990

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

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For the	: 2018 calendar year, or tax year beginning JUL I, ZUIS and e	ending J	<u>UN 30, 2019</u>	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres				
	Name change	Doing business as INEWSOURCE		27-0	732786
	Initial return		Room/suite	E Telephone numbe	r
	Final return/	5500 CAMPANILE DRIVE, PSFA 361C			594-5100
_	terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,122,567.
Ļ	Ameno return Applic	SAN DIEGO, CA 92102		H(a) Is this a group re	
	tion pendir	F Name and address of principal officer: NANTIN WINNER		for subordinates	
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) ole: ► WWW · INEWSOURCE · ORG	r 527		list. (see instructions)
			I Veer	H(c) Group exemption	n number ► ↑ State of legal domicile: CA
	art I	organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 2009 N	A State of legal domicile: CA
		Briefly describe the organization's mission or most significant activities: TO ED	אוור ב יידו	THE DIBLIC	CONDITOT
& Governance	'	PUBLIC INTEREST RESEARCH, IMPROVE SOCIAL	CONDI	TIONS BETT	ER SERVE
nar		Check this box if the organization discontinued its operations or dispose			
ĕ				3	16
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			16
8		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			16
λŧ		Total number of volunteers (estimate if necessary)			17
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
٩		Net unrelated business taxable income from Form 990-T, line 38			0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,520,606.	
	9	Program service revenue (Part VIII, line 2g)		44,018.	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,735.	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,315.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,571,674.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0. 751,142.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		751,142.	855,013.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
Ä	_D	Total fundraising expenses (Part IX, column (D), line 25) 162,54	-	236,006.	228,421.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		987,148.	
		Revenue less expenses. Subtract line 18 from line 12		584,526.	
JC V		nevertue less experises. Subtract line 10 front line 12	Re	ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		1,129,630.	1,176,687.
ASS	21	Total liabilities (Part X, line 26)		26,704.	34,122.
Net Assets or Find Ralances	22	Net assets or fund balances. Subtract line 21 from line 20		1,102,926.	1,142,565.
	art II	Signature Block			
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He	re	LORIE HEARN, EXECUTIVE DIRECTOR			
		Type or print name and title	- 11	Date Check	PTIN
D-!	4	Print/Type preparer's name PTCHARD HOTT		OHOOK	
Pai		RICHARD HOTZ	<u> </u> 1	.1/14/19 if self-employ	P00452784 95-2694444
	parer Only	Firm's name CONSIDINE & CONSIDINE Firm's address 8989 RIO SAN DIEGO DRIVE, SUITE	250	Firm's EIN	33-4034444
US	Only	SAN DIEGO, CA 92108	<u> </u>	Dhone no 61	9.231.1977
Ma	v the IE	RS discuss this return with the preparer shown above? (see instructions)		Ti none no. O I	X Yes No
ıvıd	y iiie if	io discuss this return with the preparer shown above? (see instructions)			Les NO

rai	Check if Schoolule O contains a response or note to any line in this Dort III	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE MISSION OF INVESTIGATIVE NEWSOURCE IS TO PRODUCE INVESTIGATIVE	
	JOURNALISM THAT INFORMS CITIZENS OF SAN DIEGO AND IMPERIAL COUNTIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	K No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	<u>X</u> No
4	If "Yes," describe these changes on Schedule O. 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	b
 4а	revenue, if any, for each program service reported. (Code:) (Expenses \$ 813,807 • including grants of \$) (Revenue \$ 1,000)	00.)
	INVESTIGATIVE NEWSOURCE SATISFIES A NEED FOR DEEP, THOUGHTFUL,	
	DATA-DRIVEN JOURNALISM THAT ILLUMINATES GOVERNMENT ACTIONS, ACCOUNTS	.TD
	FOR PUBLIC MONIES, PROVOKES A SEARCH FOR SOLUTIONS TO GOVERNMENTAL ASSOCIETAL PROBLEMS, STRENGTHENS DEMOCRACY IN THE REGION, AND TRAINS	עוּאַ
	FUTURE INVESTIGATIVE JOURNALISTS.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	Other program services (Describe in Schedule O.)	
чu	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 813,807.	
	Form 990	(2018)

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)?		х	
0	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3	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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	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,	_		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		21
9	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	-		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	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		Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 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,	174		
-	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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	ایما		_v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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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	103	Х
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
		23		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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		
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, 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 "Yes,"			
	complete Schedule L, Part II	26		X
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			177
	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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Λ	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>		
	If "Yes," complete Schedule N, Part I	31		Х
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
	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?			X
07	If "Yes," complete Schedule R, Part V, line 2	36		
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 in Schedule O for Part VI, lines 11b and 19?	31		
30	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt 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			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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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 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	· ·			3,7
	financial account in a foreign country (such as a bank account, securities account, or other financial a	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 A	· ·	_		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b 5c		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		
Va	any contributions that were not tax deductible as charitable contributions?		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		ua		
b	were not tax deductible?	~	6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а			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:	100			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100			
	Gross income from members or shareholders	11a			
	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		12a		
	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.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	· · · · · · · · · · · · · · · · · · ·		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				,,
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.		Гани	990	(0010)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

