Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

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

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

and ending

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

OMB No. 1545-0047 Open to Public Inspection

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Form of organization: X Corporation Trust Association Other Vear of formation: 1999 M State of logal domicile: DE						,
The program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Tother revenue (Part VIII, column (A), lines 5, 6, 6, 6, 6, 6, 10c, and 11e) Tother revenue (Part VIII, column (A), lines 13, 14 Searles, other compensation, employee benefits (Part XI, column (A), lines 14) Tother revenue (Part XI, column (A), lines 15, 15 Searles, other compensation, employee benefits (Part XI, column (A), lines 14) Tother expenses (Part IX, column (A), lines 15) Total assets (Part XI, column (A), lines 16) Total assets (Part XI, line 26) Total alianities (Part XI, line 26) Total assets (Part XI, line 26)						
Briefly describe the organization's mission or most significant activities ONLINE NEWS ASSOCIATION OFFERS				Tour of format		- Ciato or logal dofficilo, = =
PROGRAMS AND PARTNERSHIPS THAT CONNECT MEMBERS WITH THE LEADING 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a)	_	1		IEWS AS	SOCIATI	ON OFFERS
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Northor of independent voting fremibres of the governing body (rear V, line 2a) 5 5 5 5 6 6 6 0 0 0 0 0 0 0	ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			
S Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 6 0 0 0 0 0 0 0 0 0		4	Number of independent voting members of the governing body (Part VI, line 1b)			
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 2, 202, 044. 2, 254, 123. 8 Contributions and grants (Part VIII, line 1h) 2, 200 1, 048. 9 Program service revenue (Part VIII, line 2g) 1, 008, 963. 1, 323, 030. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4, 292. 8, 7306. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 86. 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 3, 238, 356. 334, 813. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 238, 356. 334, 813. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 765, 889. 657, 514. 16a Professional fundraising fees (Part IX, column (A), line 1e) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 1e) 765, 889. 657, 514. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 25) 44, 805. 19 Revenue less expenses. Subtract line 18 from line 12 840, 230. 542, 327. 19 Revenue less expenses. Subtract line 18 from line 12 840, 230. 542, 327. 10 Total assets (Part X, line 16) 2, 460, 178. 3, 372, 222. 20 Total assets (Part X, line 26) 276, 120. 635, 302. 21 Total liabilities (Part X, line 26) 2, 184, 058. 2, 736, 920. 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. Prior Ysignature BOMBO JONES, P.C. Firm's Saddress 6010 EXECUTIVE BLVD, SUITE 900 Phone no. (301) 770 – 5100		5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 2, 202, 044. 2, 254, 123. 8 Contributions and grants (Part VIII, line 1h) 2, 200 1, 048. 9 Program service revenue (Part VIII, line 2g) 1, 008, 963. 1, 323, 030. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4, 292. 8, 7306. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 86. 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 3, 238, 356. 334, 813. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 238, 356. 334, 813. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 765, 889. 657, 514. 16a Professional fundraising fees (Part IX, column (A), line 1e) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 1e) 765, 889. 657, 514. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 25) 44, 805. 19 Revenue less expenses. Subtract line 18 from line 12 840, 230. 542, 327. 19 Revenue less expenses. Subtract line 18 from line 12 840, 230. 542, 327. 10 Total assets (Part X, line 16) 2, 460, 178. 3, 372, 222. 20 Total assets (Part X, line 26) 276, 120. 635, 302. 21 Total liabilities (Part X, line 26) 2, 184, 058. 2, 736, 920. 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. Prior Ysignature BOMBO JONES, P.C. Firm's Saddress 6010 EXECUTIVE BLVD, SUITE 900 Phone no. (301) 770 – 5100	Σ	6	Total number of volunteers (estimate if necessary)		6	•
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 2, 202, 044. 2, 254, 123. 8 Contributions and grants (Part VIII, line 1h) 2, 200 1, 048. 9 Program service revenue (Part VIII, line 2g) 1, 008, 963. 1, 323, 030. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4, 292. 8, 7306. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 86. 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 3, 238, 356. 334, 813. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 238, 356. 334, 813. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 765, 889. 657, 514. 16a Professional fundraising fees (Part IX, column (A), line 1e) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 1e) 765, 889. 657, 514. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 25) 44, 805. 19 Revenue less expenses. Subtract line 18 from line 12 840, 230. 542, 327. 19 Revenue less expenses. Subtract line 18 from line 12 840, 230. 542, 327. 10 Total assets (Part X, line 16) 2, 460, 178. 3, 372, 222. 20 Total assets (Part X, line 26) 276, 120. 635, 302. 21 Total liabilities (Part X, line 26) 2, 184, 058. 2, 736, 920. 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. Prior Ysignature BOMBO JONES, P.C. Firm's Saddress 6010 EXECUTIVE BLVD, SUITE 900 Phone no. (301) 770 – 5100	₽cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
