Form	<b>990</b>

Department of the Treasury

Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**Open to Public** 

Inspection

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

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

A For the 2020 calendar year, or tax year beginning and ending В Check if applicable: C Name of organization D Employer identification number LOCAL INDEPENDENT ONLINE NEWS PUBLISHERS Address change INC. \_\_\_\_\_Name \_\_\_\_\_change \*\*-\*\*1654 Doing business as Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 1 E LANGHORNE AVE 267-670-0357 termin-ated 3,137,662. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended HAVERTOWN, PA 19083 H(a) Is this a group return Applica-F Name and address of principal officer: CHRIS KREWSON Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status:  $\boxed{\mathbf{X}}$  501(c)(3)  $\boxed{}$  501(c) ( ) (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: WWW.LIONPUBLISHERS.COM/ H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 2012 M State of legal domicile: AZ Part I Summary Briefly describe the organization's mission or most significant activities: LION PROVIDES TEACHING. 1 Activities & Governance RESOURCES AND COMMUNITY TO INDEPENDENT NEWS ENTREPRENEURS AS THEY Check this box **b** if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 10 Number of voting members of the governing body (Part VI, line 1a) 3 3 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 6 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 19 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year 500,000. 2,582,060. Contributions and grants (Part VIII, line 1h) 8 Revenue 183,921. 554,144. Program service revenue (Part VIII, line 2g) 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,303. 1,458. 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 685,224. 3,137,662. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ...... 12 2,000. 24,045. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 162,234. 453,777. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) Ο. 150,729. b Total fundraising expenses (Part IX, column (D), line 25) 340,023. 357,119. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 504,257. 834,941. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 2,302,721. 180,967. 19 Revenue less expenses. Subtract line 18 from line 12 Assets or d Balances Beginning of Current Year End of Year 428,233. 2,922,606. 20 Total assets (Part X, line 16) 219,693. 28,041. **21** Total liabilities (Part X, line 26) Net / 400,192. 2,702,913. 22 Net assets or fund balances. Subtract line 21 from line 20. Part II Signature Block

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

Sign Here	Signature of officer         CHRIS KREWSON, EXECUTI         Type or print name and title	VE DIRECTOR	Date									
Paid	Print/Type preparer's name MATTHEW MCGINNIS, CPA	Preparer's signature MATTHEW MCGINNIS,	Date CP08/30/21									
Preparer	Firm's name 💊 AAFCPAS, INC.	·	Firm's E	IN <b>▶</b> **-**1780								
Use Only	Firm's address 50 WASHINGTON ST	REET										
	WESTBOROUGH, MA 01581 Phone no. 508-366-9100											
May the II	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No								
	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)											

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	LOCAL INDEPENDENT ONLINE NEWS PUBLISHERS
Form	990 (2020) INC. **-**1654 Page 2
Pai	t 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: LION PROVIDES TEACHING, RESOURCES AND COMMUNITY TO INDEPENDENT NEWS
	ENTREPRENEURS AS THEY BUILD AND DEVELOP SUSTAINABLE BUSINESSES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	Code:         ) (Expenses \$ 509,468. including grants of \$ 24,045.) (Revenue \$ 554,144.)
τu	IN 2020, LION PILOTED A REMOTE LEARNING EXPERIENCE CALLED THE
	ENTREPRENEUR SKILLS SERIES; OVER THE COURSE OF FOUR WEEKS, MEMBERS
	ATTENDED FOUR LECTURES AND FOUR OFFICE HOURS ABOUT A SPECIFIC SKILL SET
	NEEDED TO RUN A NEWS BUSINESS. WE CREATED LION LESSONS TO ENCOURAGE
	PEER LEARNING, AND THE MAJORITY OF THESE 1-HOUR SESSIONS WERE RUN BY
	MEMBERS. MORE THAN 300 MEMBERS SIGNED UP TO ATTEND THEM. WE LAUNCHED
	THE LION EXPERT NETWORK, A PUBLIC DATABASE OF INDEPENDENT NEWS
	CONSULTANTS, AND FUNDED THE WORK OF 29 CONSULTANTS WITH 25 NEWSROOMS TO
	BOOK OVER 70 SESSIONS. FINALLY, WE PRODUCED THE SECOND-EVER LION
	AWARDS, DOUBLING THE ENTRIES FROM LAST YEAR WITH A VIRTUAL CEREMONY
	ATTENDED BY MORE THAN 130 PEOPLE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
-10	
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 ► 509,468.

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Form	990 (2020) INC • **-**1	654	Р	age <b>3</b>
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
0				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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
	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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	u		
	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-74		<u> </u>
U U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV	140		<u> </u>
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	4.5		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u>-</u> -
	complete Schedule G, Part III	19		X
	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

INC.