						Λ		
Sec	tion A. Governing Body and Management							
		1 1	4 cF		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16					
	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	16					
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	X			
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision						
	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			4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X		
6 Did the organization have members or stockholders?								
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		Х		
h	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 ye			10				
				8a	Х			
a			- 1	8b	X			
b	Each committee with authority to act on behalf of the governing body?		···· -	on	21			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reasonable to the properties to the properties of the					Х		
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Λ		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenue Coae.)						
			г		Yes	No X		
	Did the organization have local chapters, branches, or affiliates?		├-	10a				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form	1?	11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				Х			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe						
	in Schedule O how this was done			12c	X			
13	Did the organization have a written whistleblower policy?			13		Х		
14	Did the organization have a written document retention and destruction policy?		L	14		Х		
15	Did the process for determining compensation of the following persons include a review and approve	al by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official			15a	X			
b	Other officers or key employees of the organization		L	15b	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a						
	taxable entity during the year?		L	16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization's						
	exempt status with respect to such arrangements?		<u></u>	16b				
Sec	tion 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, a	nd 990-T (Section 501(c)(3)s	only)	availa	able		
	for public inspection. Indicate how you made these available. Check all that apply.	·	-					
		in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		, and	finan	cial			
	statements available to the public during the tax year.	[]						
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records						
	LORIE HEARN - 619-594-5100							
	5500 CAMPANILE DRIVE PSFA 361C, SAN DIEGO, CA 921	.82						
	· · · · · · · · · · · · · · · · · · ·							

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per		not cl	heck		than		Reportable compensation	Reportable compensation	Estimated amount of
	week	offic			d a director/truste			from	from related	other
	(list any hours for	or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or (stee			nsate		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	ıl trust	nal tru		loyee	edwo				and related
	below line)	In dividual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KARIN WINNER	18.00	트	드	DĮ.	32	표 등	욘			
PRESIDENT		X		х				0.	0.	0.
(2) MEL KATZ	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) MARTHA DENNIS	3.00									
TREASURER		Х		Х				0.	0.	0.
(4) STACY ROSENBERG	4.00									
SECRETARY		Х		Х				0.	0.	0.
(5) STEPHANIE BERGSMA	3.00									
BOARD MEMBER		X						0.	0.	0.
(6) JOYCE GATTAS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) BRANT HOUSTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) BERNARD KULCHIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) CHARLES LEWIS	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(10) NITA VAN DER WERFF	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) HEATHER BERGMAN	3.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(12) AMY GINNOW	2.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) KITTY WOLCOTT	4.00	l								•
BOARD MEMBER	4 00	Х						0.	0.	0.
(14) DAVID FUHRIMAN	4.00	١						_		_
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) MATTHEW HALGREN	1.00	١,,						_		_
BOARD MEMBER	1 2 00	Х						0.	0.	0.
(16) SANDRA TIMMONS	2.00	₩.								_
BOARD MEMBER	2.00	Х				_	_	0.	0.	0.
(17) GUYLYN CUMMINS	2.00	x						0.	0.	0.
BOARD MEMBER 832007 12-31-18		Δ			<u> </u>			<u> </u>	1 0.	Form 990 (2018)

832007 12-31-18 Form **990** (2018)

	990 (2018) INVESTIGA	ATIVE N	EWS	SOT	JRO	CE				27-0732	<u> 1786</u>	F	age 8
Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	ompensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	I (do not check more than one					h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimat mount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org an	npens rom th ganiza nd rela anizat	ne tion ted
	BARBARA LEE	2.00	.,							0			^
	D MEMBER	2.00	Х				-		0.	0.	+		0
	JOSEPH SCHUMAN D MEMBER	2.00	X						0.	0.			0
	LORIE HEARN	40.00							•				
	UTIVE DIRECTOR				Х				95,626.	0 .	,		0
											-		
											_		
											igspace		
1b	Sub-total								95,626.	0 .			0
С	Total from continuation sheets to Part VI	I, Section A							0.	0.			0
	Total (add lines 1b and 1c)								95,626.	0 .			0
2	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed al	bov	e) wl	no r	eceived more than \$100	0,000 of reportable			(
												Yes	No
3	Did the organization list any former officer,	•		e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on			X
4	line 1a? If "Yes," complete Schedule J for some some some some some some some some								her compensation from		3		12
7	and related organizations greater than \$150									tile organization	4		Х
5	Did any person listed on line 1a receive or a									idual for services			
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .				5		X
Sec	ion B. Independent Contractors												
1	Complete this table for your five highest co	="	-							· · · · · · · · · · · · · · · · · · ·	sation	from	
	the organization. Report compensation for	tne calendar y	ear	enai	ing v	vith	or w	rithir	the organization's tax (B)	year.		C)	
	(A) Name and business	address	N	INC	E				Description of s	ervices	Compe		on
								\dashv					
2	Total number of independent contractors (in	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than			

Form **990** (2018)

\$100,000 of compensation from the organization

Pa	rt VII							
		Check if Schedule O cont	tains a response	or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Service Contributions, Gifts, Grants and Other Similar Amounts	b c d e f g h		tions) to 1d tions) to 1e tis, and ve 1f 1, s 1a-1f: \$	119,925. 9,900. Business Code 519100	1,119,925.	1,000.		
Program Service Revenue		All other program service reve	enue		1,000.			
	3 4 5	I Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of ta	dividends, intere	est, and roceeds	1,543.			1,543.
	6 a	Royalties Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 99.	(ii) Other				
nue	d	Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$	99.	>	99.	99.		
Other Revenue		contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund	e 1c). See a b					
	b	Part IV, line 19 Less: direct expenses Net income or (loss) from gam	a					
	b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	a					
	11 a b c			Business Code				
		Total. Add lines 11a-11d			1 122 567.	1,099.	0.	1 543.

