the year which were not listed on		
Z	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		X
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser If "Yes," describe these changes on Schedule O.	rvices?	X
4	Describe the organization's program service accomplishments for each of its three largest program servi Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations		
	revenue, if any, for each program service reported.		
4a	(Code:)(Expenses \$ 353,893. including grants of \$) INVESTIGATIVE NEWSOURCE SATISFIES A NEED FOR DEEP, T	HOUGHTFUL,	000
	DATA-DRIVEN JOURNALISM THAT ILLUMINATES GOVERNMENT A FOR PUBLIC MONIES, PROVOKES A SEARCH FOR SOLUTIONS T		
	SOCIETAL PROBLEMS, STRENGTHENS DEMOCRACY IN THE REGI		ANI
	FUTURE INVESTIGATIVE JOURNALISTS.	· ·	
4b	(Code:) (Expenses \$ 10,200 • including grants of \$)	(Revenue \$ 10,	200
	AND REPORTS AS REQUIRED. IN EXCHANGE, KPBS IS RESPON INVESTIGATIVE NEWSOURCE WITH OFFICE SPACE INCLUDING OFFICE EQUIPMENT AS WELL AS RELATED UTILITIES.	ISIBLE FOR PROVI THE USE OF GENE	
4c	(Code:) (Expenses \$including grants of \$)	(Revenue \$	
	, (, , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O.)		
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 364,093.)	
32002		Form 9	90 (2
~ ~			
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Form 990 (INVESTIGATIV
Part IV	Che	cklist 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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
С	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		A X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		- 72
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	• ••		
	Schedule D, Parts XI and XII	12a		х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
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			37
	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			х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<u> </u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
~~	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			х
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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		х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
270	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		х
b		24b		
	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		
	Section 501(c)(3) and 501(c)(4) 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		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		Δ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
	contributions? If "Yes," complete Schedule M	30		Δ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	0.4		х
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	Schodula N. Dart II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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				
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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	Form 990 (2013)	INVESTIGATIVE	E NEWS
ĺ	Part IV	Che	ecklist of Required Schedules (continued)

Pa	<u>rt V</u> Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
10	Enter the number reported in Rev 2 of Form 1006. Fotor 0, if not appliable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a7Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
C	(gambling) winnings to prize winners?	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Lu	filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
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		Х
с	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).			37
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		x
لم	to file Form 8282?	7c		~
	If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966? N/A	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A			
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:			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	46		
а	Is the organization licensed to issue qualified health plans in more than one state? <u>N/A</u>	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans 13b 13c			
с 14-э		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		<u> </u>
	. Teo, has three at onn the temport these payments in they prove at explanation in Sensative C		000	(2012)

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/I	Governance, Management,	and Disclosure For each	"Yes" response to lines i	2 through 7b below, ar	nd for a "No	' response
	to line 8a, 8b, or 10b below, describe					

Check if Schedule O contains a response or note to any line in this Part VI	De atiens A. Oessensiens De de and Management	
	Check if Schedule O contains a response or note to any line in this Part VI	

Sec	tion 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	1a	11			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any	/ other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct s	upervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was fi	led?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	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 re	ached at t	ne			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue C	ode.)		_	_
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	hapters, a	ffiliates,			
	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 both	dy before f	iling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflict	s?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			10-	x	
10	in Schedule O how this was done			12c 13	- 23	X
13 14	Did the organization have a written whistleblower policy?			14		X
15	Did the organization have a written document retention and destruction policy?			14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	•	bendent			
2	The organization's CEO, Executive Director, or top management official			15a	x	
a h				15a	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			150		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont with	^			
iva				16-		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			16a		- 23
D			icipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			16h		
Sec	exempt status with respect to such arrangements?			16b		
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed \triangleright CA					
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section	501(0)(3)0 00(1)	wailah		
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-			avalial	10	

for public inspection. Indicate how you made these available. Check all that apply.

