Form **990**

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

OMB No. 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1 . 2021 and ending JUN 30 .

Inspection

B Capacity Companies D Employer identification number D Employer identification D Employer identification number D Employer identification D	A	For the	2021 calendar year, or tax year beginning $$ JUL $1,2021$	g JUN 30, 20:	22
Supplementary Supplementar					
Bigging Doing business as INEMSOURCE 27-0732786	- 8	applicable:			
Bigging Doing business as INEMSOURCE 27-0732786		Address	INVESTIGATIVE NEWSOURCE		
Number and street (or PL box if mall is not delivered to street address) P.O. BOX 34546	F	Name		27-073	2786
P.O. BOX 34546 619-594-5100 61		Initial	2 amily business as	- 1	
City or town, state or province, country, and 2D or foreign postal code City or town, state or province, country, and 2D or foreign postal code City or town	H	Final			
SÂN DIEGO, CA 92163		return/ termin-			
SAME AS C ABOVE Tax-exempt status: X 501(c)(3) 501(c)		Amende			
SAME AS C ABOVE	F	Applica			
Tax-exempt status					
Websites WWW. INEWSOURCE.ORG Repair Rep	_	Tav. av.a			
Part I Summary 1 Brefly describe the organization I rust Association Other L Year of formation: 20.09 M State of legal domicile: CA					
Birletty describe the organization's mission or most significant activities: TO EDUCATE THE PUBLIC. CONDUCT PUBLIC INTEREST RESEARCH, IMPROVE SOCIAL CONDITIONS, BETTER SERVE Check this box Lift the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 1.3 3 1.3 3 1.3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 1.2 5 26 6 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 26 6 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 26 6 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 26 6 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 26 6 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 26 6 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 26 6 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 26 6 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 26 6 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 26 1 2 2 2 2 2 2 2 2 2					
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8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1+10) 17 Other expenses (Part IX, column (A), line 1+10) 18 Total fundraising expenses (Part IX, column (A), line 1+10) 19 Revenue less expenses (Part IX, column (A), line 25) 10 Interest (Part X, line 16) 11 Total labilities (Part X, line 16) 12 Total assets (Part X, line 16) 13 Grants and similar amounts paid (Part IX, column (A), lines 5-10) 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising expenses (Part IX, column (A), line 150) 17 Other expenses (Part IX, column (A), line 150) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 11 Total labilities (Part X, line 26) 12 Total labilities (Part X, line 26) 13 Grants (Part X, line 26) 14 Benefits and transfer (Part X, line 26) 15 Signature Block 15 Total labilities (Part X, line 26) 16 Prim 17 Total labilities (Part X, line 26) 17 Signature Block 18 Total expenses (Part X, line 26) 18 Total labilities (Part X, line 26) 19 Signature of officer 10 LORIE HEARN, CEO AND EDITOR 11 Other expenses (Part X, line 26) 11 Signature of officer 11 Dotal fundraising teeps (Part X, line 26) 11 Signature of officer 11 Dotal fundraising teeps (Part X, line 26) 11 Signature of officer 11 Dotal fundraising teeps (Part X, line 26) 11 Signature of o	¥				
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9		م و ا	ontributions and grants (Part VIII line 1h)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Jue	1	(5.1.10.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		
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May the IRS discuss this return with the preparer shown above? See instructions X Yes No	Use	Only			
			SAN DIEGO, CA 92108-1604	Phone no.	
	Ma	y the IR	S discuss this return with the preparer shown above? See instructions		

Form	1 990 (2021) INVESTIGATIVE NEWSOURCE 27-0732786 Page	e 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	_
•	THE MISSION OF INVESTIGATIVE NEWSOURCE IS TO PRODUCE INVESTIGATIVE	
	JOURNALISM THAT INFORMS CITIZENS OF SAN DIEGO AND IMPERIAL COUNTIES.	_
	OCCUPATION OF THE PROPERTY OF	—
		—
_		—
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X	
		40
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	Иo
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,511,556 • including grants of \$) (Revenue \$ 10,429	•)
	INVESTIGATIVE NEWSOURCE SATISFIES A NEED FOR DEEP, THOUGHTFUL,	_
	DATA-DRIVEN JOURNALISM THAT ILLUMINATES GOVERNMENT ACTIONS, ACCOUNTS	_
	FOR PUBLIC MONIES, PROVOKES A SEARCH FOR SOLUTIONS TO GOVERNMENTAL AND	
	SOCIETAL PROBLEMS, STRENGTHENS DEMOCRACY IN THE REGION, AND TRAINS	—
	FUTURE INVESTIGATIVE JOURNALISTS.	—
	TOTOKE INVESTIGATIVE COCKNIEDID.	—
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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		—
		—
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		_
		—
		—
		—
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,511,556.	
	Form 990 (20)21)