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Program service revenue (Part VIII, line 2g)						
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e)	ě					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e)	en	9	Program service revenue (Part VIII, line 2g)	1,0		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e)	3e					
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 238,356. 334,813. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 765,889. 657,514. 16 Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (D), line 25) 44,805. 17 Other expenses (Part IX, column (D), line 25) 44,805. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,375,069. 3,043,532. 19 Revenue less expenses. Subtract line 18 from line 12 840,230. 542,327. 20 Total assets (Part X, line 16) 2,460,178. 3,372,222. 21 Total liabilities (Part X, line 26) 2,766,120. 635,302. 22 Net assets or fund balances. Subtract line 21 from line 20 2,184,058. 2,736,920. Part II Signature Block Signature Block Signature of officer Date	_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
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19 Revenue less expenses. Subtract line 18 from line 12 840,230. 542,327.						
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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 IRVING WASHINGTON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature BERT L. SWAIN BERT L. SWAIN BERT L. SWAIN BERT L. SWAIN Preparer Use Only Firm's address 6010 EXECUTIVE BLVD, SUITE 900 ROCKVILLE, MD 20852 Phone no. (301) 770 – 5100	· 0	19	Revenue less expenses. Subtract line 18 from line 12	+		
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Type or print name and title Print/Type preparer's name Preparer's signature BERT L. SWAIN Preparer Firm's name Date 10/10/18 if Self-employed P00238304 Preparer Firm's name DEMBO JONES, P.C. Firm's ellN Firm's ElN Phone no. (301) 770-5100						
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Use Only Firm's address 6010 EXECUTIVE BLVD, SUITE 900 Phone no.(301)770-5100					1	**-***3331
ROCKVILLE, MD 20852 Phone no. (301) 770 - 5100						
		•			Phone no. (3	01)770-5100
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Par	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: ONA'S MISSION IS INSPIRING INNOVATION AND EXCELLENCE AMONG DIGITAL
	JOURNALISTS TO BETTER SERVE THE PUBLIC. ONA IS A LEADER IN THE RAPIDLY
	CHANGING WORLD OF JOURNALISM; A CATALYST FOR INNOVATION IN
	STORY-TELLING ACROSS ALL PLATFORMS.
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 \$ 1,131,388. including grants of \$) (Revenue \$ 1,112,848.)
-	CONFERENCES: ONA'S THREE-DAY ANNUAL CONFERENCE PROVIDED HANDS-ON
	WORKSHOPS AND DISCUSSIONS, NOTED SPEAKERS, EXPERT PANELS, VISITS TO
	TECHNOLOGY AND MEDIA COMPANIES, AND SESSIONS AND TRAINING ON DIGITAL
	MEDIA ISSUES. THE FULLY-FUNDED STUDENT NEWSROOM GAVE 20 UNDERGRADUATE
	JOURNALISM AND COMPUTER SCIENCE MAJORS EXPOSURE TO MEDIA LEADERS AND A
	CHANCE TO COVER BREAKING NEWS WITH EMERGING TOOLS, AND DIVERSITY
	FELLOWSHIPS OFFERED FREE CONFERENCE ATTENDANCE AND DIGITAL TRAINING TO
	A DIVERSE FIELD OF STUDENTS AND YOUNG PROFESSIONALS. THE MIDWAY, AN
	INTERACTIVE SPACE FOR COLLABORATION AND INNOVATION, CONNECTED NEWS
	START-UPS, NONPROFITS, AND JOURNALISTS WITH DEVELOPERS AND TECHNOLOGY
	COMPANIES.
4b	(Code:) (Expenses \$745,089 . including grants of \$29,855 .) (Revenue \$5,635 .)
	TRAINING AND PROFESSIONAL DEVELOPMENT: ONA PROVIDES TRAINING PROGRAMS
	IN EMERGING TECHNOLOGY AND NEW MEDIA AND FUNDING TO HELP MEMBERS HOST
	REGIONAL, NATIONAL, AND INTERNATIONAL EVENTS, RANGING FROM SOCIAL
	GATHERINGS TO INTENSIVE TRAINING SESSIONS; PARTNERSHIPS WITH TECHNOLOGY
	AND JOURNALISM ORGANIZATIONS THAT BRING ADVANCED MULTIMEDIA, SOCIAL
	NETWORKING AND OTHER DIGITAL SKILLS TO NEW AND VETERAN JOURNALISTS;
	FOCUSED WORKSHOPS ON DIGITAL "BIG PICTURE" THEMES, LIKE MOBILE AND
	SOCIAL MEDIA; VOLUNTEER LEADERS OF ONA LOCAL GROUPS PROVIDE PEER-TO-PEER TRAINING AND NETWORKING IN CITIES AROUND THE WORLD; AND
	THE FILING OF AMICUS BRIEFS IN COURT CASES SUPPORTING FIRST AMENDMENT
	RIGHTS AND GOVERNMENT.
	RIGHTS AND GOVERNMENT.
40	(Code:) (Expenses \$ 234,149 • including grants of \$) (Revenue \$)
	COMMUNITY PARTICIPATION AND EDUCATION: ONA'S WEBSITE
	(WWW.JOURNALISTS.ORG), AND ONLINE COMMUNITIES THROUGH CONTENT AND
	DATABASE NETWORKING, ALLOWING ONA MEMBERS TO EXCHANGE KNOWLEDGE, FIND
	ASSISTANCE AND EXPERTISE, RAISE QUESTIONS AND ENGAGE ON NEW MEDIA
	ISSUES. ONA PROVIDES SOCIAL MEDIA NETWORKING TO SPECIFIC DEMOGRAPHICS
	THROUGH ITS GROWING FACEBOOK, TWITTER AND LINKEDIN GROUPS; PROVIDES
	FREE GUIDANCE ON JOURNALISM ETHICS THROUGH ITS DIGITAL TOOLKIT AND
	HOUSES FREE AND DISCOUNTED ACCESS TO OUTSIDE WEBINARS, SEMINARS AND
	CONFERENCES.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 853,017 • including grants of \$ 304,958 •) (Revenue \$ 158,545 •)
<u>4e</u>	Total program service expenses ▶ 2,963,643.
	Form 990 (2017)