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 respon	se or note to any line in t	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,	110,947.	87,648.	8,321.	14 070
_	trustees, and key employees	110,947.	07,040.	0,321.	14,978
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	621,924.	491,320.	46,644.	83,960
7	Other salaries and wages	021,924.	491,520.	40,044.	05,900
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	58,580.	46,278.	4,394.	7 908
9 10	Other employee benefits	63,562.	50,214.	4,767.	7,908 8,581
10	Payroll taxes Fees for services (non-employees):	03,302.	30,214.	4,7076	0,501
11	` ' ' '				
a	Management				
b	Legal				
q	Accounting				
d	B () 1() 1 2 3 4 7 1 4 7 1				
e f	Investment management fees	245.		245.	
g		2131		2131	
y	column (A) amount, list line 11g expenses on Sch 0.)	93,721.	71,853.	11,455.	10.413
12	Advertising and promotion	29,578.	, _ , 0 0 0 0	22,1331	10,413 29,578
13	Office expenses	9,594.	6,025.	3,166.	403
14	Information technology	41,826.	27,814.	11,398.	2,614
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,807.	13,255.		552
20	Interest	-,	-,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,347.	3,304.	391.	652
23	Insurance	29,043.	14,715.	11,424.	2,904
24	Other expenses. Itemize expenses not covered		,	,	
	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.)				
а	BANK FEES	4,777.	48.	4,729.	
b	STORY ENTRY FEES	1,333.	1,333.		
С	TAX & LICENSE	150.	-	150.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,083,434.	813,807.	107,084.	162,543
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)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			44,892.	1	48,222.
	2	Savings and temporary cash investments			409,172.	2	634,830.
	3	Pledges and grants receivable, net			640,200.	3	455,000.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated er	nployees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
Assets		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges		656.	9	0.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	29,836.			
	b	Less: accumulated depreciation		18,992.	9,576.	10c	10,844.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		24,432.	12	25,416.	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			702.	15	2,375.
	16	Total assets. Add lines 1 through 15 (must equ			1,129,630.	16	1,176,687.
	17	Accounts payable and accrued expenses			26,704.	17	34,122.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
8	22	Loans and other payables to current and former	roffice	rs, directors, trustees,			
Ě		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	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			26,704.	26	34,122.
		Organizations that follow SFAS 117 (ASC 958), che	ck here ▶ X and			
es		complete lines 27 through 29, and lines 33 ar					
anc	27	Unrestricted net assets			1,015,994.	27	970,009.
Fund Balances	28	Temporarily restricted net assets		<u> </u>	65,687.	28	151,311.
<u> </u>	29				21,245.	29	21,245.
교		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 📖			
p		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			1 100 005	32	4 4 4 2 5 5 5
~	33	Total net assets or fund balances			1,102,926.	33	1,142,565.
	34	Total liabilities and net assets/fund balances			1,129,630.	34	1,176,687.

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	1,12					
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,083,434.				
3	Revenue less expenses. Subtract line 2 from line 1	3		39,133.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,10	2,9	26.			
5	Net unrealized gains (losses) on investments	5		5	06.			
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	1,14	2,5	65.			
Pa	rt 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 X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat							
	consolidated basis, or both:							
	X 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	e 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 in Sch							
За	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		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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 **2018**

Open to Public Inspection

Employer identification number Name of the organization INVESTIGATIVE NEWSOURCE 27-0732786 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An 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 X 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	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.						
		(-) 004.4	(h) 0045	(-) 0040	(-1) 0047	(-) 0040	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
۵	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stor		•				• • • • • • • • • • • • • • • • • • •
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				,
	Public support percentage for 2018 (column (f))		14	%
	Public support percentage from 2017					15	%
	33 1/3% support test - 2018. If the o						ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶□
b	33 1/3% support test - 2017. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	this box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	nces" test, check	this box and stop	here. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		▶□
b	10% -facts-and-circumstances tes	t - 2017. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, o	check this box and	d stop here. Explai	n in Part VI how th	e
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	<u>ns</u>
					Sch	edule A (Form 990	0 or 990-EZ) 2018

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.)