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
<b>h</b>	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		<u>л</u>
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
C		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-14		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	00-		x
20	"Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		- 73
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
02	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
_	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
00	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	х	
Pa	Note: All Form 990 filers are required to complete Schedule O           Ct V         Statements Regarding Other IRS Filings and Tax Compliance	38	л	Ĺ
L'u	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 36			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	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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2a       Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.       2a       6         2b       It at least one is reported on line 2a, did the organization file all required bedrail employment tax returns?       2b       X         3a       Did the organization have unrelated buisness gross income of \$1,000 or more during the year?       3a       3b       3a       10 the organization have unrelated buisness gross income of \$1,000 or more during the year?       3a       3b       3a       3a       3b       3a       3a       3b       3a       3b       3a       3a       3b       3a	Form	990 (2020) INC • **-***1	654	Р	age <b>5</b>							
22       Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.       2a       6         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 a-file (see instructors)       3a       3a         D       If the regularization have undered business greater than 250, you may be required to a-file (see instructors)       3a         D       If "Yes," has tified a form 900-T for the year? If "No" to file 3b, provide an explanation on Schedule O       3b         D       If "Yes," has tified a form 900-T for the year? If "No" to file 3b, provide an explanation or other authority over, a financial account in a foreign country (such as a bank account, a sup time during the calindry year, dith eorganization have hold the regeneration at any time during the calindry of the provide an avelanation on Schedule O       3a         B       If "Yes" to ine 5 aro 750, did the organization that it was not a partie to aprohibited tax shellsr transaction?       5a         C       Did the organization approxide an explanation or other support of the schedule Did and schedule Did and schedule Did and the schedule Did any taxable party notify the organization have and tax double ac charitable contributions or gits were not tax deductible?       5a         C       Did the organization needule the value of the goods or senses provided 1 the explanatization needule the value of the goods or senses provided?       5a	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
tied for the calendar year ending with or within the year covered by this return				Yes	No							
b       If at least one is reported on line 3a, did the organization lie all required toderal employment tax rotums?       2b       X         Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)       3a         b       If "Yes," has if filed a form 500-T for this year? If 'No' is line 3b, provide an explanation on Schedulo 0       3b         b       If "Yes," has if filed a form 500-T for this year? If 'No' is line 3b, provide an explanation of the authority over, a financial account in a foreign country (such as a bark secount, securities account, or other financial account is for finCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         See instructions of b, did the organization that it was or is a party to a prohibited tax shelfer transaction?       5c         See organization have annual gross receined s1b       5a       5b         D of any taxable party notify the organization that it was or is a party to a prohibited tax shelfer transaction?       5c         See organization have annual gross receined s10 body (second an explane stellar)       5a         D of any taxable party notify the organization that was or is a party to a prohibited tax shelfer transaction?       5c         Organization second annual gross receined s10 body (second and any time during the second and the organization second and the organization second and the organization second gross and services provided to the payor?<	2a											
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to c-file (see instructions)       3a         3a       Diff the organization have unrelated business gross income of \$1,000 or more during the year?       3a         bif Twes, hist file a Form 800 To this year?       3b         5a       Diff the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a toring country be       3b         5e instructions for filing requirements for fining country be       See instructions for filing requirements for fining country be         5e instructions for filing requirements for fining FOR 180 mm 114. Report of Foreign Bank and Financial Accounts (FBAR).       5a         5a       Was the organization have annual gross receipts that are normally greater than \$100,000, and dif the organization solid any cantibutions that were not tax deductible as charitable contributions?       5a         6b       Diff 'Yes, ' diff the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       7a         7b       Diff the organization include with every solicitation and partly for goods and services provided to the gay?       7a         7b       To organization contify the dore or the value of the goods or services provided to the gay?       7a         7b       To organization necked a contribution or or the value of the goods and services provided to the gay?       7a         7		filed for the calendar year ending with or within the year covered by this return 2a 6										
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a         b       If "yes," has if field a form 990 for this year // "No" for <i>ine 3b, provide an explanation on Schedule O</i> 3b         4       At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account?       4a         b       If "yes," has if field a form 990 for this year // "No" for <i>ine 3b, provide an explanation on Schedule O</i> 4a         b       If any taxable part, to a prohibited tax schett transaction at any time during the tax year?       5a         b       Bod any taxable part, notify the organization fief Form 880-17       5a         c       If "yes" to line 5a or 5b, did the organization fief Form 880-17       5a         c       If wes" to line 5a or 5b, did the organization fief Form 880-17       5a         d       If "yes" to line 5a or 5b, did the organization fief Form 880-17       5a         d       If "yes" to line 5a or 5b, did the organization fief Form 880-17       5a         d       If "yes" to line 5a or 5b, did the organization fief Form 880-17       5a         d       If "yes" to ine 5a or 5b, did the organization for the yeas or year presens statement that such contributions or gifts mere not tax deductible ac chribution or the yeas of the year state state such exploses provided to the page of the year organization eavies of 575 made party as a contribution or found the	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
b       If Yes," has it filed a Form 990-T for this yea? If 'No' to line 3b, provide an explanation on Schedule 0       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 is a toten organization a party to a prohibited tax shelter transaction at any time during the tax year?       4a         b       If Yes," enter the name of the foreign country ≥		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
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) such as bank account, securities account, or other financial account)?       4a         b If "ves," enter the name of the foreign country <b>&gt;</b> >         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         b Did any taxable party notify the organization that it was or is a party to a prohibed tax shelter transaction at any time during the tax year?       5a         c If "Yes" to line 5a or 5b, did the organization file Form 8886 T?       6a         D Det any taxable party notify the organization file Form 8886 T?       6a         0 Det the organization nebude with very solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions?       6b         1 If "Yes," did the organization nebude with very solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       7a         7 Organizations at may receive daductible contributions or a presenal benefit contract?       7b         7 If "Yes," did the organization neity Bas 20 filed during the year       7d       7c         7a       7d       7d       7d       7d       7d         7a       7d       <	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х							
If Yes,* enter the name of the foreign country ▶       4a         b If Yes,* enter the name of the foreign country ▶       5e instructions for filing requirements for FIGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         5a       5b       5c         5b       5c       5c         5c       5c       5c         5a       5c       5c         5b       5c       5c         5c       5c       5c         5c       5c       5c         5c       5c       5c         5c       5c       5c         6a       bt if Yes,* did the organization file form 8886-17.       5c         5c       5c       5c       5c         6a       bt if Yes,* did the organization necke explicit hat are normally greater than \$100,000, and did the organization societ as anyment in excess of 55 fonde party as a contribution and party for adds and services provided to the payor?         7a       7b       7b       7c         7b       7c       7d       7c         7b       7c       7d       7c         7b       7d       7c       7d         7c       7d       7d       7d         7c       7d       7d       7d <td< th=""><th>b</th><th>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O</th><th>Зb</th><th></th><th></th></td<>	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb									
b       If "Yes," enter the name of the foreign country	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         5a Was the organization a party to a prohibited tax shifter transaction at any time during the tax year?       5a         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shifter transaction?       5b         c If 'Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shifter transaction?       5c         G Does the organization have amual gross receipts that are normally greater than \$100,000, and did the organization solid: any contributions that were not tax deductible as charitable contributions?       6a         b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7 Organization state may receive deductible contributions under section 170(c).       a Did the organization notify the donor of the value of the goods or services provided?       7a         7 Did the organization notify the donor of the value of the goods or services provided?       7c       7d         7 Did the organization receive any thands, directly or indirectly, to pay premiums on a personal benefit contract?       7c         7 Did the organization receive a pay premiums, directly or indirectly, no a personal benefit contract?       7r         7 Did the organization neceive a contribution of qualified intellectual property, for which it was required.       7d         8 Sponsoring organization make		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х							
5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b         c       th "Vest" to line 5a or 5b, did the organization file Form 8886 17       5c         c       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and verse not tax deductible as chartable contributions?       6a         b       If "Vest," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions?       6b         d)       If "Vest," did the organization notify the donor of the value of the goods or services provided?       7a         c       Did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c         d)       If "Vest," indicate the number of Forms 8282 filed during the year, pay premiums, on a personal benefit contract?       7f         g)       If the organization receive any funds, directly or indirectly, or indirectly, or a personal benefit contract?       7f         g)       If the organization receive as contribution of qualified intellectual property, did the organization file a Form 10980C       <	b	If "Yes," enter the name of the foreign country ►										
b       Did any taxable party notify the organization file Form 8866 17       So         c       If "Yes" to line 5a or 5b, did the organization file Form 8866 17       So         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 a charitable contributions?       So         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       So         7       Organization sether apyment is exceed \$157 made party as a contribution and partly for goods and services provided to the paro?       7a         b       If "Yes," did the organization neale apyment is exceed \$157 made party as a contribution and partly for which it was required to file Form 8282?       7c         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization neceive a contribution of qualified intellectual property, did the organization file Form 8282       7n         g       If the organization neceive a contribution of cars, boats, any time dumg the year       7d       7t         g       If the organization neceive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h         g       Did the organization make any taxable distributions under section 4966?       9a       9a		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
If "Yes" to line 5a or 5b, did the organization file Form 8886 T7.       5c         6D Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and were not tax deductible as charathele contributions?       6a         6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charathele contributions?       6b         7 Organizations that may receive deductible contributions under section 170(c).       0b di the organization receive a payment in excess of \$5" made parity as contribution and parity for goods and services provided to the payor?         7 If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d         7 If "Yes," didicate the number of Forms 8282? Hed during the year       7d         7 D to the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         7 If the organization receive a contribution of qualified intellectual property (aid the organization file a Form 1008-C?       7h         8 Sponsoring organization maximatining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Sponsoring organization make any taxable distributions orineleas equality.       9a	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
Gas       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?       Ga         If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Gb         7       Organization stat may receive deductible contributions under section 170(c).       Gb         8       Did the organization neclive anyment in excess of \$75 made parity as a contribution and parity for goods and services provided to the paro?       7a         7       Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       7d         7       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       7t         7       Did the organization received a contribution of cau, boats, anginanes, or other vehicles, did the organization file a Form 1098-C?       7t       7t         8       Did the organization received a contribution of cau, boats, anginanes, or other vehicles, did the organization received a contribution of cau, boats, anginanes, or other vehicles, did the organization file a Form 1098-C?       7t         8       Sponsoring organization make and istribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b       9b </th <th>b</th> <th>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</th> <th>5b</th> <th></th> <th>Х</th>	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
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b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Image: Control of Control	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     6b       9     Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?     7a       6     Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required     7b       7     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7d       7     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7d       7     Did the organization receive a contribution of qualified intellectual property, did the organization file Form 1098-C?     7h       7     H the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?     7h       8     Sponsoring organizations maintaining donor advised funds.     9a       9     Sponsoring organization make a distribution to a donor advised funds.     9a       9     Did the sponsoring organization make a distribution to a donor advisor, or related person?     9a       9     Section 501(c)(7) organizations. Enter:     10a     10a       11     Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities     10a       11     Section 501(c)(12) organizations. Enter: <td< th=""><th></th><th>any contributions that were not tax deductible as charitable contributions?</th><th>6a</th><th></th><th>Х</th></td<>		any contributions that were not tax deductible as charitable contributions?	6a		Х							
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7 Organizations that may receive deductible contributions under section 170(c).       a lid 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         7b       7b       7c         7c       7c       7c		were not tax deductible?	6b									
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c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7c         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c         f       Did the organization received a contribution of qualified intellectual property did the organization file Form 8899 as required?       7g         f       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7n         8       Sponsoring organizations maintaining donor advised funds.       8         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10a         11       Section 501(c)(7) organizations. Enter:       10b       11a       10a         12       Socian 6047(c)(7) organizations. Enter:       10a       11b       11a         13       Section 501(c)(7) organizations. Enter:       11a       11b       11b         13       Socin come from other sources (Do not net amou	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		Х							
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f       Did the organization, during the year, pay premiums, directly, on a personal benefit contract?       7         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7n         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12	d	If "Yes," indicate the number of Forms 8282 filed during the year7d										
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         12       Section 501(c)(12) organizations. Enter:       11a       11b       12a         12       Section 501(c)(12) organizations. Enter:       11b       12a       12a         13       Gross income from members or shareholders       11b       12a       12b       12a         14       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a       12a         15       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         14a       Note: See the instructions for additional information the organization must report on Schedule O.       14a	f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?										
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a Initiation fees and capital contributions included on Part VIII, line 12       10a       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11 Section 501(c)(12) organizations. Enter:       11a       10b       11a         b Gross income from members or shareholders       11a       11b       12a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax exempt interest received or accrued during the year       12b       13a       13a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c       14a         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b       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			9b									
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:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         14       Did the organization licensed to issue qualified health plans       13b       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       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?       14a       14b												
11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders         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?         12b       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.         a       Is the organization licensed to issue qualified health plans in more than one state?         13       Section 501 (c)(29) qualified nonprofit health plans in more than one state?         14a       Did the organization licensed to issue qualified health plans         c       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         c       Enter the amount of reserves on hand         14a       Did the organization receive any payments for indoor tanning services during the tax year?         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O         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?												
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amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13c       14a       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       14b         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       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?       15												
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b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 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?       15	10-		10-									
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Note: See the instructions for additional information the organization must report on Schedule O.       Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Imag			120									
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 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?       15	a		104									
organization is licensed to issue qualified health plans       13b       13b         c Enter the amount of reserves on hand       13c       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         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?       15	h											
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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?       15			14a		x							
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?       15												
excess parachute payment(s) during the year?												
	-		15		x							
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		16		X							
If "Yes," complete Form 4720, Schedule O.												