Form 990 (2017) ONLINE NEWS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			٦,
	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,"	4.		v
	complete Schedule G, Part III	19		X

Form 990 (2017) ONLINE NEWS ASSOCI Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	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	
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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			$\overline{}$
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
J J	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			 -
٥,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Tester / Will Commission Micro and required to complete Gonedule G		000	(001=)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
		1 25		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 35			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			v	
_	(gambling) winnings to prize winners?	I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 8			
	filed for the calendar year ending with or within the year covered by this return			v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		0-	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a 3b	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a		3D		
48			40		Х
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country:	account)?	4a		22
D	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	accupte (EBAB)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
ou	any contributions that were not tax deductible as charitable contributions?	-	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
_	were not tax deductible?	_	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
_			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a 9b		
40 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b	000	
			Form	990	(2017)

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

	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 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
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		Х
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 in Schedule O	9		Х
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	Х	
	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	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
_	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 202-503-9222			
	1111 N. CAPITOL ST. NE., 2ND FL, WASHINGTON, DC 20002			

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.

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

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

(A)	(B)			(()			(D)	(E)	(F)
Name and Title	Average hours per		not c	Pos heck ss pe	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director		Officer Officer	irecto		stee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DAVID SKOK	1.00	ļ							•	
BOARD MEMBER		Х						0.	0.	0.
(2) JOSHUA HATCH	2.00	ļ								•
PRESIDENT	1 00	Х		X				0.	0.	0.
(3) JOSE ZAMORA	1.00									•
BOARD MEMBER		Х						0.	0.	0.
(4) MANDY JENKINS	2.00									•
VICE PRESIDENT	1.00	X		Х				0.	0.	0.
(5) GREG LINCH	1.00									•
BOARD MEMBER	1 00	X						0.	0.	0.
(6) MERIDITH ARTLEY	1.00	IV.								•
BOARD MEMBER	0.00	Х						0.	0.	0.
(7) BENET WILSON	2.00			l						•
SECRETARY	1 00	Х		Х				0.	0.	0.
(8) P. KIM BUI	1.00	ļ								•
BOARD MEMBER	1 00	Х				_		0.	0.	0.
(9) ERIC CARVIN	1.00	١								•
BOARD MEMBER	2 00	Х						0.	0.	0.
(10) DAVID COHN	2.00	١								•
TREASURER	1 00	Х		Х				0.	0.	0.
(11) STEVE HERRMANN	1.00	١,,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(12) DAVID SMYDRA	1.00	Į.,							0	0
BOARD MEMBER	1 00	Х				_		0.	0.	0.
(13) IMAEYAN IBANGA	1.00	₩.							0	0
BOARD MEMBER	1.00	Х						0.	0.	0.
(14) CELESTE LECOMPTE	1.00	x						0.	0.	0.
BOARD MEMBER	1.00	^				-		0.	0.	0.
(15) ELITE TRUONG	1.00	X						0.	0.	0.
BOARD MEMBER (16) MICHELLE BARUCHMAN	1.00	┢				-	\vdash	0.	0.	0.
STUDENT REPRESENTATIVE	1.00	X						0.	0.	0.
(17) IRVING WASHINGTON	40.00	┢				-	\vdash	0.	0.	0.
EXECUTIVE DIRECTOR	40.00	1		х				135,117.	0.	14,360.
732007 11-28-17	1			27		<u> </u>		100,111.	0.	Form 990 (2017)