Other (explain in Schedule O)

19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

20	LORIE HEARN - (619)594-5100
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

5500	CAMPANILE	DRIVE,	PSFA	361C,	SAN	DIEGO,	CA	92182	

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2013.04030 INVESTIGATIVE NEWSOURCE

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332006 10-29-13

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hignest 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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax y	ear.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (.... Т <u>(</u>,

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per	(do box	Position not check more than one , unless person is both an			than	one h an	Reportable compensation	Reportable	Estimated amount of
	week (list any hours for related organizations	offic	cer ar	nd a d	irecto	or/trus	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization
	below line)	Individual truste	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			and related organizations
(1) KARIN WINNER	15.00			37					0	0
BOARD MEMBER/PRESIDENT	2 00	X		X				0.	0.	0.
(2) GUYLYN CUMMINS	3.00								0	0
BOARD MEMBER		X						0.	0.	0.
(3) MARY WALSHOK	2.00	v						0.	0.	0.
BOARD MEMBER (4) MARTHA DENNIS	2.00	X						0.	0.	0.
(4) MARTHA DENNIS BOARD MEMBER	2.00	x						0.	0.	0.
(5) BRANT HOUSTON	1.00	^						0.	0.	0.
BOARD MEMBER/SECRETARY	1.00	x		x				0.	0.	0.
(6) OSBORN HURSTON	0.50							0.	••	0.
BOARD MEMBER	0.50	х						0.	0.	0.
(7) NITA VAN DER WERFF	0.50	11								
BOARD MEMBER		x						0.	0.	0.
(8) JOYCE GATTAS	0.50									
BOARD MEMBER		x						0.	0.	0.
(9) JOHN MESSNER	0.50								•••	
BOARD MEMBER/TREASURER		x		x				0.	0.	Ο.
(10) CHARLES LEWIS	0.50									
BOARD MEMBER		x						0.	0.	0.
(11) BARBARA LEE	0.50									
BOARD MEMBER		x						0.	0.	0.
332007 10-29-13			I		I			1		Form 990 (2013)

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Form **990** (2013)

Form 990 (2013) INVESTIG									27-0	732	786	Pa	ge 8
Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per	box	not c , unle	C Posi heck i ss per id a di	ition more rson	than is bot	th an	(D) Reportable compensation	(E) Reportable compensatio	n	am	(F) imate ount c	
	week (list any hours for related organizations	tee or director						from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	comp fro orga	other pensat om the anization related	e on
	below line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					nizatio	
		-											
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0.0.		0. 0.			0.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	lose	liste	ed at	bove	e) wi	ho r	eceived more than \$100),000 of reportab	le		Yes	0 No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s				-		•		highest compensated e			3	Tes	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edul	e J i	for such individual			4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-			-			5		Х
Section B. Independent Contractors Complete this table for your five highest contractors the organization. Report compensation for	•	•								npens	ation fr	om	
(A) Name and business			ONE		VILII			(B) Description of s	,	С	(C) ompen) Isatior	. <u> </u>
2 Total number of independent contractors (i	•	iot lii	mite	d to		-	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	zation 🕨				(0					Form S	990 (2	013)
332008 10-29-13						8							