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)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			$ _{\mathbf{x}}$
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	э		122
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_		
Ŭ	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			- V
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	טדו		
	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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	.,		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

132003 12-09-21

Part IV | Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		X
h	Schedule K. If "No," go to line 25a	24a		1
	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		
2 5a	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			X
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	37	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	28c	Х	
29	"Yes," complete Schedule L, Part IV 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			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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			٠,,
	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	24		X
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		<u> </u>
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
, a	Check if Schedule O contains a response or note to any line in this Part V			
	entermine of containing a responde of flote to dirty into its affect att v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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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 26							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	· · · · · · · · · · · · · · · · · · ·							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h						
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	,							
_	sponsoring organization have excess business holdings at any time during the year?							
9 Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b						
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	อม						
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders 11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
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							
С	Enter the amount of reserves on hand 13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
excess parachute payment(s) during the year?								
If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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Form **990** (2021) **INVE1502**

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

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA		· ··	- 1- 1
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	-1 C		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► LORIE HEARN - 619-594-5100			
	5500 CAMPANILE DRIVE PSFA 361C, SAN DIEGO, CA 92182			

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

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

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

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

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

See the instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	heck ss pe	rsoni	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MARK ROCHESTER	40.00							140 010	0	0
MANAGING EDITOR	40.00					Х		148,810.	0.	0.
(2) LORIE HEARN	40.00			7.7				140 000	0	0
CEO AND EDITOR	10.00			Х				148,299.	0.	0.
(3) SANDRA TIMMONS	10.00	٠,,		37					0	0
BOARD CHAIR	2 00	Х		Х				0.	0.	0.
(4) MEL KATZ	2.00	,,		7.7					0	0
BOARD VICE CHAIR	2 00	Х		Х				0.	0.	0.
(5) DAVID FUHRIMAN	2.00	,,		7.7					0	0
TREASURER	2 00	Х		Х				0.	0.	0.
(6) STACY ROSENBERG	3.00	٠,,		37					0	0
SECRETARY	2.00	Х		Х				0.	0.	0.
(7) STEPHANIE BERGSMA	2.00	X						0.	0.	0
BOARD MEMBER	2.00	^						0.	0.	0.
(8) BERNARD KULCHIN	2.00	X						0.	0.	0.
BOARD MEMBER (9) NITA VAN DER WERFF	1.00	Δ						0.	0.	0.
(9) NITA VAN DER WERFF BOARD MEMBER	1.00	X						0.	0.	0.
(10) HEATHER BERGMAN	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(11) KITTY WOLCOTT	3.00							0.	· · ·	<u> </u>
BOARD MEMBER	3.00	x						0.	0.	0.
(12) MATTHEW HALGREN	1.00							0.	•	•
BOARD MEMBER		x						0.	0.	0.
(13) MICHELLE CHIN-PURCELLL	2.00									
BOARD MEMBER		x						0.	0.	0.
(14) KARIN WINNER	20.00	 								•
BOARD MEMBER		х						0.	0.	0.
_										
		-								
	-		_			_		1		