732007 11-28-17

Nours per Nou		(A)	(B)			(C	•			(D)	(E)			(F)	
Nours per velocity Nours		Name and title		(do not check more than one					one	Reportable	Reportable	9	Es	timate	ed
Sub-total				box	, unle	ss per	rson i	is bot	h an						of
related organizations below line) Sub-total				\vdash					, , , , , , , , , , , , , , , , , , ,				l		tion
related organizations below line) 1			, ,	direct				-D						om the	
th Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines the and te) 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ye 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a* If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a; is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000* If "Yes," complete Schedule J for such individual 3 and related organizations greater than \$150,000* If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes, complete Schedule J for such person 5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) NONE Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization is tax year.			related	tee or	stee			ensate			(,			
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) C Total information of the organization D			_	Itrus	nal tru		oyee	ombe					and	d relate	ed
th Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines the and te) 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ye 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a* If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a; is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000* If "Yes," complete Schedule J for such individual 3 and related organizations greater than \$150,000* If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes, complete Schedule J for such person 5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) NONE Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization is tax year.				dividua	stitutio	ficer	y empl	ghest c	rmer		4		orga	anizatio	ons
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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0		(A)								(B)					
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rows 99 (2 Total n	umber of independent contractors	(including but n	ot li	mite	d to	tho	se li	sted	above) who received	more than				

ıa	LVI		or note to any lir	as in this Dort VIII			
		Check if Schedule O contains a response	or note to any iir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and	092,560.				
<u> </u>			Business Code				
ø	2 a	COMPEDENCE THOOME			1.118.483.		
, vic		AWARDS EVENTS	900099	1,118,483. 158,545.	158.545.		
Ser		ADVERTISING	511190	46,002.		46,002.	
E S	d		32223	10,0027		10,0020	
Program Service Revenue	-						
Pro	f	All other program service revenue					
	g			1,323,030.			
	3	Investment income (including dividends, interesting the similar amounts)	est, and	6,441.			6,441.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
	6 a	Gross rents Less: rental expenses	(ii) Personal				
		Rental income or (loss)					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, u	assets other than inventory	2,265.				
	b	Less: cost or other basis and sales expenses	0.				
	С	Gain or (loss)	2,265.				
	d	Net gain or (loss)		2,265.			2,265.
evenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See	,				
Other Revenu		Part IV, line 18 a Less: direct expenses b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19a					
		Less: direct expenses b					
	С	Net income or (loss) from gaming activities	<u></u>				
	10 a	Gross sales of inventory, less returns					
		and allowances a					
		Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory					
			Business Code				
	11 a						
	b						
	С						
	d						
		Total. Add lines 11a-11d Total revenue. See instructions.		3 505 050	1 277 020	16 000	0 706
	12	I OTAI revenue. See Instructions.		، لاده, دەد, د	µ,⊿//,∪⊿ō•	40,00⊿.	0,/00.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com		_		V
- Da	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРОПОСО	general expenses	СХРСПОСО
	and domestic governments. See Part IV, line 21	294,203.	294,203.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	16,360.	16,360.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	24,250.	24,250.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	154 261	107 071	25 004	20 506
_	trustees, and key employees	154,361.	107,871.	25,894.	20,596.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	380,084.	357,803.	20,588.	1,693.
7 8	Other salaries and wages Pension plan accruals and contributions (include	300,004.	337,003.	20,300.	1,000.
0	section 401(k) and 403(b) employer contributions)	22,230.	19,100.	2,208.	922.
9	Other employee benefits	58,191.	49,476.	6,302.	2,413.
10	Payroll taxes	42,648.	37,160.	3,709.	1,779.
11	Fees for services (non-employees):	, = = = =	,=;;	.,	,
	Management	1			
	Legal	28,137.		28,137.	
	Accounting	99,920.		99,920.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	330,452.	272,503.	57,522.	427.
12	Advertising and promotion	760.	486.	274.	
13	Office expenses	113,902.	61,748.	52,154.	
14	Information technology	40,122.	28,318.	11,804.	
15	Royalties	E1 244		E1 244	
16	Occupancy	51,244. 510,864.	470,064.	51,244. 40,771.	29.
17	Travel	310,004.	4/0,004.	40,771.	49.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	870,243.	870,243.		
19 20	Conferences, conventions, and meetings	575, <u>2</u> 456	0,0,240		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	522.		522.	
23	Insurance	4,583.		4,583.	
24	Other expenses. Itemize expenses not covered	-		-	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	456.	7.	449.	
b	OVERHEAD	0.	354,051.	-370,997.	16,946.
С					
d					
е	All other expenses	2 042 522	0.062.642	25 224	4.4.005
25	Total functional expenses. Add lines 1 through 24e	3,043,532.	2,963,643.	35,084.	44,805.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				F 000 (0047)