Form	1 990 (2020) INC. **_**	1654	Р	age 6								
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No" r										
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.											
	Check if Schedule O contains a response or note to any line in this Part VI			X								
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 1	)	100									
Ĩŭ	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.											
h												
-	,											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	•		x								
•	officer, director, trustee, or key employee?	2										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v								
	of officers, directors, trustees, or key employees to a management company or other person?	3		X X								
4												
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X								
6	Did the organization have members or stockholders?	6		X								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
	more members of the governing body?	7a		X								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
	persons other than the governing body?	7b		X								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	The governing body?	8a	Х									
b	Each committee with authority to act on behalf of the governing body?	8b	Х									
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								
	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	Х									
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х									
		12b	Х									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	in Schedule O how this was done	12c	Х									
13	Did the organization have a written whistleblower policy?	13	Х									
14	Did the organization have a written document retention and destruction policy?	14	Х									
15	Did the process for determining compensation of the following persons include a review and approval by independent											
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official	15a	х									
	Other officers or key employees of the organization	15a	X									
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	155										
16-												
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		x								
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		- 23								
a												
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401-										
800	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 $PA$ , AZ, CA, FL, DC	0)!	A	_   _ <sup>1</sup> -								
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	) avai	aple								
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website     Another's website       X     Upon request       Other (explain on Schedule O)											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finai	ncial									
•	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 ► CHRIS KREWSON - 267-670-0357											