	990 (2021) INVESTIG									27-073	327	86	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C					 \	
	(A) Name and title	(B) Average			Pos	C) ition	1		(D) Reportable	(E) Reportable		(F)		, d
	Name and title	hours per		not c	heck	more	than		compensation	compensation	n Estimat			
		week					r/trus		from	from related		other		
		(list any	ector						the	organizations			oensa	
		hours for related	or dir	99			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)	/		om the	
		organizations	rustee	ıl trustee		99	mpen		1099-NEC)	1099-NEC)		_	anizat I relat	
		below	Individual trustee or director	Institutional t	- -	Key employee	Highest compensated employee	ıer					nizati	
		line)	Indiv	Instit	Officer of the contract of the	Key e	High emp	Former						
			-											
			1											
			1											
			-											
			1											
			1											
	Subtotal							>	297,109.).			0.
	Total from continuation sheets to Part V							>	0.).			0.
	Total (add lines 1b and 1c)							<u> </u>	297,109.).			0.
2	Total number of individuals (including but r compensation from the organization ▶	not limited to tr	iose	IIST	ed a	bove	e) wr	no r	eceived more than \$100	,000 of reportable				-
	compensation from the organization												Yes	No
3	Did the organization list any former officer	. director, trust	ee. I	kev e	ame	love	e. or	hic	hest compensated emp	olovee on				
	line 1a? If "Yes," complete Schedule J for s										[3		Х
4	For any individual listed on line 1a, is the s	um of reportab	le c	omp	ensa	atior	and	ot	her compensation from	the organization				
	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or													37
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedul	e J 1	or s	uch	pers	son .					5		X
1	Complete this table for your five highest co	mnensated in	den	ende	ent c	onti	racto	re 1	that received more than	\$100,000 of comp	enca	tion f	om.	
•	the organization. Report compensation for	-	-							· · · · · · · · · · · · · · · · · · ·	oriou		OIII	
	(A)								(B)			(C)	
	Name and business	address	N	INC	Ξ				Description of s	ervices	Со		satio	n
								_						
								\dashv						

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

Pa	rt V	ΊÌÌ	Statement of Revenue					-
			Check if Schedule O contains 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	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f		2,098,155.			
Program Service Revenue		a b c	PROGRAM SERVICE	519100	10,429.	10,429.		
			All other program service revenue		10,429.			
			Total. Add lines 2a-2f		10,449.			
	4		Investment income (including dividends, intere other similar amounts)	roceeds	1,219.			1,219.
		а	Royalties (i) Real Gross rents 6a Less: rental expenses 6b	(ii) Personal				
		c d	Rental income or (loss) Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
nue		b	assets other than inventory Less: cost or other basis and sales expenses 7b 4,360.	(ii) Other				
Revenue		С	Gain or (loss) 7c 2,492.					
Other Re		а	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See	>	2,492.			2,492.
		b	Part IV, line 18 8a Less: direct expenses 8b Net income or (loss) from fundraising events	>				
	9	а	Gross income from gaming activities. See Part IV, line 19 9a Less: direct expenses 9b					
	10	а	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold 10a					
e le		С	Net income or (loss) from sales of inventory	Business Code				
Miscellaneous Revenue		b c d	All other revenue					
_			Total. Add lines 11a-11d	>				
	12		Total revenue. See instructions		2,112,295.	10,429.	0.	3,711.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D-	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising 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,				
3	trustees, and key employees	148,500.	106,920.	13,365.	28,215
6	Compensation not included above to disqualified				
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,298,816.	935,148.	116,893.	246,775
8	Pension plan accruals and contributions (include		,	,	, -
-	section 401(k) and 403(b) employer contributions)	29,226.	21,043.	2,630.	5,553
9	Other employee benefits	66,212.	47,673.	5,959.	12,580
10	Payroll taxes	131,054.	94,359.	11,795.	24,900
11	Fees for services (nonemployees):				
а	Management				
b		33,165.	21,557.	1,990.	9,618
С		15,131.	9,835.	908.	4,388
d	Lobbying				
е	D (' 1(1 ' ' ' ' O D ' N ' ' ' 47				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	145,284.	115,235.	10,637.	19,412
12	Advertising and promotion				
13	Office expenses	25,201.	15,371.	5,041.	4,789
14	Information technology	81,756.	57,229.	9,811.	14,716
15	Royalties	0 100		0.100	
16	Occupancy	2,188.		2,188.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	17 004	14 205	2 500	
19	Conferences, conventions, and meetings	17,994.	14,395.	3,599.	
20	Interest				
21	Payments to affiliates	7,848.	5,965.	706.	1,177
22	Depreciation, depletion, and amortization	41,818.	16,658.	20,885.	4,275
23	Insurance Other expenses. Itemize expenses not covered	±1,010•	10,030.	20,005.	7,413
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) MOVING EXPENSE	18,930.	13,629.	1,704.	3,597
a b	PROMOTIONAL	16,742.	13,896.		2,846
2	JOB RECRUITMENT	16,232.	11,687.	1,461.	3,084
d	MILEAGE REIMBURSEMENT	7,546.	5,433.	679.	1,434
	All other expenses	12,741.	5,523.	1,471.	5,747
25	Total functional expenses. Add lines 1 through 24e	2,116,384.	1,511,556.	211,722.	393,106
26	Joint costs. Complete this line only if the organization	, , , , , , , , ,	, , ,	, -	- , , , -
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Pa	πx	Balance Sheet					
		Check if Schedule O contains a response or	note to a	any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	53,222.	1	28,002		
	2	Savings and temporary cash investments		1,435,348.	2	1,545,215	
	3	Pledges and grants receivable, net		361,981.	3	266,164	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ubstantia	l contributor, or 35%			
		controlled entity or family member of any of t	these pe	rsons		5	
	6	Loans and other receivables from other disquared					
		under section 4958(f)(1)), and persons descr	ibed in s	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			0.	9	28,249
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	73,133.			
	b	Less: accumulated depreciation	10b	38,414.	22,955.	10c	34,719
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin	32,658.	12	28,870		
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			9,485.	15	0
	16	Total assets. Add lines 1 through 15 (must e			1,915,649.	16	1,931,219
	17	Accounts payable and accrued expenses		81,056.	17	82,242	
	18	Grants payable		18	25 222		
	19	Deferred revenue		0.	19	25,000	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part I	V of Schedule D		21	
es	22	Loans and other payables to any current or f					
≣		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-2	4). Complete Part X			
		of Schedule D			01 056	25	107 242
	26	Total liabilities. Add lines 17 through 25			81,056.	26	107,242
Š		Organizations that follow FASB ASC 958,	check he	ere 🕨 🔼			
ĕ		and complete lines 27, 28, 32, and 33.			1,389,729.		1 247 022
<u>a</u>	27	Net assets without donor restrictions			444,864.	27	1,247,933 576,044
<u> </u>	28	Net assets with donor restrictions			444,004.	28	370,044
Ξ		Organizations that do not follow FASB AS	C 958, c	neck nere			
<u></u>		and complete lines 29 through 33.				200	
ets	29	Capital stock or trust principal, or current fur				29	
SS	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1,834,593.	31	1,823,977
Ž	32	Total net assets or fund balances		1,915,649.	32	1,931,219	
	33	Total liabilities and net assets/fund balances			1,910,049.	33	1,331,419