Form 990 (2017)
Part X Balance Sheet

Part X	Balance Sheet				
	Check if Schedule O contains a response or note to a	ny line in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	2,195,347.	1	3,063,380.	
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net	143,074.	3	166,720.	
4	Accounts receivable, net			4	
5	Loans and other receivables from current and former				
	trustees, key employees, and highest compensated e				
	Part II of Schedule L			5	
6	Loans and other receivables from other disqualified p				
	section 4958(f)(1)), persons described in section 4958	B(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 50	-			
<u>v</u>	employees' beneficiary organizations (see instr). Com			6	
Assets	Notes and loans receivable, net	F		7	
ع ک	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges		10,219.	9	9,318
10 a	Land, buildings, and equipment: cost or other	1			
	basis. Complete Part VI of Schedule D10a	6,522.			
t	Less: accumulated depreciation 10b	4 - 4 - 4	0.	10c	5,000
11	Investments - publicly traded securities		111,538.	11	127,804
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	2,460,178.	16	3,372,222	
17	Accounts payable and accrued expenses		132,410.	17	418,720
18	Grants payable			18	
19	Deferred revenue		143,710.	19	171,492
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part N			21	
ဖွ 22	Loans and other payables to current and former office	ers, directors, trustees,			
≝	key employees, highest compensated employees, and	d disqualified persons.			
Liabilities 8	Complete Part II of Schedule L			22	
⊐ ₂₃	Secured mortgages and notes payable to unrelated ti			23	
24	Unsecured notes and loans payable to unrelated third	d parties		24	
25	Other liabilities (including federal income tax, payable	s to related third			
	parties, and other liabilities not included on lines 17-2	4). Complete Part X of			
	Schedule D		0.	25	45,090
26	Total liabilities. Add lines 17 through 25		276,120.	26	635,302
	Organizations that follow SFAS 117 (ASC 958), che	eck here X and			
es	complete lines 27 through 29, and lines 33 and 34.				
ဋ 27	Unrestricted net assets		817,518.	27	1,603,084.
ਲੂੱ 28	Temporarily restricted net assets		1,366,540.	28	1,133,836.
- P 29				29	
Net Assets or Fund Balances 22 8 8 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow SFAS 117 (ASC 95	58), check here 🕨 🔲			
b	and complete lines 30 through 34.				
हैं 30	Capital stock or trust principal, or current funds			30	
ဖွို 31	Paid-in or capital surplus, or land, building, or equipme	ent fund		31	
<u>5</u> 32	Retained earnings, endowment, accumulated income	_		32	
ž 33	Total net assets or fund balances		2,184,058.	33	2,736,920.
34	Total liabilities and net assets/fund balances		2,460,178.	34	3,372,222.