Se	ction A. Public Support	, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,015,273.	966,646.	655,020.	1,520,606.	1,177,975.	5,335,520.
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.	22,194.	44,972.	44,018.	1,000.	112,334.
3	Gross receipts from activities that						
	are not an unrelated trade or business 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 to the organization without charge						
6	Total. Add lines 1 through 5	1,015,423.	988,840.	699,992.	1,564,624.	1,178,975.	5,447,854.
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons	138,400.	270,200.	232,951.	260,185.	315,788.	1,217,524.
k	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						0.
,	Add lines 7a and 7b	138,400.	270.200.	232,951.	260.185.	315.788.	1,217,524.
	Public support. (Subtract line 7c from line 6.)					02077000	4,230,330.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	1,015,423.	988,840.	699,992.	1,564,624.	1,178,975.	5,447,854.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	236.	755.	804.	1,178.	99.	3,072.
k	Unrelated business taxable income				,		· · · · · · · · · · · · · · · · · · ·
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b	236.	755.	804.	1,178.	99.	3,072.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				5,315.		5,315.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,015,659.	989,595.	700,796.	1,571,117.	1,179,074.	5,456,241.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
_	check this box and stop here						_
	ction C. Computation of Publ						
	Public support percentage for 2018 (I		•	column (f))		15	77.53 %
	Public support percentage from 2017		_			16	79.89 %
	ction D. Computation of Inves					1	<u> </u>
	Investment income percentage for 20					17	.06 %
	Investment income percentage from 2					18	.07 %
198	a 33 1/3% support tests - 2018. If the						
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	
	line 18 is not more than 33 1/3%, che						▶Щ
20	Private foundation If the organization	n did not check a	hay an line 1/1 10	a or 10h chack th	ie hay and eag inc	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 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.
- 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 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
000	tion of Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	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			
		1		
800	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
<u> </u>	tion b. All Type in Supporting Organizations		Vaa	No
	Did the executation provide to each of its supported executations, by the last day of the fifth month of the		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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))-		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in 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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2016 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2018 from Section D, line 7: s Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder underdistributions of prior years b Applied to 2018 distributable amount c Remainder in the control of	Par	1 v Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accompishe exempt purposes of supported organizations 4 Amounts paid to acquire exempt use assets 5 Qualified set asside amounts (prior IPS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total amount distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) Excess Distributions 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (ressontable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount 1 Carryover from 2013 not applied (see instructions) 1 Carryover from 2013 not applied (see instructions) 9 Applied to 2018 distributable amount 1 Carryover from 2013 not applied (see instructions) 1 Remaining underdistributions for years 2 Applied to underdistributions of prior years 3 Applied to 2018 distributable amount 4 Remaining underdistributions for years prior to 2018, if any, subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI). See instructions. 7 Excess from 2015 5 Excess from 2015 6 Excess from 2016	Secti	on D - Distributions			Current Year
any aministrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exemptuse assets Outlifed set-aside amounts (prior IRS approval required) Other distributions (describe in Part V), See instructions. Total annual distributions, Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions. Distributable amount for 2018 from Section C, line 6 Distributable amount for 2018 from Section C, line 6 Distributable amount for 2018 from Section C, line 6 Distributable amount for 2018 from Section C, line 6 Distributable amount for 2018 from Section C, line 6 Distributable amount for 2018 from Section C, line 6 Distributable amount for 2018 from Section C, line 6 Distributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions. A Excess distributions carryover, if any, to 2018 From 2013 From 2013 From 2014 From 2015 From 2016 From 2017 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2018 distributable amount C arryover from 2013 not applied (see instructions) Possible applied to underdistributions of prior years Applied to 2018 distributable amount Remaining subtract lines 3g, and and 3 from 3f. Possible to 2018 distributable amount Remaining subtract lines 3g, and and 4 from 1me 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h and 4b. Remaining underdistributions for 2018. Subtract lines 3h and 4b from 1me 1. For result greater than zero, explain in Part VI. See instructions. Excess from 2016 Excess from 2016 Excess from 2016 Excess from 2017	1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Announts paid to acquire exempts useasets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) Underdistributions pre-2018 Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable causes required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 1 From 2014 2 From 2014 3 From 2014 5 From 2015 6 From 2016 6 From 2017 7 Total of lines 3a through e 9 Applied to underdistributions of prior years h Applied to 2018 distributable amount 1 Carryover from 2013 not applied (see instructions) 1 Remainder Subtract lines 3g, 3h, and 3l from 3f. 4 Distributions for 2018 from Section D, line 7: 8 Remainder Subtract lines 3g, 3h, and 3l from 3f. 5 Remaining underdistributions of prior years D Applied to 2018 distributable amount 1 Remaining underdistributions for years prior to 2018, if any, Substract lines 3g, 3h and 4l from line 2. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7: 8 Excess from 2015 6 Excess from 2015 6 Excess from 2016 6 Excess from 2017	2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
4 Amounts paid to acquire exemptuse assets Cualified set asside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI), See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributations amount for 2018 from Section C, line 6 1 Line 3 amount divided by line 9 amount (i) Line 3 amount divided by line 9 amount (ii) Underdistributions Pre-2018 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 3 From 2013 5 From 2014 6 From 2016 6 From 2016 7 Total of lines 3a through e 9 Applied to underdistributions of prior years 1 Applied to 2018 distributable amount 1 Carryover from 2013 not applied (see instructions) 1 Remainder, Subtract lines 3g, 3d, and 3f from 3f. 4 Distributions for 2018 from Section D, line 7: 8 Applied to 2018 distributable amount 5 Remainder, Subtract lines 3g and 4a from 1ine 2. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2018, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 8 Remaining underdistributions for years prior to 2018, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 9 Remainder underdistributions carryover to 2019. Add lines 3i and 4b. 9 Excess from 2015 9 Excess from 2016 9 Excess from 2017		organizations, in excess of income from activity			
6 Other distributions (describe in Part VI): See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 Line 8 amount divided by line 9 amount 11 Distributable amount for 2018 from Section C, line 6 12 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions. 13 Excess distributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions. 14 Excess distributions carryover, if any, to 2018 15 From 2014 16 From 2015 17 Total of lines 3a through e 9 (Applied to underdistributions of prior years e 1 Applied to 2018 distributable amount e 1 Carryover from 2013 not applied (see instructions) e 1 Remainder. Subtract lines 3g, 3h, and 3 from 3f. 16 Distributions for 2018 from Section D, line 7: \$ 1 Applied to underdistributions of prior years e 1 Applied to underdistributions of years prior to 2018, if any. Subtract lines 4g and 45 from 4. E. For result greater than zero, explain in Part VI. See instructions e 2018. Subtract lines 3h and 4 from line 2. For result greater than zero, explain in Part VI. See instructions e 2019. Add lines 3j and 4d. 18 Breakdown of line 7: Excess from 2014 19 Excess from 2015 10 Excess from 2016 11 Excess from 2017	3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	
6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 5. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions (see instructions) 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to underdistributions of prior years h Applied to underdistributions of prior years h Applied to 2018 distributable amount 1 Carryover from 2018 from Section D, line 7: \$ a Applied to 2018 distributable in prior years A Distribution for 2018 from Section D, line 7: \$ a Applied to 2018 distributable in prior years A Distributions for 2018 from Section D, line 7: \$ B Applied to 2018 distributable in prior years A Distributions for 2018 from Section D, line 7: \$ B Applied to 2018 distributable in prior years A Polied to underdistributions of prior years A Polied to underdistributions of prior years A Polied to underdistributions for years prior to 2018, if any. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions of 2019. Add lines 3j and 4c. 8 Breakdown of line 7: Excess from 2014 b Excess from 2016 d Excess from 2016	4	Amounts paid to acquire exempt-use assets			
7. Total annual distributions. Add lines 1 through 6. 8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9. Distributable amount for 2018 from Section C, line 6 10. Line 8 amount divided by line 9 amount 10. Line 8 amount divided by line 9 amount 10. Line 8 amount divided by line 9 amount 11. Distribution Allocations (see instructions) 12. Line 12. Li	5	Qualified set-aside amounts (prior IRS approval required)			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Pre-2018 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder, Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2018 from Section D, line 7:	6	Other distributions (describe in Part VI). See instructions.			
(provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) (iii) (iii) Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 1 From 2013 2 From 2014 3 From 2014 5 From 2015 6 From 2016 6 From 2016 7 Total of lines 3a through e 9 Applied to underdistributions of prior years 1 Applied to 2018 distributable amount 1 Carryover from 2013 not applied (see instructions) 1 Remainder. Subtract lines 3g, 3h, and 3l from 3l. 4 Distributions for 2018 from Section D, line 7: \$ Applied to 2018 distributable amount 2 Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2018, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 5 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2016 b Excess from 2016 c Excess from 2016 d Excess from 2017	7	Total annual distributions. Add lines 1 through 6.			
9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Distributions (see instructions) 1 Distribution Allocations (see instructions) 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3ag, 3h, and 3i from 3f. 4 Distributions for 2018 from Section D, line 7: s a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 3ag and 4b from 4. 5 Remaining underdistributions for years prior to 2018, if any, Subtract lines 3ag and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4e. 8 Breakdown of line 7: a Excess from 2016 d Excess from 2016 d Excess from 2016 d Excess from 2016	8	Distributions to attentive supported organizations to which the	ne organization is responsive	е	
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and 4c. 8 Breakdown of line 7: a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017		Part VI. See instructions.			
8 Breakdown of line 7: a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017	7	Excess distributions carryover to 2019. Add lines 3j			
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b Excess from 2015 c Excess from 2016 d Excess from 2017	88	Breakdown of line 7:			
c Excess from 2016 d Excess from 2017	a	Excess from 2014			
d Excess from 2017	b	Excess from 2015			
	С	Excess from 2016			
	d	Excess from 2017			
e Excess from 2018	е	Excess from 2018			
	a b c	Excess from 2014 Excess from 2015 Excess from 2016			
e Excess from 2018					