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Act and OMB Circular A-133?

Both consolidated and separate basis

10

consolidated basis, or both: X Separate basis

Consolidated basis

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	n 990 (2021) INVESTIGATIVE NEWSOURCE	27-0	732786	Paç	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,11	2,2	95.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,11	6,3	84.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	4,0	89.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,83	4,5	93.
5	Net unrealized gains (losses) on investments	5	_	6,5	27.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,82	3,9	77.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	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	1

0.0		
Form	990	(2021)

Х

Х

2c

За

2h

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

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).) 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 on 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Pa	(Complete only if you checke fails to qualify under the tests	ed the box on line 5	5, 7, or 8 of Part I o	or if the organization			-
Sec	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) 2017	(2) 2313	(0) 2010	(4) 2020	(0) 2.02.1	(i) rotal
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(a) 2017	(6) 2010	(6) 2019	(u) 2020	(6) 2021	(i) Total
	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instructi	ions)			12	
	First 5 years. If the Form 990 is for the						
	organization, check this box and stop						<u></u> ▶∟
	ction C. Computation of Publ						
	Public support percentage for 2021 (14	%
	Public support percentage from 2020						%
16a	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes						1U% Or
	more, and if the organization meets t	ne racts-and-circui	mstances test, che	ECK THIS DOX AND S	top nere. Explain	III Paπ VI now the	