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			Ш.
1 2 3 4 5 6 7	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 3	3,58 3,04 54 2,18	5,8 3,5 2,3	32. 27. 58.
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	2,73	6 0	20
Dai	rt XII Financial Statements and Reporting	4,73	0,9	<u> </u>
ıa	Check if Schedule O contains a response or note to any line in this Part XII			X
	Check if Schedule O contains a response of note to any line in this Part XII		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			
	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 audit,	_	v	
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			Х
	Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	_,		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

ONLINE NEWS ASSOCIATION

Employer identification number **-***9878

Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instructions.		
Γhe	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch							
2		A school described in sect	· ·				X X/		
3	一	A hospital or a cooperative		•			ii)		
4	一	A medical research organiz						the hospital's name	
4		•	ation operated in col	rijuriction with a nospita	i described	ı III Sectio	ii iro(b)(i)(A)(iii). Linter	the nospital's name,	
_		city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	X	An organization that norma	lly receives a substa	intial part of its support f	rom a gov	ernmental	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org			1	ed in conju	nction with a land-grant	college	
		or university or a non-land-g						-	
		university:	y 2 g g			,	,,	,	
10		An organization that norma	Ily receives: (1) more	than 33 1/3% of its sur	nort from	contributi	one membership fees a	and arose receints from	
		activities related to its exen							
		income and unrelated busin		(less section 511 tax) tr	om busine	sses acqu	lired by the organization	aπer June 30, 1975.	
		See section 509(a)(2). (Con	-						
11	\vdash	An organization organized a	•						
12		An organization organized a		•			· · · · · · · · · · · · · · · · · · ·		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in	
		lines 12a through 12d that	describes the type o	of supporting organization	n and com	nplete lines	s 12e, 12f, and 12g.		
а		■ Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting	
		organization. You must o	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	iving	
		control or management of						•	
		organization(s). You mus			arrio poroc	orio triat ot	miles of manage are ear	portod	
_		Type III functionally inte			in connoc	tion with	and functionally intograt	ad with	
·			-				• •	ea with,	
		its supported organizatio		•					
d		☐ Type III non-functionally		, .					
		that is not functionally int		• •	-		-	iveness	
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.		
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.			
f	Ente	er the number of supported of	organizations						
g		ride the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
Tota	ıl							I	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

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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	, pioc		,			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	,,==,=	,,=-/-	,,=	. , =	,,==	(/
	membership fees received. (Do not						
	include any "unusual grants.")	1532180.	1416119.	1653109.	2155694.	2254123.	9011225.
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	1532180.	1416119.	1653109.	2155694.	2254123.	9011225.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2874425.
	Public support. Subtract line 5 from line 4.						6136800.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017 2254123.	(f) Total
7	Amounts from line 4	1532180.	1416119.	1653109.	2155694.	2254123.	9011225.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,562.	4,897.	7,612.	4,292.	6,441.	26,804.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	75.	725.	25.	3,015.		3,840.
11	Total support. Add lines 7 through 10						9041869.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u>C</u>	organization, check this box and stop						<u></u> ▶□
	ction C. Computation of Publ		<u> </u>			 	C7 07
	Public support percentage for 2017 (I					14	67.87 % 64.52 %
	Public support percentage from 2016					15	
16a	33 1/3% support test - 2017. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						__
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 160, 1/a, or 1/b			
					SCHE	edule A (Form 990	UI 33U-EZ) ZU I/

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

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

Se	ction A. Public Support	ciow, picase comp	proto r are m.				
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	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						
3	Gross receipts from activities that						
Ü	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to					/	
	or expended on its behalf						
_	The value of services or facilities						
5							
	furnished by a governmental unit to						
•	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3 received						
K	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			,			
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				1	1	
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6		Y				
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization's	s first, second. thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here	· ·	,		•		
Se	ction C. Computation of Publ						
	Public support percentage for 2017 (I			column (fl)		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves					1	,,,
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
	33 1/3% support tests - 2017. If the						
130	more than 33 1/3%, check this box a						
ı	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	•			•		
	Private foundation. If the organization						······································

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

,		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	-		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
- a	90 or 90	00_F7	2017

Pai	rt IV Supporting Organizations _(continued)			
	. \		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
<u>Sec</u>	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			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
800	supported organizations played in this regard. stion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
ı a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	2)	
2	Activities Test. Answer (a) and (b) below.	ractions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	110
ŭ	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	i i i i ago o
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must con	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		4
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	y integr	ated Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2017

Par	I v Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
С	From 2014			
d	From 2015			
<u>e</u>	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016 Excess from 2017			
E	LAUGOO IIUIII ZUIT			