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
i dit vi	Dat N. Section A. lines 1.2. 2b. 4b. 4c. 6c. 6c. 2b. 2b. 2b. 11b. 11b. 2b.
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(occurrence)
-	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Name of the organization Employer identification number INVESTIGATIVE NEWSOURCE 27-0732786

Organization type (check one):							
Filers of	:	Section:					
Form 990 or 990-EZ		$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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; line 1. Complete Parts I and II.					
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year					
but it m u	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

INVESTIGATIVE NEWSOURCE 27-0732786

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Hamo, address, and En 11	50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6			Person X Payroll

Name of organization **Employer identification number**

27-0732786 INVESTIGATIVE NEWSOURCE Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person **Payroll** 35,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 Person **Payroll** 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person **Payroll** 27,500. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 10 Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 11 X Person **Payroll** 30,000. Noncash

(Complete Part II for noncash contributions.) Name of organization

Employer identification number

27 - 0.7.3.2.7.8.6

TM A E'D.	TIGATIVE NEWSOURCE	4.	1-0132100
Part I	Contributors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, audiess, and ZIF + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for

Name of organization Employer identification number

INVESTIGATIVE NEWSOURCE

27-0732786

Part II	Noncash Property (see instructions). Use duplicate copies of P	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
(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
		<u> </u>	
(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
— [<u> </u>	