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Sec	qualify under the tests listed b	elow, please comp	piete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2019	(a) 2010	(d) 2020	(a) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(e) 2021	(I) TOTAL
'	membership fees received. (Do not						
	include any "unusual grants.")	1,520,606.	1,177,975.	1,738,915.	1,819,724.	2,098,155.	8,355,375.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	44,018.	1,000.	9,024.	4,066.	6,852.	64,960.
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	1,564,624.	1,178,975.	1,747,939.	1,823,790.	2,105,007.	8,420,335.
	Amounts included on lines 1, 2, and						· · ·
	3 received from disqualified persons	260,185.	315,788.	405,503.	243,717.	302,321.	1,527,514.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			-			0.
	amount on line 13 for the year	260,185.	315,788.	405,503.	243,717.	302 321	1,527,514.
	Add lines 7a and 7b	200,103.	313,700.	403,303.	243,/1/•	302,321.	
50	Public support. (Subtract line 7c from line 6.)						6,892,821.
		(a) 2017	(h) 0010	(a) 2010	(4) 2020	(a) 2021	(f) Total
	endar year (or fiscal year beginning in)	(a) 2017 1,564,624.	(b) 2018 1,178,975.	(c) 2019 1,747,939.	(d) 2020 1,823,790.	(e) 2021 2,105,007.	(f) Total 8,420,335.
	Amounts from line 6 Gross income from interest,	1,304,024.	1,170,975.	1,747,939.	1,023,790.	2,103,007.	0,420,333.
102	dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,178.	99.	2,308.	2,645.	1,219.	7,449.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	1 1 = 2				1 010	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	1,178.	99.	2,308.	2,645.	1,219.	7,449.
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.)	1,571,117.	1,179,074.	1,750,247.	1,826,435.	2,106,226.	8,433,099.
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	81.74 %
16	16 Public support percentage from 2020 Schedule A, Part III, line 15 79.08 %						
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.09 %
18	Investment income percentage from 2	2020 Schedule A, I	Part III, line 17			18	.10 %
19a	a 33 1/3% support tests - 2021. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the	nd stop here. The	organization qualit	ies as a publicly s	upported organiza	tion	X
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **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		
	Sa		
	3b		
	0-		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
dule	A (Forr	n 990	2021

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Pai	t IV	Supporting Organizations (continued)			
		- Comment of the comm		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
С	A 35%	5 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec		B. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mar	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	-	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		son of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		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 governmental entity (see in	structio		
2		ies Test. Answer lines 2a and 2b below.		Yes	No
а		ibstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
1.		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	٥L		
2		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections 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 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see	
	instructions).				

and 4c.

8 Breakdown of line 7:

a Excess from 2017

b Excess from 2018

c Excess from 2019

d Excess from 2020

e Excess from 2021

7 Excess distributions carryover to 2022. Add lines 3j

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

Schedule B

Schedule of Contributors

(Form 990)

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

	INVESTIGATIVE NEWSOURCE	27-0732786					
Organization type	Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-E	Ξ 501(c)(3) (enter number) organization	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation						
, ,	anization is covered by the General Rule or a Special Rule. ion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.					
General Rule							
	rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin) from any one contributor. Complete Parts I and II. See instructions for determining a contributo						
Special Rules							
sections s	rganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) m 990-EZ, line 1. Complete Parts I and II.	and that received from any one					
contributo literary, or	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, cont is checke purpose.	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \bigcup \\$						
	nization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (art 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						

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

INVESTIGATIVE NEWSOURCE

27-0732786

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$101,634.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$90,000.	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		\$50,000.	Person X Payroll
(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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

INVESTIGATIVE NEWSOURCE

27-0732786

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$160,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$125,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

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
		\$	
(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
		_	

Page 4

Name of organization **Employer identification number** 27-0732786 INVESTIGATIVE NEWSOURCE Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21

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

Inspection

Name of the organization

INVESTIGATIVE NEWSOURCE

Employer identification number 27-0732786

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, line	e 6.				
		(a) Donor advised	funds (b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	vriting that the assets hel	d in donor advised fun			
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grai	nt funds can be used	only		
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	other purpose confer	ring		
_	impermissible private benefit?					
Par	t II Conservation Easements. Complete if the org	anization 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 (for example, recreated)			orically important land area		
	Protection of natural habitat		Preservation of a certi	fied historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	tion in the form of a co			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b				2b		
С	Number of conservation easements on a certified historic stru			2c		
d	Number of conservation easements included in (c) acquired a					
_	listed in the National Register					
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the organ	nization during the tax		
	year >					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per			Yes No		
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		d onforcing concorrati			
6	Starr and volunteer flours devoted to floring inspecting,	rialiuling of violations, and	d emorcing conservati	on easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcina conservation es	esements during the year		
•	S	ing or violations, and crit	ording conscivation ca	decine its during the year		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	s of section 170(h)(4)(F	3)(i)		
•	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn		·			
	organization's accounting for conservation easements.	· ·				
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other	Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	nue statement and ba	lance sheet works		
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in furthera	nce of public		
	service, provide in Part XIII the text of the footnote to its finan	icial statements that desc	cribes these items.			
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its revenue	statement and balance	e sheet works of		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtheranc	e of public service,		
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treat					
	the following amounts required to be reported under FASB AS	SC 958 relating to these i	tems:			
а	Revenue included on Form 990, Part VIII, line 1					
<u>b</u>	Assets included in Form 990, Part X			. ▶ \$		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021		