# 1 E LANGHORNE AVE, HAVERTOWN, PA 19083

Form 990 (	(2020)	INC.					**_*				
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated				
Employees, and Independent Contractors											

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				000	Reportable	Reportable	Estimated	
	hours per	box,	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of
	week		cer ar	nd a d I	recto	or/trus	itee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen		(W 2/1000 WIGO)		and related
	below	idual	nstitutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High	Former			-
(1) CHRIS KREWSON	40.00									
EXECUTIVE DIRECTOR				X				123,100.	0.	18,090.
(2) JAY ALLRED	6.00									
CHAIR		Х		Х				0.	0.	0.
(3) TRACIE POWELL	8.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) ROSEMARY HOBAN	4.00									
SECRETARY		Х		х				0.	0.	0.
(5) ALVARO GURDIAN	4.00									
TREASURER		Х		X				0.	0.	0.
(6) KELLY GILFILLAN	10.00									
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
(7) JAN SCHAFFER	3.00									
TREASURER (RESIGNED)		Х		Х				0.	0.	0.
(8) CHARLOTTE-ANNE LUCAS	0.50									
DIRECTOR		Х						0.	0.	0.
(9) CIERRA HINTON	3.00								_	_
DIRECTOR		Х						0.	0.	0.
(10) DYLAN SMITH	0.50								_	_
DIRECTOR		Х						0.	0.	0.
(11) JIQUANDA JOHNSON	4.00									_
DIRECTOR		Х						0.	0.	0.
(12) REBEKAH MONSON	0.50									
DIRECTOR		х						0.	0.	0.
(13) DOUG HARDY	2.00									
DIRECTOR (RESIGNED)		Х						0.	0.	0.
(14) GLENN BURKINS	1.00									
DIRECTOR (RESIGNED)		х						0.	0.	0.
(15) SCOTT BRODBECK	1.00									•
DIRECTOR (RESIGNED)	1	X				<u> </u>		0.	0.	0.
(16) TERESA WIPPEL	1.00								•	<b>^</b>
DIRECTOR (RESIGNED)		X				<u> </u>		0.	0.	0.
(17) URIAH KISER	1.00								~	<b>^</b>
DIRECTOR (RESIGNED)		Х				1		0.	0.	0.

	7110	DEPENDEN	1T	01	NL]	ENI	E 1	ΝE	WS PUBLISHER		<b>-</b>	<b>C Г А</b>	_	~
Form Par	990 (2020) INC.									**_*	^ ^ L	654	Page	8
ı ar	t VII Section A. Officers, Directors, Trus (A)	tees, Key Em (B)	pioy	ees	, and (C		gne	st (	Compensated Employe (D)				(E)	
	(A) Name and title	(b) Average			Pos	ition			(D) Reportable	<b>(E)</b> Reportable		Fe	(F) timated	
		hours per	box	not c , unle	heck ss pe	more rson i	than is bot	h an	· · ·	compensatio			nount of	
	week officer and a director/trustee) from from relate										ł		other	
		(list any hours for	Individual trustee or director						the	organization			pensation	
		related	e or d	stee			nsated		organization (W-2/1099-MISC)	(W-2/1099-MIS	50)		om the anization	
		organizations	l truste	lal trus		yee	omper						related	
		below	ividua	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orga	nizations	
		line)	hd	lns	Offi	Key	Hig	For						
														_
								K						
1b	Subtotal						·		123,100.		0.	18	8,090	•
С	Total from continuation sheets to Part VI	I, Section A							0.		0.		0	-
	Total (add lines 1b and 1c)		· · · · · · · · · · · · · · · · · · ·						123,100.		0.	18	8,090	•
2	Total number of individuals (including but no	ot limited to th	lose	liste	ed al	bove	e) wł	no r	received more than \$100	,000 of reportab	le			1
	compensation from the organization												Yes No	<u>+</u>
3	Did the organization list any <b>former</b> officer,	director. trust	ee. k	kev e	emp	love	e. o	r hio	phest compensated emp	olovee on	[			-
	line 1a? If "Yes," complete Schedule J for su											3	X	
4	For any individual listed on line 1a, is the su	m of reportabl												
	and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	ə J	for such individual			4	X	
5	Did any person listed on line 1a receive or a								•					
- <b>S</b> oot	rendered to the organization? If "Yes," com	plete Schedule	e J f	or si	uch	pers	son .					5	X	
1	ion B. Independent Contractors Complete this table for your five highest con	mpensated inc	dona	ande	nt c	ontr	racto	ore :	that received more than	\$100.000 of con	none	ation f	rom	
•	the organization. Report compensation for t										ipens	alion	IOIII	
	(A)	<u>, in contracting</u>							(B)			(C	;)	
	Name and business address								Description of s	ervices	Compensation			
2	Total number of independent contractors (ir	ncluding but n	ot li	mite	d to	tho	se lis	steo	d above) who received m	nore than				
	\$100,000 of compensation from the organiz	•					)		,					

INC.