Form 990 (20	13)	INVESTI
Part VIII	Statement	of Revenue

Γ

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			L
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
And S.		Fundraising events 1c					
a git		Related organizations 1d					
,s'il		Government grants (contributions) 1e					
rsi Si Si	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	479,531.				
ËÖ	a	Noncash contributions included in lines 1a-1f: \$					
aG	•	Total. Add lines 1a-1f		479,531.			
-			Business Code				
e l	2 a	KPBS AGREEMENT CONTENT	519100	10,200.	10,200.		
is 🛛	b		519100	9,000.	9,000.		
Program Service Revenue	c						
E S	d						
n n n n n n n n n n n n n n n n n n n	۵ ۵						
Pres 1	f	All other program service revenue					
		Total. Add lines 2a-2f		19,200.			
_	3	Investment income (including dividends, inter					
	U	other similar amounts)		158.			158.
	4	Income from investment of tax-exempt bond			~		
	5	Royalties	-				
	U	(i) Real	(ii) Personal				
	6 9	Que en una te					
	b						
	0	Rental income or (loss)					
	ں ط	Net rental income or (loss)		_			
	<i>i</i> a	Gross amount from sales of (i) Securities	(ii) Other				
	la la	assets other than inventory					
	D	Less: cost or other basis					
		and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
ne	8 a	Gross income from fundraising events (not					
Ver		including \$ of					
Re		contributions reported on line 1c). See					
Other Reven		Part IV, line 18 a	1				
₹		Less: direct expenses b					
		Net income or (loss) from fundraising events	▶				
	9 а	Gross income from gaming activities. See					
		Part IV, line 19 a					
		Less: direct expenses b					
		Net income or (loss) from gaming activities	····· •				
	10 a	Gross sales of inventory, less returns					
		and allowances a					
		Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11 a						
	b						
	С						
		All other revenue					
	е	Total. Add lines 11a-11d		100 000			
20000	12	Total revenue. See instructions.	►	498,889.	19,200.	0.	
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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 (A) Total expenses (B) (D) (C)Do not include amounts reported on lines 6b. Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 1 organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 2 the United States. See Part IV, line 22 3 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 266,620. 239,958. 26,662. 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 23,270. Other employee benefits 20,943. 2,327. 9 23,584 21,226. 2,358. Payroll taxes 10 Fees for services (non-employees): 11 Management а 4,891. 4.891. b Legal 8,820. 8,820. С Accounting d Lobbying Professional fundraising services. See Part IV. line 17 ρ Investment management fees _____ f Other, (If line 11g amount exceeds 10% of line 25, 28,766. 25,889. 2,877. column (A) amount, list line 11g expenses on Sch 0.) 8,189. 7,370. 819. 12 Advertising and promotion 6,471. 5,824. 647. 13 Office expenses 12,157. 1,351. 13,508. Information technology 14 15 Royalties 16 Occupancy 4,256. 3,830. 426. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 5,072. 564. 5,636. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 1,329. 148. 1,477. 22 Depreciation, depletion, and amortization 2,797. 3,108. 311. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 4,321. 3,889. 432. DUES & SUBSCRIPTIONS а PAYROLL EXPENSES 3,020. 2,718. 302. b MOVING EXPENSES 2,689. 2,420. 269. С 2,140. CONTINUING EDUCATION 1,926. 214. d 7,491. 6,745. 746. е All other expenses 364,093. 418,257. 54,164. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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11 2013.04030 INVESTIGATIVE NEWSOURCE

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