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ONLINE NEWS ASSOCIATION

Employer identification number **-***9878

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or <i>I</i>	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose confe	erring
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part I\	V, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or		
	Protection of natural habitat	Preservation of a certified h	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a c	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic sti		2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	inization during the tax
4	year ▶ Number of states where property subject to conservation ea	promont is located	
5	Does the organization have a written policy regarding the pe		
J	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting.		
·	>	, mandaning of violations, and officially consolivat	non datamente dannig the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)((B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes the or	rganization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	-	Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	· · · · · ·	, provide
	the following amounts required to be reported under SFAS 1		.
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction		
ᄓ	FOI FAPELWOLK NEULUCION ACLINOLICE, SEE LITE INSTRUCTION	ら いい こいけい あるい・	Schedule D (Form 990) 2017

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pa	rt III Organizations Maintaining C	collections of Ar	t, Historical Tı	reasures, o	or Other	Similar Ass	sets(continued)
a Public exhibition	3	Using the organization's acquisition, accessi	ion, and other records	s, check any of the	following tha	at are a sign	ificant use of it	ts collection items
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year f Ending balance 1b Tending balance 1c 1d		(check all that apply):						
Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year f Ending balance 1a Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Grants or scholarships c Net investment earnings, gains, and losses of Grants or scholarships e Other expenditures for facilities and programs	а	Public exhibition	d	Loan or exc	change progra	ams		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Grants or scholarships c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	b	Scholarly research	е	Other				
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year 1 te	С	Preservation for future generations						
to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	4	Provide a description of the organization's co	ollections and explain	n how they further	the organizati	ion's exemp	t purpose in P	art XIII.
to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5							
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back dignates and programs.		to be sold to raise funds rather than to be m	aintained as part of th	ne organization's c	ollection?			Yes No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? D	Pa	rt IV Escrow and Custodial Arran	gements. Complet	te if the organization	on answered	"Yes" on Fo	orm 990, Part I	V, line 9, or
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ic Amount		reported an amount on Form 990, Pa	rt X, line 21.					
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	1a	Is the organization an agent, trustee, custod	ian or other intermedi	iary for contribution	ns or other as	ssets not inc	cluded	
C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back do Grants or scholarships c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs		on Form 990, Part X?					L	Yes No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back dering for scholarships c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:				
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back do Grants or scholarships e Other expenditures for facilities and programs								Amount
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Section 1. C Net investment earnings, gains, and losses of Grants or scholarships e Other expenditures for facilities and programs	С	Beginning balance					1c	
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	d	Additions during the year					1d	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nb If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or scholarships c Net investment earnings, gains, and losses of Grants or scholarships e Other expenditures for facilities and programs	е	Distributions during the year					1e	
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Senderships (e) Grants or scholarships (for the expenditures for facilities and programs (for the explanation has been provided on Part XIII. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Senderships (for the expenditures for facilities and programs (for the expenditures for facilities) (for the explanation has been provided on Part XIII.	f							
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back to Three years back (e) Four years back to Three years		-					?L	Yes No
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (o) Two years back (e) Four years back (o) Two years back (e) Four years back (f) Three years back (e) Four years back (f) Three years back (g) Two years back (h) Prior year back (n) Three years								<u></u>
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	Ра	rt V Endowment Funds. Complete	i i					
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs			(a) Current year	(b) Prior year	(c) Two yea	rs back (d)	Three years bac	ck (e) Four years back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	1a							
d Grants or scholarships e Other expenditures for facilities and programs	b	Contributions						
e Other expenditures for facilities and programs	С							
and programs	d							
	е	Other expenditures for facilities						
		. •						
f Administrative expenses	f	Administrative expenses						
g End of year balance	g							
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	2		rent year end balance	e (line 1g, column (a)) held as:			
a Board designated or quasi-endowment >%	а			<u></u> %				
b Permanent endowment >	b							
c Temporarily restricted endowment ▶%	С							
The percentages on lines 2a, 2b, and 2c should equal 100%.	_							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization	За		ssion of the organiza	ition that are held a	and administe	ered for the	organization	lv I
(i) unrelated organizations 3a(i)		and the second second						
(ii) related organizations 3a(ii)								
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	b				'			3b
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.	D ₂			wment tunas.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	ı a			Part IV line 11a	Soo Form 000) Dart V lin	0.10	
				·				(d) Dook value
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation		Description of property						(a) Book value
		Land	- ` ` 	Jasis	(50101)	Gepie	SIGNOTT .	
1a Land h Puildings								
b Buildings c Leasehold improvements	b						+	
	ن بہ			+	6.522		1.522.	5,000.
					J, J		_,	3,000.
				X. column (R) line	10c.)			5,000.