132051 10-28-21

Pai	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Sim	ilar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that make	significa	nt use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further tl	ne organization's ex	empt pu	rpose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other simila	ar assets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes		No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pal		ete if the organizatio	n answered "Yes" o	n Form 9	990, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	s or other assets no	t include	ed			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amount		
С	Beginning balance				1c	;			
	Additions during the year					ı			
	Distributions during the year								
	Ending balance				1f				
	Did the organization include an amount on F				ility?	L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XI	II				<u> </u>
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line	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	32,658.	26,218.	25,416.		24,432.		23,	130.
b	Contributions								
	Net investment earnings, gains, and losses	-3,464.	6,728.	1,056.		1,229.		1,	542.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	324.	288.						
f	Administrative expenses			254.		245.			240.
g	End of year balance	28,870.	32,658.	26,218.		25,416.		24,	432.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 73.5890	%							
С	Term endowment ▶26.4110	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the orga	nization	_		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Part >	(, line 10				
	Description of property	(a) Cost or o basis (investr		, ,	Accumula epreciation		(d) Book	value	е
1a	Land								-
	Buildings								
	Leasehold improvements								
	Equipment			0,228.	36,	400.	33	3,8	28.
	Other			2,905.	2,	014.		8.	91.
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)		▶	3 4	1,7	19.
						Schodule	D /Гоим	000)	2021

Schedule D (Form 990) 2021 INVESTIGATI	VE NEWSOURCE	27	7-0732786 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes'			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes'		1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ıe 15.)	_	
Part X Other Liabilities.			_
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 29	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			ļ
(3)			
(4)			
(5)			

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

Schedule D (Form 990) 2021

(6) (7) (8)

Part XI Reconciliation of Revenue per Audited Financial Stater	ments With Re	evenue per R	eturn).
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	-		
Total revenue, gains, and other support per audited financial statements			1	2,137,768
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	-6,527.		
b Donated services and use of facilities		32,000.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	25,473
3 Subtract line 2e from line 1			3	2,112,295
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b	•		4c	0
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,112,295
Part XII Reconciliation of Expenses per Audited Financial State	ments With E	xpenses per	Retu	rn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
Total expenses and losses per audited financial statements			1	2,148,384
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	32,000.		
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	32,000
3 Subtract line 2e from line 1			3	2,116,384
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,116,384
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	art IV, lines 1b and	l 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 a	dditional informati	on.		
PART V, LINE 4:				
FUNDS ARE TO HELP SUPPORT THE GENERAL PURPO	SE OF THE	ORGANIZ	ATI(ON.
PART X, LINE 2:				
THE ORGANIZATION FOLLOWS ACCOUNTING STANDAR	DS WHICH	CLARIFY	THE	ACCOUNTING
FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED	IN THE FI	NANCIAL	STA	TEMENTS AND
PRESCRIBES A RECOGNITION THRESHOLD AND MEAS	SUREMENT A	TTRIBUTE	FO	R THE
FINANCIAL STATEMENTS AND RECOGNITION AND ME	ASUREMENT	OF A TA	X P	OSITION

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, 2021, THE ORGANIZATION HAS NOT ACCRUED INTEREST OR

PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2021 INVESTIGATIVE NEWSOURCE	27-0732786 Page 5
Schedule D (Form 990) 2021 INVESTIGATIVE NEWSOURCE Part XIII Supplemental Information (continued)	

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

► 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

2021

Open To Public Inspection

Name	of the	organ	izatior
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INVESTIGATIVE NEWSOURCE

Employer identification number 27-0732786

					ion 501(c)(4), and se								
1	(h	Swered "Yes" on Relationship bet			art IV, line 25a or 25b lified					Jb.	(d)	Corre	cted?
(a) Name of disqualified p	erson	person and or	rganiza	ation	(0	(c) Description of transaction							No
											+		
						_							
2 Enter the amount of tax in section 4958	-	-	-		qualified persons du	-	•		> \$				
3 Enter the amount of tax,	if any, on line 2	2, above, reimburs	sed by	the or	ganization				\$				
Part II Loans to and	l/or From I	nterested Per	sons										
					, Part V, line 38a or I	Form	n 990, Part IV, lir	ne 26;	or if th	ne orga	anizati	on	
•		90, Part X, line 5, 6								/h\ /\n	nrovad		
(a) Name of interested person	(b) Relationshi with organization		fron	an to or n the zation?	(e) Original principal amount	(f)) Balance due	(g) defa		by bo	proved ard or nittee?	(i) W agree	/ritten ment?
			То	From				Yes	No	Yes	No	Yes	No
Total Part III Grants or As		enefiting Inte											
		nswered "Yes" on											
(a) Name of interested p	person	(b) Relationship interested pers the organiza	son an		(c) Amount of assistance		(d) Type assistan			•) Purp assista		f

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

Schedule L (Form 990) 2021

Schedule L (Form 990) 2021 INVESTIGATIVE NEWSOUR
Part IV Business Transactions Involving Interested Persons.