Beginning of year End of year 1 Cash - non-interest-bearing 225,358.1 270,102. 3 Pludges and grant receivable, net 3 4 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustese, key employees, and highest compensated employees. Complete 5 6 Loans and other receivables from current and former officers, directors, trustese, key employees, and highest compensated employees. Complete 5 7 Notes and loans receivable, net 6 7 Notes and loans receivable, net 7 8 Prepaid expenses and deferred charges 0 • 8 9 Prepaid expenses and deferred charges 0 • 8 10 10,960. 10 11 Investments - program-relation 10 12 Investments - program-relation 10 13 Investments - program-relation 11 14 Intransities. See Part IV, Ine 11 13 16 Other assets. See Part IV, Ine 11 13 17 Rocanties. See Part IV, Ine 11 13 18 Other assets. See Part IV, Ine 11 13 19 Deferred reverue 19 21 Loans and other payable and accured expenses 24 <th></th> <th></th> <th>Check in Schedule O contains a response of ho</th> <th>te to an</th> <th></th> <th>(A)</th> <th></th> <th></th>			Check in Schedule O contains a response of ho	te to an		(A)		
2 Swings and temporary cash investments 3 Piedges and argunts receivable, net 4 Accounts receivables from other disqualified persons (as defined under section 4958)(f(1)), persons described in section 4958)(f(2)(8)(8), and contributing employees ind other receivables from other disqualified persons (as defined under section 4958)(f(1)), persons described in secribed in described in desc								
2 Swings and temporary cash investments 2 3 Pedges and grants receivables, net 3 4 Accounts receivables, net 3 5 Loans and other receivables from current and former officers, directors, trustess, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from durent disqualified persons (as defined under section 4958)(f(1)), persons described in section 4958)(f(1)), persons described in section 4958(f(2)) (s), and contributing employees' beneficiary organizations (sec instr). Complete Part II of Sch L 6 7 Notes and chars receivables form other disqualified persons (as defined under section 4958)(f(1)), persons described (n) (10) (900. 8 9 Prepaid expenses and deferred charges 0.9 9 9 Prepaid expenses and deferred charges 0.9 9 10 10, 9, 960. 10 10 11 Investments - publicy traded securities 11 11 11 Investments - publicy trade securities 11 11 11 Investments - program related. See Part IV, line 11 13 11 11 Investments - publicy trade securities 14 13 12 Charges Part IV is finut equal ine 34) <th></th> <td>1</td> <td>Cash - non-interest-bearing</td> <td></td> <td></td> <td>225,358.</td> <td>1</td> <td>270,102.</td>		1	Cash - non-interest-bearing			225,358.	1	270,102.
3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4556(10)), exection 4556(10), exection 4566(10), exection		2					2	
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Tustees, key employees, and highest compensated employees. Complete 5 Part II of Schadule L 5 6 Lans and other receivables from other disqualified persons (as defined under section 4958(f)(1), persons described in section 4958(f)(20) voluntary employees: beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and leans receivable, net 8 9 Prepaid expenses and deferred charges 0 9 10a Land, buildings, and equipment: cost or other tasks. Complete Part II of Schedule D 10 2,432 4,384. floc 8,528. 11 Investments - publicly traded securities. 11 12 11 12 11 Investments - publicly traded securities. 11 12 14 12 Investments - publicly traded securities. 11 12 14 13 Investments - programication See Part IV, line 11 13 14 14 10 229,742. 16 310,374. 17 Accounts payable and accrued expenses 17 18 220 22 22 22 22 22 22 22 22 22 22 22 22 22 2		5						
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employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		-	-	-				
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12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intagible assets 14 15 Other assets. Add lines 1 through 15 (must equal line 34) 229, 742. 16 310, 374. 17 Accounts payable and accrued expenses 17 18 Grants payable and accrued expenses 17 18 Grants payable and account liability. Complete Part IV of Schedule D 20 21 22 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Add lines 17 through 25 0 • 26 0 • 26 26 Total liabilities. Add lines 17 through 25 0 • 26 0 • 26 0 • 26 26 Organizations that do tot follow SFAS 117 (ASC 958), check here 29 29 29 310, 374						,		
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34 Total liabilities and net assets/fund balances 229,742.34 310,374.		32			E E			
		33	Total net assets or fund balances		L			
		34	Total liabilities and net assets/fund balances			229,742.	34	<u>310,374.</u>