Ра	rt V	III	Statement of Revenue					
			Check if Schedule O contains a response of	r note to any lin				
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
Amo M			Fundraising events					
àifts ar ∕			Related organizations 1d					
s, G mili			Government grants (contributions) <b>1e</b>					
ion			All other contributions, gifts, grants, and					
but				582,060.				
dotri			Noncash contributions included in lines 1a-1f					
aŭ		h	Total. Add lines 1a-1f	<b>&gt;</b>	2,582,060.			
				Business Code				
e	2 8	а	CONTRACTS	511110	473,049.			
e e	I		CONFERENCE	511110	57,116.			
anu Senu		с	MEMBERSHIP DUES	511110	23,979.	23,979.		
ran Ieve		d						
Program Service Revenue		е						
Ā	t	f	All other program service revenue					
		g	Total. Add lines 2a-2f	►	554,144.			
	3		Investment income (including dividends, interes		1 450			1 4 5 0
			other similar amounts)		1,458.			1,458.
	4		Income from investment of tax-exempt bond pro	-				
	5		Royalties					
	_		(i) Real	(ii) Personal				
			Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)         Gross amount from sales of         (i) Securities	(ii) Other				
	1							
			Assets other than inventory <b>7a</b> Less: cost or other basis					
e			and sales expenses					
Revenue			Gain or (loss)					
Sev			Net gain or (loss)					
er			Gross income from fundraising events (not					
Oth	0		including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
	I		Less: direct expenses 8b					
				►				
	9 :	а	Gross income from gaming activities. See					
			Part IV, line 19					
	I	b	Less: direct expenses 9b					
		с	Net income or (loss) from gaming activities	►				
	10 ;	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
sn			Ļ	Business Code				
neol	11 :							
/en		b						
Miscellaneous Revenue		C						
Ϊ			All other revenue	<b>⊾</b>				
	12		Total. Add lines 11a-11d	····· <b>P</b>	3,137,662.	554 144.	0.	1,458.
	14						· · · ·	

Form 990 (2020) INC .
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).

Do r	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8	3b, 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	24 045	24 045		
_	individuals. See Part IV, line 22	24,045.	24,045.		
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,	141,190.		70,595.	70,595
•	trustees, and key employees	141,190.		10,333.	10,393
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	271,651.	228,308.	13,871.	29,472
7 8	Other salaries and wages Pension plan accruals and contributions (include	2/1,0J1•	220,300.	±3,0/±•	47,474
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10,702.	10,702.		
		30,234.	24,498.	1,438.	4,298
10 11	Payroll taxes Fees for services (nonemployees):	50,2540	21,190.	1,450.	4,200
	Management	6,871.		6,871.	
	Legal Accounting	45,050.		45,050.	
	Lobbying	10,0001			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	67,942.	1,150.	21,041.	45,751
12	Advertising and promotion	13,376.	10,341.	3,035.	- / -
13	Office expenses	9,194.	5,753.	3,441.	
14	Information technology	18,771.	14,727.	3,686.	358
15	Royalties				
16	Occupancy	5,000.	5,000.		
17	Travel	2,954.	178.	2,521.	255
18	Payments of travel or entertainment expenses	-			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,104.		2,104.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
~	amount, list line 24e expenses on Schedule 0.) PROGRAM EXPENSE	183,848.	183,848.		
a b	DUES	1,579.	740.	839.	
D C	MISCELLANEOUS	430.	178.	252.	
d			±,	2521	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	834,941.	509,468.	174,744.	150,729
26	<b>Joint costs</b> . Complete this line only if the organization			,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Clerchere if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

INC.

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	220,132.	1	2,415,640.
	2	Savings and temporary cash investments	36,983.	2	250,483.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	249,050.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
4	9	Prepaid expenses and deferred charges	8,618.	9	7,433.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	2,922,606.
	17	Accounts payable and accrued expenses		17	52,235.
	18	Grants payable		18	
	19	Deferred revenue		19	96,700.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
jiit		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	70,758.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		05	
	0	of Schedule D	28,041.	25	219,693.
	26	Total liabilities. Add lines 17 through 25	20,041.	26	219,095.
es		Organizations that follow FASB ASC 958, check here ► X			
u c	07	and complete lines 27, 28, 32, and 33.	81,299.	27	702,913.
Bala	27	Net assets without donor restrictions	318,893.	27	2,000,000.
ΒPC	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here	510,055.	20	2,000,000.
Fur		and complete lines 29 through 33.			
ç	200			00	
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		29 30	
Ass	30			30 31	
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated income, or other funds		31	2,702,913.
Z	33	Total net assets or fund balances Total liabilities and net assets/fund balances	428,233.	32 33	2,922,606.
	33	ו טנמו וומטווונוכט מו וט דובו מטטבוט/ וטו וט שמומו ונכט	120,255.	33	Corm <b>990</b> (2020)