Employer identification number

Name of organization

T 111	IGATIVE NEWSOURCE		27-0732786
t III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the heavy. For organizations less for the year. (Enter this info. once.) \$\Bigsir \frac{1}{2} \\ \frac{1}
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	ft Relationship of transferor to transferee
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	it
	Transferee's name, address, a		Relationship of transferor to transferee
D. 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
D. 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- ·		(e) Transfer of gif	
	Transferee's name, address, a		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INVESTIGATIVE NEWSOURCE

Employer identification number 27-0732786

Pai	t I Organizations Maintaining Donor Advise		ds or Accounts Complete if the
· u	organization answered "Yes" on Form 990, Part IV, lin		33 Of Acoodings Complete if the
	organization answered Tes Off Offi 990, Fart IV, iii	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Berief davised faile	(b) i unas una suna asseunte
1	Total number at end of year		
2			
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	- f
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	vation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f 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 SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	public service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L A
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1	· ·	> \$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2018

	t III Organizations Maintaining C	collections of A		eacures or Ot	har Sim		ts/contin		age Z
	- Tigarinaario irrainitarining o		•						
3	Using the organization's acquisition, accessing	on, and other record	is, check any or the	lollowing that are a	Significal	it use of its	Collectio	nitem	15
_	(check all that apply):								
a	Public exhibition	d		hange programs					
b	Scholarly research	е	Other						
C 4	Preservation for future generations	alloctions and avalo	a bayy thay firstbar th	aa araanization'a a	compt nu	naca in Dar	+ VIII		
4 5	Provide a description of the organization's conclusing the year, did the organization solicit of						t Alli.		
3	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		oto ii trio organizatio	Transwored 100 V	5111 01111 0	00,1 4111,	1110 0, 01		
	Is the organization an agent, trustee, custodi		liary for contribution	s or other assets n	ot include	ed			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amoun		
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo					<u></u>	Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Pai	t V Endowment Funds. Complete in	f the organization an	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Thre	e years back	(e) Four	years	back
1a	Beginning of year balance	24,432.	23,130.	20,507	•	20,000.			
b	Contributions			500	-	745.			
С	Net investment earnings, gains, and losses	1,229.	1,542.	2,339		-64.			
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	245.	240.	216		174.			
g	End of year balance	25,416.	24,432.	23,130	•	20,507.			
2	Provide the estimated percentage of the curr	rent year end balanc		a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment 100.00	%							
С	Temporarily restricted endowment	%							
0-	The percentages on lines 2a, 2b, and 2c sho	•	-4: H4 II-I	and and administration and the					
Зa	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	na administered to	r tne orga	nization	ſ	V	Na
	by:						20(1)	Yes	No X
	(i) unrelated organizations						3a(i) 3a(ii)	\rightarrow	X
h	(ii) related organizations							\dashv	
<i>1</i>	Describe in Part XIII the intended uses of the						. 30		
Pai	t VI Land, Buildings, and Equipm		Willett fullus.						
	Complete if the organization answered). Part IV. line 11a S	See Form 990. Part	X. line 10				
	Description of property	(a) Cost or of	· · · · · · · · · · · · · · · · · · ·		Accumula		(d) Boo	k valu	
	zeep or property	basis (investn	' '		lepreciation		, =, ====		-
	Land	`	·						
	Buildings								
	Leasehold improvements								
	Equipment			6,931.	18,	442.		8,4	89.
	Other			2,905.		550.		2,3	

Schedule D (Form 990) 2018

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

10,844.

Schedule D (Form 990) 2018 INVESTIGATION	VE NEWSOURCE	3	27-0732786 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 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	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. li	ne 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		▶
Part X Other Liabilities.	,		· •
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X, li	ine 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

(7) (8)

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	itements With	Revenue per R	eturr	٦.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,178,828.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	506.		
b	Donated services and use of facilities	2b	56,000.		
С	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	56,506.
3	Subtract line 2e from line 1			3	1,122,322.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	245.		
	Add lines 4a and 4b			4c	245.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			5	1,122,567.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With	n Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total expenses and losses per audited financial statements			1	1,139,189.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	56,000.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	56,000.
3	Subtract line 2e from line 1			3	1,083,189.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	245.		_
С	Add lines 4a and 4b			4c	245.
	Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 1.	0 \			1.083.434.

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.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS ACCOUNTING STANDARDS WHICH CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS AND RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT ALSO PROVIDES GUIDANCE ON DERECOGNITION AND MEASUREMENT OF A TAX POSITION OR TO BE TAKEN IN A TAX RETURN. AS OF JUNE 30, 2019, THE ORGANIZATION HAS NOT ACCRUED INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ 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