Form 990 (2013)

WATCHD11

12400929 795635 WATCHD1601

Form 990 (2013) Part X Balance Sheet

orm	990	(2013))
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Assets

Liabilities

Net Assets or Fund Balances

12400929 795635 WATCHD1601

12 2013.04030 INVESTIGATIVE NEWSOURCE

27 -	073	278	6 Page

Form	1990 (2013) INVESTIGATIVE NEWSOURCE	27-073	2786	Page 12
Pa	rt 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		8,889.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,257.
3	Revenue less expenses. Subtract line 2 from line 1	3),632.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	229	,742.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	310),374.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>
1	Accounting method used to prepare the Form 990: 🔀 Cash 🔲 Accrual 🗌 Other			Yes No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e 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 reviewe			
	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 separa			
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	T	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	200 (2012)

Form **990** (2013)

SCHEDULE A	
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Department of the Treasury

(Form	990	or	990-EZ)
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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.

Open to Public

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

. Inspection ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*. Employer identification number

Name of	ine organizau						Linployer	uentincatio	JII IIUI	TIDEI
		INVESTI	GATIVE NEWSO	URCE			27	7-0732	786	
Part I	Reason	for Public Char	ity Status (All organiza	ations must complete	e this part.) See instr	uction	3.			
The organ	ization is not a	a private foundation	because it is: (For lines 1	through 11, check of	only one box.)					
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3	A hospital or	a cooperative hospi	tal service organization d	escribed in section	170(b)(1)(A)(iii).					
4	A medical res	search organization	operated in conjunction v	vith a hospital descr	ibed in section 170(I	o)(1)(A	(iii). Enter tl	he hospital'	s nam	ie,
	city, and stat	e:								
5	An organizati	on operated for the	benefit of a college or un	iversity owned or op	erated by a governm	iental i	init describe	ed in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)							
6	A federal, sta	te, or local governm	ent or governmental unit	described in section	n 170(b)(1)(A)(v).					
7		-	eives a substantial part o			from t	he general p	oublic descr	ibed i	n
	-	b)(1)(A)(vi). (Comple	-		•		•			
8	A community	trust described in s	ection 170(b)(1)(A)(vi). (0	Complete Part II.)						
9 X	An organizati	on that normally rec	eives: (1) more than 33 1	/3% of its support fr	om contributions, me	embers	hip fees, an	nd gross rec	eipts	from
	activities rela	ted to its exempt fu	nctions - subject to certai	n exceptions, and (2	2) no more than 33 1/	'3% of	its support	from gross	invest	ment
	income and ι	unrelated business t	axable income (less secti	on 511 tax) from bus	sinesses acquired by	the or	ganization a	after June 3	0, 197	'5.
		509(a)(2). (Complete					•		-	
10			perated exclusively to tes	t for public safety. S	ee section 509(a)(4)					
11 🗌	-	-	perated exclusively for the				arry out the	purposes o	fone	or
	-	-	ations described in sectio				-			
		•••••	organization and comple							
	а 🗌 Туре I	b T	/pell c Ty	pe III - Functionally i	ntegrated d	— т	ype III - Non	-functionally	y integ	grated
е 🗌	• •		t the organization is not o		-				-	-
			han one or more publicly							
f			ten determination from th							
	-	rganization, check tl								
g	Since August	t 17, 2006, has the o	organization accepted any							
-	(i) A perso	n who directly or inc	irectly controls, either alc	one or together with	persons described ir	n (ii) an	d (iii) below,		Yes	No
		-	upported organization?	-						
			n described in (i) above?							
	(iii) A 35% controlled entity of a person described in (i) or (ii) above?									
h										
		U	11	. /						
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization	(v) Did you notify the	(vi	Is the	(vii) Amount	of mor	netary
• •	anization	(,	(described on lines 1-9	n col. (i) listed in your	organization in col.	organiza (i) orga	ation in col. hized in the	supp		ur y
0	above or IRC section governing document? (i) of your support? U.S.?									

organization	(described on lines 1-9 above or IRC section	in col. (i) listed in your governing document?		d in your organization in col. cument? (i) of your support?		g document? (i) of your support? (i) organization in col. (i) organized in the U.S.?		(i) organized in the U.S.?		support
	(see instructions))	Yes	No	Yes	No	Yes	No			
Total										
	 			•		<u> </u>				

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

Part II	Sup

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·				i	1
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	ļ					
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is for	•			•		
604	organization, check this box and stop	here	rooptogo				
	ction C. Computation of Publ					11	
	Public support percentage for 2013 (I		•			14	%
	Public support percentage from 2012					15	. %
16a	33 1/3% support test - 2013. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the c						
47	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
-	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets th						
	organization meets the "facts-and-circ		•	•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ns Þ 📖

Schedule A (Form 990 or 990-EZ) 2013

12400929 795635 WATCHD1601 20

Schedule A (Form 990 or 990-EZ) 2013 INVESTIGATIVE NEWSOURCE Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and	► (a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(6) T - + -	
1 Gifts grants contributions and					(0) 2010	(f) Total	
membership fees received. (Do no							
include any "unusual grants.") \dots	35,000.	214,800.	381,800.	403,400.	487,031.	1522031.	
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	150,000.	150,000.	2,250.	24,020.	11,700.	337,970.	
3 Gross receipts from activities that		-	-	-	-		
are not an unrelated trade or bus- iness under section 513							
4 Tax revenues levied for the organ-							
ization's benefit and either paid to or expended on its behalf							
5 The value of services or facilities							
furnished by a governmental unit t	0						
the organization without charge .	. 105 000	264 000	204 050		400 821	100001	
6 Total. Add lines 1 through 5		364,800.	384,050.	427,420.	498,731.	1860001.	
7a Amounts included on lines 1, 2, ar			20 750	70 500	11 000	E01 0E0	
3 received from disqualified perso	ns 185,000.	225,000.	29,750.	70,500.	11,000.	521,250.	
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 exceed the disqualified persons that				5,700.	5,200.	10,900.	
amount on line 13 for the year		225,000.	29,750.			532,150.	
c Add lines 7a and 7b		225,000.	25,150.	10,200.	10,200.	1327851.	
8 Public support (Subtract line 7c from line 6.) Section B. Total Support			_			1527051.	
Calendar year (or fiscal year beginning in)	► (a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
9 Amounts from line 6		364,800.	384,050.	427,420.	498,731.	1860001.	
 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 							
and income from similar sources	62.	218.	231.	182.	158.	851.	
b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975	es						
c Add lines 10a and 10b	62.	218.	231.	182.	158.	851.	
 11 Net income from unrelated busine activities not included in line 10b, whether or not the business is regularly carried on 		210.	231.	102.	150.		
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13 Total support. (Add lines 9, 10c, 11, and 1:	185,062.	365,018.	384,281.	427,602.	498,889.	1860852.	
14 First five years. If the Form 990 is	for the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz		
check this box and stop here Section C. Computation of Pu) X	
15 Public support percentage for 201	3 (line 8, column (f) d	ivided by line 13, o	column (f))		15	%	
16 Public support percentage from 20 Section D. Computation of In-	/	/			16	%	
17 Investment income percentage for					17	%	
18 Investment income percentage fro				1	18	%	
19a 33 1/3% support tests - 2013. If					3 1/3%, and line 1	7 is not	
more than 33 1/3%, check this bo							
b 33 1/3% support tests - 2012. 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 32 1/2%, shock this hox and stop here. The organization qualifies as a publicly supported organization							
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation . If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Private foundation .							
						>	