(a) Name of interested person			(d) Description of		
(-,	person and the organization	transaction	transaction		
маттигы иагорга		27 250	MAMMUTTA IIAT	Yes	No X
					X
DAVID AND BBITCIA I OIMIRM	DOMIND HEMDER	10,575	DAVID TOIRE		- 21
	nses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: MATTHE	W HALGREN				
(D) DESCRIPTION OF TRANSAC	TION: MATTHEW HALGR	EN, BOARD M	EMBER, IS		
EMPLOYED BY SHEPPARD MULLI	N RICHTER & HAMPTON	, LLP, WHIC	H IS INEWSO	URCE	
DESCRIBED IN SCHEDULE L.					
DEBORIDED IN BOILEDOLL IV					
(A) NAME OF PERSON: DAVID	AND LETTOTA FITHRIMA	NI			
(A) NAME OF TERDON. DAVID	AND DEFICIA FORKIMA	I.V			
Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: MATTHEW HALGREN Transaction transaction transaction transaction transaction transaction transaction transaction transaction disparities and supplemental information. Transaction transaction transaction transaction transaction transaction disparities and supplemental information. Transaction disparities and supplemental information. Transaction tran					
SPOUSE OF LETICIA FUHRIMAN	, INDEPENDENT CONTR	ACTOR OF IN	IEWSOURCE. T	HE	
BOARD HAS DIRECTED THAT FU	HRIMAN CANNOT VOTE	ON OR PARTI	CIPATE IN		
DISCUSSIONS REGARDING HIS	WIFE'S COMPENSATION	OR EVALUAT	IONS, AND I	F	
NEEDED, HE WILL BE ASKED T	O LEAVE A BOARD MEE	TING IF SUC	H CONVERSAT	IONS	()
ARE INITIATED. IN ADDITION	, FUHRIMAN HAS NO R	OLE IN OR C	VERSIGHT OF		
ANNUAL AUDITS.					

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

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

2021
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 ITS DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THERE HAS BEEN NO CHANGE DURING THE YEAR.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 20	121	Page 2
Name of the organization	INVESTIGATIVE NEWSOURCE	Employer identification number 27-0732786

2021 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	1	L6	215.				215.	154.		43.	197.
16	DESK	11/16/17	SL	5.00	1	L6	215.				215.	154.		43.	197.
17	DESK	11/16/17	SL	5.00	1	L6	215.				215.	154.		43.	197.
18	DESK	11/16/17	SL	5.00	1	L6	215.				215.	154.		43.	197.
19	DESK	11/16/17	SL	5.00	1	L6	215.				215.	154.		43.	197.
20	DESK	11/16/17	SL	5.00	1	L6	215.				215.	154.		43.	197.
23	TRESANTI DESK	08/16/18	SL	7.00	1	L6	323.				323.	134.		46.	180.
24	TRESANTI DESK	08/16/18	SL	7.00	1	L6	323.				323.	134.		46.	180.
25	TRESANTI DESK	08/16/18	SL	7.00	1	L6	323.				323.	134.		46.	180.
26	TRESANTI DESK	04/17/19	SL	7.00	1	L6	323.				323.	100.		46.	146.
27	TRESANTI DESK	04/17/19	SL	7.00	1	L6	323.				323.	100.		46.	146.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						2,905.				2,905.	1,526.		488.	2,014.
	MACHINERY & EQUIPMENT														
1	LAPTOP COMPUTER	10/16/09	SL	5.00	1	L6	1,294.				1,294.	1,294.		0.	1,294.
2	COMPUTER EQUIPMENT	06/08/13	SL	5.00	1	L6	2,543.				2,543.	2,543.		0.	2,543.
3	COMPUTER EQUIPMENT	05/10/13	SL	5.00	1	L6	1,548.				1,548.	1,548.		0.	1,548.
4	CAMERA EQUIPMENT	11/14/12	SL	5.00	1	L6	4,045.				4,045.	4,045.		0.	4,045.