Employer identification number

	I	NVESTI	GA	TIVE NEW	SOU	IRCE					27	-07	327	86		
Part I	Excess Bene	efit Transa	acti	ons (section 50	01(c)(3	3), sect	ion 501	(c)(4), and 50)1(c)	(29) organizatior	ns only	/).				
-	Complete if the o	organization	ansv	vered "Yes" on I	Form 9	990, Pa	art IV, lir	ne 25a or 25b	o, or	Form 990-EZ, P	art V,	ine 40	Db.			
1 (a) Nor	me of diagnalified m		(b) F	Relationship betv			lified	1.	J D	acciption of tran	ocotio	_		(d)	Corre	cted?
(a) Nai	ne of disqualified p	person		person and or	ganiz	ation		(0	;) DE	escription of tran	ISactio	П		Y	es	No
														_		
														+	_	
sectio												> \$				
3 Enter	the amount of tax,	if any, on lin	e 2,	above, reimburs	ed by	the or	ganizati	on				> \$				
Part II	Loans to and	l/or From	Int	erested Per	sons	.										
i dit ii	Complete if the c						Dort \/	lina 20a ar I	=orn	a 000 Dort IV lin	0 26:	or if th	o orac	nizoti	on	
	reported an amo	-					, rait v,	ilile soa ur i	-0111	11990, Part IV, III	le 20,	טו וו נו	ie orga	ııızatı	OH	
(a	Name of	(b) Relations		(c) Purpose	(d) Lo	an to or	(e)	Original	(f) Balance due	(g)	In	(h) Ap	proved	(i) W	ritten
intère	ested person	with organiza		of loan		n the ization?	princip	oal amount	`	,	defa		(h) Ap by bo comm	ard or nittee?	agree	ment?
					То	From					Yes	No	Yes	No	Yes	No
																_
Fotal								> \$								
Part III	Grants or As	sistance	Ber	nefiting Inter	este	d Pe	rsons.									
	Complete if the c	organization	ansv	vered "Yes" on I	Form 9	990, Pa	art IV, Iir	ne 27.								
(a) N	ame of interested p			b) Relationship				Amount of		(d) Type	of		(e) Purp	ose of	
				interested pers the organiza	on an		а	ssistance		assistan	ce		;	assista	ance	
												\perp				
												-+				
			-									-+				
			\vdash									+				
			\vdash									_				
			—							ļ						

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

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018 INVESTIGATIVE NEWSOURCE Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered (a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganiz	aring of zation's
	person and the organization	transaction	transaction	rever Yes	nues?
GUYLYN CUMMINS AND MATTHEW	BOTH ARE BOARD MEMB	24,087.	GUYLYN CUMM		X
DAVID AND LETICIA FUHRIMAN	BOARD MEMBER	22,768.	DAVID FUHRI		Х
					-
Dort V Complemental Information					
Provide additional information for response	onses to questions on Schedule L (see	nstructions).			
SCH L, PART IV, BUSINESS T	DANCACMIONE INVOLVI	NC THERESE	IED DEDCONC.		
SCH L, PART IV, BUSINESS I	KANSACIIONS INVOLVII	NG INIERESI	ED PERSONS:		
(A) NAME OF PERSON: GUYLYN	CUMMINS AND MATTHET	W HALGREN			
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON ANI	ORGANIZAT	CION:		
BOTH ARE BOARD MEMBERS					
(D) DESCRIPTION OF TRANSAC	TION: GUYLYN CUMMIN	S AND MATTE	IEW HALGREN,		
BOARD MEMBERS, ARE BOTH EM	DI.OVED BV GHEDDARD I	MIII.T.TN RTCH	тамин з алт	ON	
BOARD MEMBERS, ARE BOTH EM	I DOTED DI DIBITAND I	HOLLHIN KICI	IIEN & HAMII	OIV,	
LLP, WHICH IS INEWSOURCE'S	LEGAL FIRM. THE LA	AW FIRM PRO	OVIDES		
PREPUBLICATION SERVICES WH	ICH IS DESCRIBED IN	SCHEDULE I	J •		
(A) NAME OF PERSON: DAVID	AND LETICIA FUHRIMAI	Ŋ			
(D) DESCRIPTION OF TRANSAC	TION: DAVID FUHRIMAI	N, BOARD ME	MBER, IS TH	E	
SPOUSE OF LETICIA FUHRIMAN	, INDEPENDENT CONTRA	ACTOR OF IN	NEWSOURCE. T	HE	
BOARD HAS DIRECTED THAT FU	HRIMAN CANNOT VOTE	ON OR PARTI	CIPATE IN		
DISCUSSIONS REGARDING HIS	WIFE'S COMPENSATION	OR EVALUAT	CIONS, AND I	F	
NEEDED, HE WILL BE ASKED T	O LEAVE A BOARD MEE	ring if suc	CH CONVERSAT	IONS	ļ,
ARE INITIATED. IN ADDITION	, FUHRIMAN HAS NO RO	OLE IN OR C	VERSIGHT OF		
ANNUAL AUDITS.					

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

2018 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INVESTIGATIVE NEWSOURCE

Employer identification number 27-0732786

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE PUBLIC INTEREST BY PROVIDING DATA-DRIVEN INVESTIGATIVE JOURNALISM
IN SAN DIEGO AND IMPERIAL COUNTIES.

FORM 990, PART VI, SECTION A, LINE 2:

STEPHANIE BERGSMA AND AMY GINNOW ARE SISTERS.

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

THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWS FORM 990 PRIOR TO ITS FILING AND THE TREASURER REVIEWS AND APPROVES FORM 990 BEFORE IT IS FILED.

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

THE CONFLICTS OF INTEREST POLICY IS DISTRIBUTED TO NEW EMPLOYEES AND BOARD MEMBERS OF THE ORGANIZATION AND THE POLICY IS REVIEWED ANNUALLY.