12400929 795635 WATCHD1601

2013.04030 INVESTIGATIVE NEWSOURCE

SCHEDULE	D
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(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

2013
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

NEWCOUDOE

Employer identification number ~ ¬ 072270

OMB No. 1545-0047

Inspection

Ż

Pa	t I Organizations Maintaining Donor Advised		Accounts Complete if the
1 4			Accounts.Complete il the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year		
1 2	Total number at end of year Aggregate contributions to (during year)		
2	Aggregate grants from (during year)		
4	Aggregate value at end of year		
4 5	Did the organization inform all donors and donor advisors in w		inde
5	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ad		
U	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pa			
1	Purpose(s) of conservation easements held by the organization		.,
-	Preservation of land for public use (e.g., recreation or ed		ally important land area
	Protection of natural habitat	Preservation of a certified	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ►		
4	Number of states where property subject to conservation eas	ement is located ►	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes 🛛 No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	nforcing conservation easements during the	year ► \$
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes 🛛 No
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the o	organization's accounting for
	conservation easements.	Ant Ilistania I Tussanuss an Otha	. Oinsilan Assats
Pa	t III Organizations Maintaining Collections of		r Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		of public service, provide, in Part XIII,
h	the text of the footnote to its financial statements that describ		belance about works of art biotorical
D	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	ucation, or research in furtherance of public s	service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical trea	sures or other similar assets for financial gai	
2	the following amounts required to be reported under SFAS 11		
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		
5			···· ► ▼
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2013
33205 09-25-	13		

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2013.04030 INVESTIGATIVE NEWSOURCE

		GATIVE NEWS					73278				
Pa	t III Organizations Maintaining C	ollections of Art,	Historical T	reasures, o	or Other	Similar Ase	s ets (contin	nued)			
3	Using the organization's acquisition, accession	on, and other records,	check any of the	e following tha	it are a sign	ificant use of i	ts collectio	n iten	ns		
	(check all that apply):										
а	Public exhibition	d	Loan or exc	change progra	ams						
b	Scholarly research	e	U Other								
С	Preservation for future generations										
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 o					Г		_	-		
_	to be sold to raise funds rather than to be ma						Yes		_ No		
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par	•	e if the organization	on answered '	"Yes" to Fo	rm 990, Part IV	/, line 9, or				
1a	Is the organization an agent, trustee, custodi	ian or other intermedia	ry for contributio	ns or other as	sets not ind	cluded			_		
	on Form 990, Part X?					[Yes		No		
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:								
							Amoun	t			
с	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
	Did the organization include an amount on Fe					L	Yes				
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete in										
		(a) Current year	(b) Prior year	(c) Iwo year	rs back (d)	Three years bac	ck (e) ⊦oui	years	back		
1 a	Beginning of year balance						_				
b	Contributions						_				
c	Net investment earnings, gains, and losses										
	Grants or scholarships						_				
е	Other expenditures for facilities										
	and programs										
t	Administrative expenses						_				
g	End of year balance		//: / //: /								
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column (a)) neid as:							
a L	Board designated or quasi-endowment	0/	/0								
D	Permanent endowment	%									
С	Temporarily restricted endowment	%%									
20	The percentages in lines 2a, 2b, and 2c shou Are there endowment funds not in the posse		on that are hold	and administra	rad for the	orgonization					
Ja		ssion of the organizati		and autimiste		organization	I	Yes	No		
	by: (i) unrelated organizations						3a(i)	165			
	(i) unrelated organizations										
h	If "Yes" to 3a(ii), are the related organizations	s listed as required on	Schedule B?				3b				
4	Describe in Part XIII the intended uses of the										
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answered		Part IV, line 11a. S	See Form 990	, Part X, line	e 10.					
	Description of property	(a) Cost or oth		t or other		umulated	(d) Boo	k valu	ie		
		basis (investme	1	(other)	• •	ciation	(-)				
1 a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other		1	0,960.		2,432.		8,5	28.		
	Add lines 1a through 1e. (Column (d) must e								28.		
-						Schedu	ule D (Forn				