LOCAL	INDEPENDENT	ONLINE	NEWS	PUBLISHERS

Form	1990 (2020) INC •	~ ~ _ ~ ~ ~	°1654	Pag	ge <b>12</b>
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	3,137	7,6	62.
2	Total expenses (must equal Part IX, column (A), line 25)	2			41.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,302		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	400	),1	92.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,702	2,9	13.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		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 in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	ngle Audit			
	Act and OMB Circular A-133?		<b>3</b> a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A				п.	uhlia Cha		Ctatura	-					OMB No. 1545-0047	
(Form 990 or 990-EZ)					ublic Cha								2020	
			om	plete if the organ 49		n is a sectio 1) nonexemp				or a section		2020		
Department of the Treasury							to Form 99						Open to Public	
		nue Service				o to www.irs.go								Inspection
Name of the organization LOCAL INDEPENDENT ONLIN					ONLIN	ΞŇ	IEWS I	UBLIS	HERS		identification number			
				INC.	~									*-**1654
Par						arity Status.							ns.	
1	organ		•			on because it is:		•		-	,			
1						hes, or association						1)(A)(i).		
2						170(b)(1)(A)(ii). (								
3		•		•		spital service org						•	Viii) Entor	the hospital's name,
4		city, and stat		IT Organiz	and	on operated in co	injunci	lion with a no	эрпа	a describe	u in sectio			the hospital's hame,
5				perated f	or t	he benefit of a co	lleae a	or university o	wne	d or opera	ited by a d	overnmental	unit descrit	oed in
•						nplete Part II.)								
6						nment or governr	nental	unit describe	ed in	section 1	70(b)(1)(A)	)(v).		
7	Х	An organizati	on tl	nat norma	ally i	receives a substa	antial p	part of its sup	port	from a gov	/ernmenta	l unit or from	the general	public described in
		section 170(	b)(1)	(A)(vi). (C	om	plete Part II.)								
8		A community	trus	t describ	ed i	n section 170(b)	(1)(A)(	vi). (Complete	e Pai	rt II.)				
9		An agricultur	al res	search or	gan	ization described	l in <b>sec</b>	ction 170(b)(	1)(A)	(ix) operat	ed in conji	unction with a	a land-grant	college
		or university	or a	non-land-	grar	nt college of agric	culture	(see instruct	ions)	. Enter the	name, cit	y, and state o	of the colleg	je or
		university:												
10														nd gross receipts from
														from gross investment
		See section					(1822)	Section STIT	ax) 11	IOIII DUSIII	esses acqu	lifed by the o	ryanization	after June 30, 1975.
11						operated exclus	ivelv t	o test for pub	lic s	afety See	section 5	09(a)(4).		
12		-		-		-	-						arry out the	e purposes of one or
						nizations describe								
						scribes the type o								
а		<b>Type I.</b> A s	uppo	orting orga	aniz	ation operated, s	superv	ised, or contr	ollec	l by its sup	ported or	ganization(s),	typically by	y giving
		the suppor	ted o	organizati	on(	s) the power to re	egularly	y appoint or e	elect	a majority	of the dire	ctors or trust	ees of the s	supporting
		7 -				nplete Part IV, Se								
b		••				zation supervised					• •	•		•
						e supporting org				same pers	ons that c	ontrol or man	age the sup	oported
•		¬ ۲	• •			omplete Part IV, ated. A supportin				l in connor	tion with	and function	lly intograt	od with
С				-	-	) (see instructions		-					any integrat	eu with,
d				•	• •	tegrated. A supp		•					orted organ	ization(s)
		••			-	rated. The organi	•	e e	•				•	
		requiremer	it (se	e instruct	ion	s). You must cor	nplete	e Part IV, Sec	tion	s A and D	, and Part	<b>v</b> .		
е		Check this	box	if the org	aniz	ation received a	writter	n determinatio	on fro	om the IRS	S that it is a	а Туре I, Туре	e II, Type III	
						/pe III non-functio								
						anizations								
g					n al	oout the supporte (ii) EIN		anization(s). ype of organiza	tion	(iv) is the org	anization listed	(u) Amount o	fmonotony	(vi) Amount of other
	(	<ul> <li>i) Name of supp organizatior</li> </ul>		I			(desc	ribed on lines	1-10	in your govern	ing document?	(v) Amount of support (see i	-	support (see instructions)
		-			-		above	e (see instructio	ons))	103				
					1									
					1									
<del>.</del>														
Total	1				1									1

# Schedule A (Form 990 or 990-EZ) 2020 INC .

\*\*-\*\*\*1654 Page 2

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

Sec	ction A. Public Support	-			_		
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				500,000.	2,582,060.	3,082,060.
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				500,000.	2,582,060.	3,082,060.
	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)						2,894,912.
6	Public support. Subtract line 5 from line 4.						187,148.
	ction B. Total Support						10//1100
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(a) 2010	(b) 2017	(0) 2010	500,000.	2,582,060.	3,082,060.
	Gross income from interest,					2,302,000.	5,002,000.
0							
	dividends, payments received on						
	securities loans, rents, royalties,				1,303.	1,458.	2,761.
•	and income from similar sources				1,505.	1,430.	2,701.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			1			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						3,084,821.
	Gross receipts from related activities,	, ,	,			12	738,065.
13	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	x year as a section 5	501(c)(3)	
_	organization, check this box and stor						▶ X
	ction C. Computation of Publ						
	Public support percentage for 2020 (					14	%
	Public support percentage from 2019					15	%
<b>16</b> a	33 1/3% support test - 2020. If the o						x and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	า			▶∟
b	33 1/3% support test - 2019. If the o	organization did no	ot check a box on	line 13 or 16a, an	id line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the fact	s-and-circumstand	ces test, check thi	s box and <b>stop h</b>	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizati	on qualifies as a p	ublicly supported	l organization		
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not	check a box on lii	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization			-			s 🕨 🗖
	5		,				

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990 EZ) 2020 INC.

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
•						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				Y		
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						•
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		$\bigcirc$				
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.) <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	he organization's f	irst. second. third.	fourth. or fifth tax	vear as a section	501(c)(3) organizat	ion.
check this box and <b>stop here</b>	U U			-		► <b></b>
Section C. Computation of Publ						······································
<b>15</b> Public support percentage for 2020 (			column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inve						/0
17 Investment income percentage for 20					17	0/
<ul><li>17 Investment income percentage for 20</li><li>18 Investment income percentage from</li></ul>					18	<u>%</u>
<b>19a 33 1/3% support tests - 2020.</b> If the	-					
more than 33 1/3%, check this box a b 33 1/3% support tests - 2019. If the						▶∟
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	in alla not check a		a, or 190, check t	nis box and see in	SUUCIONS	🕨 📖

Yes No

## Schedule A (Form 990 or 990-EZ) 2020 INC. 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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			
3:			
31	b		
30	5		
4;	a		
41	<b>b</b>		
40	•		
58	а		
5	b		
50	2		
6	;		
7			
8			
98	a		
91	<b>b</b>		
90	2		
10	a		
10			

10b

Sche	edule A	(Form 990 or 990-EZ) 2020 INC.	*-**165	<b>4</b> Pa	age <b>5</b>
Pa	rt IV	Supporting Organizations (continued)			<u> </u>
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described in line 11a above?	11b		
с	A 359	% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	l in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of o supported organizations have the power to regularly appoint or elect at least a majority of the organization's of			