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

THE ORGANIZATION USES COMPARABILITY DATA FROM SIMILAR ORGANIZATIONS TO

MEASURE REASONABLE COMPENSATION. IF APPLICABLE, THE BOARD OF DIRECTORS

APPROVES ALL COMPENSATION FOR OFFICERS AND KEY EMPLOYEES THAT IS IN EXCESS

OF \$100,000.

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

THE ORGANIZATION MAKES IT'S DOCUMENTS AVAILABLE UPON REQUEST.

ADDITIONAL INFORMATION:

GUYLYN CUMMINS AND MATTHEW HALGREN, BOARD MEMBERS, ARE BOTH EMPLOYED BY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

INVESTIGATIVE NEWSOURCE	27-0732786
SHEPPARD MULLIN RICHTER & HAMPTON, LLP, WHICH IS INEWSOUR	CE'S LEGAL
FIRM. THE LAW FIRM PROVIDES PREPUBLICATION SERVICES WHIC	H IS DESCRIBED
IN SCHEDULE L. CUMMINS RETIRED AT THE END OF 2018, BUT R	EPRESENTED THE
ORGANIZATION IN A LAWSUIT UNTIL HER RETIREMENT AND PAYMEN	T WAS COVERED
BY THEIR INSURANCE. THIS IS NOT REQUIRED TO BE DISCLOSED	IN THE 990
BECAUSE THE PAYMENTS WERE PAID BY THE INSURANCE COMPANY B	UT ARE DOING
SO IN THE SPIRIT OF TRANSPARENCY.	

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
15	DESK	11/16/17	SL	5.00	į	16	215.				215.	25.		43.	68.
16	DESK	11/16/17	SL	5.00	į	16	215.				215.	25.		43.	68.
17	DESK	11/16/17	SL	5.00	į	16	215.				215.	25.		43.	68.
18	DESK	11/16/17	SL	5.00	í	16	215.				215.	25.		43.	68.
19	DESK	11/16/17	SL	5.00	į	16	215.				215.	25.		43.	68.
20	DESK	11/16/17	SL	5.00	í	16	215.				215.	25.		43.	68.
23	TRESANTI DESK	08/16/18	SL	7.00	-	16	323.				323.			42.	42.
24	TRESANTI DESK	08/16/18	SL	7.00	:	16	323.				323.			42.	42.
25	TRESANTI DESK	08/16/18	SL	7.00	-	16	323.				323.			42.	42.
26	TRESANTI DESK	04/17/19	SL	7.00	-	16	323.				323.			8.	8.
27	TRESANTI DESK	04/17/19	SL	7.00	-	16	323.				323.			8.	8.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						2,905.				2,905.	150.		400.	550.
	MACHINERY & EQUIPMENT														
1	LAPTOP COMPUTER	10/16/09	SL	5.00		16	1,294.				1,294.	1,294.		0.	1,294.
2	COMPUTER EQUIPMENT	06/08/13	SL	5.00		16	2,543.				2,543.	2,542.		1.	2,543.
3	COMPUTER EQUIPMENT	05/10/13	SL	5.00	:	16	1,548.				1,548.	1,548.		0.	1,548.
4	CAMERA EQUIPMENT	11/14/12	SL	5.00	=	16	4,045.				4,045.	4,045.		0.	4,045.

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⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
5	CAMERA EQUIPMENT	03/11/13	SL	5.00	1	16	900.				900.	900.		0.	900.
6	WIRELESS MICROPHONE	06/27/13	SL	5.00	1	16	630.				630.	630.		0.	630.
7	MACBOOK AIR	08/06/15	SL	3.00	1	16	1,190.				1,190.	1,158.		33.	1,191.
9	DISPLAY	04/11/16	SL	3.00	1	16	1,029.				1,029.	772.		257.	1,029.
10	LAPTOP	01/24/17	SL	5.00	1	16	2,606.				2,606.	738.		521.	1,259.
11	MACBOOK AIR	02/05/18	SL	3.00	1	16	1,799.				1,799.	250.		600.	850.
12	MACBOOK AIR	04/10/18	SL	3.00	1	16	1,999.				1,999.	167.		666.	833.
13	MACBOOK AIR	05/22/18	SL	3.00	1	16	1,199.				1,199.	33.		400.	433.
14	MACBOOK AIR	12/13/17	SL	3.00	1	16	2,149.				2,149.	418.		716.	1,134.
21	MACBOOK PRO	08/09/18	SL	5.00	1	16	2,500.				2,500.			458.	458.
22	MACBOOK AIR	07/16/18	SL	5.00	1	16	1,200.				1,200.			240.	240.
28	EQUIPMENT	07/25/18	SL	5.00	1	16	300.				300.			55.	55.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						26,931.				26,931.	14,495.		3,947.	18,442.
	* GRAND TOTAL 990 PAGE 10 DEPR						29,836.				29,836.	14,645.		4,347.	18,992.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						24,221.			0.	24,221.	14,645.			18,097.
	ACQUISITIONS						5,615.			0.	5,615.	0.			895.

828111 04-01-18

⁽D) - Asset disposed

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FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						29,836.			0.	29,836.	14,645.			18,992.
	ENDING ACCUM DEPR											18,992.			
	ENDING BOOK VALUE											10,844.			