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		1b. 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 er	nd-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Complete if the organization answered "Yes" (1)	Description		(b) Book value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7) (8) (9)	15)		
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	2 15.)	•	
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.			
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	to Form 990, Part IV, line 1		5.
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	<u></u>
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	to Form 990, Part IV, line 1 (1e or 11f. See Form 990, Part X, line 2	5.
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	to Form 990, Part IV, line 1 ((11e or 11f. See Form 990, Part X, line 2 b) Book value	

Schedule D (Form 990) 2013

332053 09-25-13

Part XI Reconciliation of Revenue per Audited Fi	nancial Statements With Reven	ue per Return.	0			
Complete if the organization answered "Yes" to Form S	990, Part IV, line 12a.					
1 Total revenue, gains, and other support per audited financial s						
2 Amounts included on line 1 but not on Form 990, Part VIII, line						
a Net unrealized gains on investments	2a					
b Donated services and use of facilities	2b					
	Recoveries of prior year grants 2c					
		2e				
3 Subtract line 2e from line 1		3				
4 Amounts included on Form 990, Part VIII, line 12, but not on li						
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.)					
Part XII Reconciliation of Expenses per Audited F	inancial Statements With Expen	nses per Return.				
Complete if the organization answered "Yes" to Form S	990, Part IV, line 12a.					
1 Total expenses and losses per audited financial statements		1				
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						
d Other (Describe in Part XIII.)						
e Add lines 2a through 2d		2e				
3 Subtract line 2e from line 1						
4 Amounts included on Form 990, Part IX, line 25, but not on lin						
a Investment expenses not included on Form 990, Part VIII, line	7b 4a					
b Other (Describe in Part XIII.)						
		4c				
5 Total expenses. Add lines 3 and 4c. (This must equal Form 99	0, Part I, line 18.)					

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.

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Schedule D (Form 990) 2013 INVESTIGATIVE NEWSOURCE

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs. gov/t	2013 Open to Public
Name of the organization INVESTIGATIVE NEWSOURCE	Employer identification number $27-0732786$
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
GOVERNMENT AND SERVE THE PUBLIC INTEREST BY PROVIDING DAT	A-DRIVEN
INVESTIGATIVE JOURNALISM IN SAN DIEGO AND IMPERIAL COUNTI	ES.
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE ORGANIZATION'S BOARD OF DIRECTORS AND TR	EASURER REVIEW AND
APPROVE FORM 990 BEFORE IT IS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: THE CONFLICT OF INTEREST POLICY IS DISTRIBUT	ED TO NEW
EMPLOYEES AND BOARD MEMBERS OF THE ORGANIZATION AND THE P ANNUALLY.	OLICY IS REVIEWED
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: THE ORGANIZATION USES COMPARABILITY DATA FRO	M SIMILAR
ORGANIZATIONS TO MEASURE REASONABLE COMPENSATION. IF APP	LICABLE THE BOARD
OF DIRECTORS APPROVES ALL COMPENSATION FOR OFFICERS AND K	EY EMPLOYEES THAT
IS IN EXCESS OF \$100,000.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: TAX RETURNS ARE AVAILABLE ON WWW.INEWSOURCE.	ORG. ALL OTHER
GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT O	F INTEREST POLICY
ARE AVAILABLE UPON REQUEST.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13 26 12400929 795635 WATCHD1601 WATCHD11