	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

		_	Yes	1
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•	-	

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

# Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

За

3b

1

2

No

Yes No

LOCAL INDEPENDENT	ONLINE	NEWS	PUBLISHERS
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#### Schedule A (Form 990 or 990 EZ) 2020 INC . Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 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 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

7  $\perp$  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

	dule A (Form 990 or 990-EZ) 2020 INC .			*	*-**1654 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ied)	i
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
-	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

LOCAL ]	INDEPENDENT	ONLINE	NEWS	PUBLISHERS
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Schedule A	(Form 990 or 990-EZ) 2020 INC •	**-**1654 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 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; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addi (See instructions.)	a or 17b; Part III, line 12; is 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,

SCHEDULE D			Supplement	al Financial Statements		OMB No. 1545-0047
(Form 990)				anization answered "Yes" on Form 990,		2020
Part IV, line 6, 7, 8, 9, 10, 11a, 11b,		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b		Open to Public		
	ment of the Treasury I Revenue Service	►Go t	o www.irs.gov/Form9	Attach to Form 990. 90 for instructions and the latest informa	ation.	Inspection
Nam	e of the organizati	on LOCAL I INC.	NDEPENDENT	ONLINE NEWS PUBLISHER	S Em	ployer identification number **-**1654
Pa	rt I Organiza	ntions Maintain	ning Donor Advise	ed Funds or Other Similar Funds	or Acco	
	organizatio	n answered "Yes" o	on Form 990, Part IV, lir			
				(a) Donor advised funds	<b>(b)</b> Fur	nds and other accounts
1						
2			luring year)			
3			g year)			
4						
5	-			writing that the assets held in donor advise		Yes No
6				exclusive legal control? advisors in writing that grant funds can be u		Yes II No
0	•	•		or donor advisor, or for any other purpose of		
	impermissible priv				-	Yes No
Pa				ganization answered "Yes" on Form 990, P		
1				ion (check all that apply).	,	
			ise (for example, recrea		historically	important land area
		f natural habitat	( I )	Preservation of a		
	Preservation	of open space				
2	Complete lines 2a	through 2d if the or	rganization held a quali	fied conservation contribution in the form c	of a conserv	ation easement on the last
	day of the tax yea	-				Held at the End of the Tax Year
а	Total number of c	onservation easeme	ents		2a	
b						
с				ructure included in (a)		
d				after 7/25/06, and not on a historic structu		
	listed in the Natior	al Register			2d	
3				leased, extinguished, or terminated by the		n during the tax
	year 🕨					
4	Number of states	where property sub	ject to conservation ea	sement is located		
5	Does the organiza	tion have a written p	policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and ent	orcement of the cor	nservation easements i	it holds?		Yes I No
6	Staff and voluntee	r hours devoted to	monitoring, inspecting,	handling of violations, and enforcing cons	ervation eas	sements during the year
	▶					
7		es incurred in moni	toring, inspecting, hand	dling of violations, and enforcing conservat	ion easeme	nts during the year
	▶\$					
8		-		ve satisfy the requirements of section 170(		
9		-	-	ion easements in its revenue and expense		
				note to the organization's financial stateme	nts that de	scribes the
Pa		ounting for conserv		f Art, Historical Treasures, or Ot	her Simi	ar Assets
I U			nswered "Yes" on Form			
10				58, not to report in its revenue statement a	ad balanco	shoot works
ia				blic exhibition, education, or research in fur		
			-	ncial statements that describes these item		public
h				58, to report in its revenue statement and b		et works of
5				c exhibition, education, or research in furth-		
		ng amounts relating				
					►	\$
2				asures, or other similar assets for financial		
-				ASC 958 relating to these items:	J, provid	
а	-	-	-		►	\$
			e, see the Instruction		F	Schedule D (Form 990) 2020

LHA	For Paperwork Reduction Act Notice,	e, see the Instructions for For	n 990
032051	1 12-01-20		

Sche	dule D (Form 990) 2020 INC •					**_**	*1654	1 Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or Oth				
3	Using the organization's acquisition, access	ion, and other record	is, check any of the	following that make	significant	use of its		
	collection items (check all that apply):							
а	Public exhibition	d		hange program				
b	Scholarly research	e	e 🛄 Other					
с	Preservation for future generations							
4	Provide a description of the organization's c	•		•		ose in Par	t XIII.	
5	During the year, did the organization solicit of						-	
	to be sold to raise funds rather than to be m						Yes	└── No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	n Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa		diau stan aantuikudian					
1a	Is the organization an agent, trustee, custod						Vee	
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					L	Yes	└── No
b	In res, explain the arrangement in Part XIII	and complete the lo	nowing table.				Amount	
<u> </u>	Reginning balance				1c		Amount	
	Beginning balance Additions during the year							
	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on F	orm 990. Part X. line	21, for escrow or cu	ustodial account liab	oility?		Yes	No
	If "Yes," explain the arrangement in Part XIII							
Par	t V Endowment Funds. Complete	if the organization an	swered "Yes" on Fo	orm 990, Part IV, line				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance							
b	Contributions							
с	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balanc		a)) held as:				
а	Board designated or quasi-endowment		_%					
	Permanent endowment	%						
с		%						
•	The percentages on lines 2a, 2b, and 2c sho							
за	Are there endowment funds not in the posse	ession of the organization	ation that are held a	ind administered for	the organiz	ation	г	Vee Ne
	by:							Yes No
	(i) Unrelated organizations						3a(i)	
h	(ii) Related organizations	ations listed as requi	red on Schedule R2				3a(ii) 3b	
4	Describe in Part XIII the intended uses of the						50	
_	t VI Land, Buildings, and Equipn		Swittent funds.					
	Complete if the organization answere		0, Part IV, line 11a. S	See Form 990, Part >	(, line 10.			
	Description of property	(a) Cost or o			Accumulate	ed	(d) Book	value
		basis (investr			epreciation		( )	
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 1	10c.)				0.