128111 04-01-21

⁽D) - Asset disposed

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

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o l	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.	1,190.		0.	1,190.
9	DISPLAY	04/11/16	SL	3.00	1	16	1,029.				1,029.	1,029.		0.	1,029.
10	LAPTOP	01/24/17	SL	5.00	1	16	2,606.				2,606.	2,301.		305.	2,606.
11	MACBOOK AIR	02/05/18	SL	3.00	1	16	1,799.				1,799.	1,799.		0.	1,799.
12	MACBOOK AIR	04/10/18	SL	3.00	1	16	1,999.				1,999.	1,999.		0.	1,999.
13	MACBOOK AIR	05/22/18	SL	3.00	1	16	1,199.				1,199.	1,199.		0.	1,199.
14	MACBOOK AIR	12/13/17	SL	3.00	1	16	2,149.				2,149.	2,149.		0.	2,149.
22	MACBOOK AIR	07/16/18	SL	5.00	1	16	1,200.				1,200.	720.		240.	960.
28	EQUIPMENT	07/25/18	SL	5.00	1	16	300.				300.	175.		60.	235.
29	CAMERA EQUIPMENT	07/30/19	SL	5.00	1	16	4,493.				4,493.	1,723.		899.	2,622.
30	CODYS COMPUTER	09/17/19	SL	5.00	1	16	2,118.				2,118.	742.		424.	1,166.
31	COMPUTER	10/29/19	SL	5.00	1	16	2,118.				2,118.	706.		424.	1,130.
32	HEADPHONES	12/16/19	SL	5.00	1	L6	125.				125.	40.		25.	65.
33	HEADPHONES	12/16/19	SL	5.00	1	16	349.				349.	111.		70.	181.
34	COMPUTER	01/07/20	SL	5.00	1	16	118.				118.	36.		24.	60.
35	COMPUTER	05/21/20	SL	5.00	1	16	2,729.				2,729.	591.		546.	1,137.

128111 04-01-21

⁽D) - Asset disposed

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

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	₋ine 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
36	EQUIPMENT	05/22/20	SL	5.00	1	.6	2,369.				2,369.	514.		474.	988.
37	EQUIPMENT	05/22/20	SL	5.00	1	.6	91.				91.	20.		18.	38.
38	EQUIPMENT	05/22/20	SL	5.00	1	.6	132.				132.	28.		26.	54.
39	EQUIPMENT	05/22/20	SL	5.00	1	.6	162.				162.	35.		32.	67.
40	COMPUTER	06/22/20	SL	5.00	1	.6	2,343.				2,343.	468.		469.	937.
41	MACBOOK PRO	12/18/20	SL	5.00	1	.6	1,828.				1,828.	183.		366.	549.
42	AMAZON MODEM	10/02/20	SL	5.00	1	.6	14.				14.	2.		3.	5.
43	MACBOOK PRO	04/09/21	SL	5.00	1	.6	2,399.				2,399.	120.		480.	600.
44	MACBOOK PRO	06/01/21	SL	5.00	1	.6	2,399.				2,399.	40.		480.	520.
45	MACBOOK PRO	02/25/21	SL	5.00	1	.6	2,399.				2,399.	160.		480.	640.
46	MACBOOK PRO	08/23/21	SL	5.00	1	.6	3,474.				3,474.			579.	579.
47	MACBOOK PRO	10/26/21	SL	5.00	1	.6	3,256.				3,256.			434.	434.
48	COMPUTER	01/30/22	SL	5.00	1	.6	3,580.				3,580.			298.	298.
49	COMPUTER	05/09/22	SL	5.00	1	.6	3,092.				3,092.			102.	102.
50	COMPUTER	05/27/22	SL	5.00	1	.6	3,092.				3,092.			51.	51.
51	COMPUTER	05/30/22	SL	5.00	1	.6	3,117.				3,117.			51.	51.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						70,228.				70,228.	29,040.		7,360.	36,400.
	* GRAND TOTAL 990 PAGE 10 DEPR						73,133.				73,133.			7,848.	38,414.

128111 04-01-21

⁽D) - Asset disposed

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

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
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						53,522.			0.	53,522.	30,566.			36,899.
	ACQUISITIONS						19,611.			0.	19,611.	0.			1,515.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						73,133.			0.	73,133.	30,566.			38,414.
	ENDING ACCUM DEPR											38,414.			
	ENDING BOOK VALUE											34,719.			