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Dat Acqui	te ired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	COMPUTER EQUIPMENT												
1	LAPTOP COMPUTER	1010	509	SL	5.00	16	1,294.			1,294.	820.		259.
5	COMPUTER EQUIPMENT	1208	313	SL	5.00	16	2,543.			2,543.			42.
6	COMPUTER EQUIPMENT * 990 PAGE 10 TOTAL		013	SL	5.00	16	1,548.			1,548.			206.
	- COMPUTER EQUIPME						5,385.		0.	5,385.	820.	0.	507.
	CAMERA EQUIPMENT												
2	CAMERA EQUIPMENT	1114	412	SL	5.00	16	4,045.			4,045.	135.		809.
3	CAMERA EQUIPMENT * 990 PAGE 10 TOTAL	0313	113	SL	5.00	16	900.			900.			150.
	- CAMERA EQUIPMENT						4,945.		0.	4,945.	135.	0.	959.
	EQUIPMENT												
4	WIRELESS MICROPHONE * 990 PAGE 10 TOTAL		713	SL	5.00	16	630.			630.			11.
	- EQUIPMENT						630.		0.	630.	0.	0.	11.
	* GRAND TOTAL 990 PAGE 10 DEPR						10,960.		0.	10,960.	955.	0.	1,477.

(D) - Asset disposed

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

	ou are filing for an Automatic 3-Month Extension, comp							
Par	II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	al (no c	opies ne	eded).		
		Enter filer's identifying nun						
Туре	Name of exempt organization or other filer, see inst	Employer identification number (EIN)						
print								
File by t			27-0732786					
due date filing yo	\mathbf{r} Number, street, and room or suite no. If a P.O. box	Social se	Social security number (SSN)					
return. S	ee 5500 CAMPANILE DRIVE, PSFA							
instructi	City, town or post onice, state, and ZIP code. For a	a foreign ado	lress, see instructions.					
	SAN DIEGO, CA 92182							
Enter	he Return code for the return that this application is for (file a separa	te application for each return)			0 1		
Applie	ation	Return	Application			Return		
Is For	200 5 000 57	Code	Is For	Code				
	090 or Form 990-EZ	01	Farma 40.44 A					
	990-BL	02	Form 1041-A			08		
-	1720 (individual)	03	Form 4720 (other than individual)	<u> </u>				
	990-PF	04	Form 5227					
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870						11		
	390·T (trust other than above) Do not complete Part II if you were not already grant		Form 8870	iouoly file	d Form 0	12		
	LORIE HEARN			louoly in				
• The	books are in the care of 5500 CAMPANIL	E DRIV	E. PSFA 361C - SAN	DIEG	O. CA	92182		
	1000000000000000000000000000000000000		Fax No.	2120	0, 011			
	ne organization does not have an office or place of busine	ess in the Ur						
	his is for a Group Return, enter the organization's four dig							
box D			ach a list with the names and EINs of					
	request an additional 3-month extension of time until		BER 15, 2014					
	For calendar year 2013 , or other tax year beginning		, and endin	a				
	f the tax year entered in line 5 is for less than 12 months	. check reas		- Final I	return			
	Change in accounting period							
7	State in detail why you need the extension							
	ADDITIONAL TIME IS REQUIRED	TO GAT	HER THE INFORMATIO	N NEC	ESSAR	Y TO FILE		
	A COMPLETE AND ACCURATE RETU	RN.						
8a	f this application is for Forms 990-BL, 990-PF, 990-T, 472	20, or 6069,	enter the tentative tax, less any					
	nonrefundable credits. See instructions.			8a	\$	0.		
b	f this application is for Forms 990-PF, 990-T, 4720, or 60							
	ax payments made. Include any prior year overpayment			_				
	previously with Form 8868.	8b	\$	0.				
С	Balance due. Subtract line 8b from line 8a. Include your	payment wit	th this form, if required, by using					
	EFTPS (Electronic Federal Tax Payment System). See ins			8c	\$	0.		
	-		st be completed for Part II o	-				
	penalties of perjury, I declare that I have examined this form, incl e, correct, and complete, and that I am authorized to prepare this		panying schedules and statements, and to	o the best o	ot my knowle	dge and belief,		
				_				
Signat	ire 🕨 🛛 Title 🕨	Date						

Page 2

323842 12-31-13