Schedule D (Form 990) 2020

D (Form 990) 2020

Part VII Investments - Other Securities.			1054 Page 3
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" c		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
<u>(5)</u> (6)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	•	
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	, ,		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, 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

**_	* *	*1	654	Page <b>4</b>
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Sche	edule D (Form 990) 2020 INC .		**_:	***1654	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements	s With Revenue per F			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	3,137,	662.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с		2c			
d		2d			
е			2e		0.
3	Subtract line <b>2e</b> from line <b>1</b>		3	3,137,	662.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>		4c		0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		5	3,137,	662.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statement	ts With Expenses per	r Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	834,	941.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с		2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	834,	941.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>		4c		0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	834,	941.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

LION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC
TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR
UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND
MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX
POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. LION HAS
DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR
EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBER
31, 2020. LION'S TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL
AND STATE JURISDICTIONS.

Schedule D (Form 990) 2020 Part XIII Supplemental Infor		INDEPENDENT	ONLINE NEWS	PUBLISHERS **-***1654 Page
Part XIII   Supplemental Infor	mation (co	ontinued)		

SCHEDULE I	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							OM	B No. 1545-0047	
(Form 990)									2020	
Department of the Treasury	Attach to Form 990.									
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.									
Name of the organizat										
Part I General Ir	nformation on Grants a	nd Assistance							-***1654	
	zation maintain records		amount of the grants	or assistance, the	arantees' eligibilit	v for the grants or ass	istance, and the selec	ction		
-	award the grants or assis		-						es X No	
	IV the organization's pro									
	d Other Assistance to					anization answered "Y	′es" on Form 990, Par	t IV, line 21, for an	у	
recipient t	hat received more than	\$5,000. Part II can	be duplicated if addit	ional space is need	ded.				-	
	ddress of organization vernment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		e of grant stance	
					8					
2 Enter total numb	per of section 501(c)(3) a	nd government or	ganizations listed in th	e line 1 table	I	I	•	<b>&gt;</b>		
	per of other organization			·····				<b>&gt;</b>		
LHA For Paperwork	Reduction Act Notice	, see the Instructi	ions for Form 990.					Schedule I (I	orm 990) 2020	

Schedule I (Form 990) 2020 INC.

# Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SKILL SERIES	31	15,500.	0.		
SURVEY WINNER	1	750.	. 0.		
PONSORSHIP FOR POYNTER LEADERSHIP ACADEMY	1	1,095.	0.		
JION MEMBER AWARDS	4	2,000.	0.		
CUNY SCHOLARSHIP	1	4,000.	0.		

\*\*-\*\*\*1654

Page **2** 

Schedule I (Form 990) INC .	NT ONLIN	E NEWS PUB	LISHERS		**-**1654 Page <b>2</b>
Part III Continuation of Grants and Other Assistance to Domes	tic Individuals	(Schedule I (Form 99	90), Part III.)		
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MISCELLANEOUS	3.	700.	0.		
		0			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

LOCAL INDEPENDENT ONLINE NEWS PUBLISHERS

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number \*\*-\*\*1654

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

# BUILD AND DEVELOP SUSTAINABLE BUSINESSES.

INC.

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

PHAYVANH LUEKHAMHAN, DIRECTOR OF OPERATIONS AND CHRIS KREWSON, EXECUTIVE

DIRECTOR WILL REVIEW THE 990 BEFORE FILING, AS WELL AS DISTRIBUTE DRAFTS TO

THE BOARD OF DIRECTORS TO BE REVIEWED.

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

LION REQUIRES ALL BOARD MEMBERS TO SIGN AND ACKNOWLEDGE THEY HAVE READ THE COI POLICY AND REGULARLY BRING UP ANY ITEMS IN MEETINGS THAT MIGHT BE A COI

CONCERN.

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

THE BOARD OF DIRECTORS REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE AND

SETS COMPENSATION (OR DELEGATES A COMMITTEE OF OFFICERS TO DO IT). THE

EXECUTIVE DIRECTOR REVIEWS AND NEGOTIATES COMPENSATION FOR THE DEPUTY

DIRECTOR AND DIRECTOR OF OPERATIONS.

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

THE MAJORITY OF GOVERNING DOCUMENTS ARE AVAILABLE ON THE WEBSITE. ANYTHING

NOT ON THE WEBSITE IS AVAILABLE BY REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN

Schedule O (Form 990 or 9	990-EZ) 2020					Page <b>2</b>
Schedule O (Form 990 or 9 Name of the organization	LOCAL INC.	INDEPENDENT	ONLINE	NEWS	PUBLISHERS	Employer identification number **-**1654
INDEPENDENT A	CCOUNTA	NT.				
					•	
					>	

(Rev. January 2020)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service ► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

# Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type of print	r Name of exempt organization or other filer, see instru LOCAL INDEPENDENT ONLINE N	Taxpaye	Taxpayer identification number (TIN)			
•	INC.		46-0781654			
File by th due date filing you return. S	for Number, street, and room or suite no. If a P.O. box, s					
instructio						
Enter t	he Return Code for the return that this application is for (fi	ile a separa	ate application for each return)			. 0 1
Applic	ation	Return	Application			Return
ls For		Code	Is For		Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above) CHRIS KREWSON	06	Form 8870			12
• If th • If th box • 1 I 1 1	request an automatic 6-month extension of time until he organization named above. The extension is for the org ► X calendar year 2020 or ► tax year beginning f the tax year entered in line 1 is for less than 12 months, of Change in accounting period	Group Exe and atta NOVEI ganization's , an check reas	emption Number (GEN) Inch a list with the names and TINs o MBER 15, 2021 , to file s return for: d ending on: Initial return	If this is fo f all memb	r the whole group, ers the extension is npt organization ret	s for.
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less       any nonrefundable credits. See instructions.       3a       \$						
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
-	stimated tax payments made. Include any prior year over			3b	\$	0.
	Salance due. Subtract line 3b from line 3a. Include your page	-				0
	ising EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.
Cautio instruc	n: If you are going to make an electronic funds withdrawa tions.	ıl (direct de	bit) with this Form 8868, see Form 8	3453-EO a	nd Form 8879-EO f	or payment
	For Drivery Ast and Densmusely Deduction Ast Nation		untions		Farma 8060 (D	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)