Schedule D (Form 990) 2017 ONLINE NEW	S ASSOCIATION	N	**-***9878 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	s" on Form 990, Part IV, li	ine 11b. See Form 990, Part X	(, line 12.
(a) Description of security or category (including name of security			on: 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.)	<u> </u>		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of Valuatio	on: 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	s" on Form 990, Part IV, li	ine 11d. See Form 990, Part X	(, line 15.
(a	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	7		
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15)		
Part X Other Liabilities.	iiiie 13.)		
Complete if the organization answered "Yes	s" on Form 900 Part IV li	ing 11g or 11f Soc Form 990	Part V line 25
(a) Description of lightiths	5 OH FOHH 990, Fait IV, II	(b) Book value	Fait A, Illie 25.
		(b) Book value	
(1) Federal income taxes (2) AGENCY LIABILITY		45 000	
		45,090.	
(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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

45,090.

Schedule D (Form 990) 2017 ONLINE NEWS ASSOCIATION			**_	***9878 Page 4
Part XI Reconciliation of Revenue per Audited Financial State				. 495
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			2 604 601
1 Total revenue, gains, and other support per audited financial statements			1	3,604,691
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	40 505		
a Net unrealized gains (losses) on investments		10,535.		
b Donated services and use of facilities				
c Recoveries of prior year grants		0.005		
d Other (Describe in Part XIII.)	2d	8,297.		10 000
e Add lines 2a through 2d			2e	18,832
3 Subtract line 2e from line 1			3	3,585,859
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			▶ 4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,585,859
Part XII Reconciliation of Expenses per Audited Financial Sta		Expenses per	Retu	rn.
Complete if the organization answered "Yes" on Form 990, Part IV, line				3,051,829
1 Total expenses and losses per audited financial statements			1	3,031,049
Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
a Donated services and use of facilities				
b Prior year adjustments				
c Other losses		8,297.		
d Other (Describe in Part XIII.)		•		0 207
e Add lines 2a through 2d			2e	8,297 3,043,532
3 Subtract line 2e from line 1			3	3,043,534
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)	4b			0
c Add lines 4a and 4b			4c	2 042 520
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,043,532
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			4; Part	X, line 2; Part XI,
PART X, LINE 2:				
FOR THE YEAR ENDED DECEMBER 31, 2017, ONA	HAS DOCU	MENTED ITS	COI	NSIDERATION
OF FASB ASC 740-10, INCOME TAXES, THAT PRO	OVIDES GU	IDANCE FOR	RE	PORTING
UNCERTAINLY IN INCOME TAXES AND HAS DETERM	MINED THA	T NO MATER	IAL	UNCERTAIN
TAX POSITIONS QUALIFY FOR EITHER RECOGNITI	ON OR DI	SCLOSURE I	N T	HE
FINANCIAL STATEMENTS.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
RETURN OF SCHOLARSHIPS				8,297

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RETURN OF SCHOLARSHIPS

8,297.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

	3					. ,	
ONI	LINE NEWS ASS	OCIATION	•			**-***987	8
Par				tside the United States. Compl	ete if the organ		
	Form 990, Part IV	V, line 14b.					
1				ds to substantiate the amount of its gr			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	istance? X	Yes L No
•	F D	outle a tra David Valle a					tala ala a
2	United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	side the
3		he following Part	t Lline 3 table ca	an be duplicated if additional space is	needed)		
	(a) Region	(b) Number of				vity listed in (d)	(f) Total
		offices	employees	(by type) (such as, fundraising, pro-	is a pro	gram service,	expenditures
		in the region	agents, and independent contractors	gram services, investments, grants to		specific type	for and investments
			in the region	recipients located in the region)	of service	(s) in the region	in the region
					SPONSORSHIE		
EIIDO	.DE	0	0	DDOGDAM GEDYTGEG		IAL JOURNALIST	0 355
EURO	PPE	"	0	PROGRAM SERVICES	MEETINGS		9,355.
					CONFERENCE	HELD IN	
EURO	PE	0	0	PROGRAM SERVICES	LONDON		32,370.
			_				
EURO	PE	0	0	PROGRAM SERVICES	JOURNALISM	AWARDS	14,895.
3 2	Sub-total	0	0				56,620.
	Total from continuation						30,020.
~	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 3h)	1	۱ ،				56 620

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

Schedule F (Form 990) 2017

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		EUROPE		5,855.		0.		
				5,330	C			
		01						

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region noncash assistance recipients cash grant cash disbursement noncash assistance

Schedule F (Form 990) 2017 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 732075 10-06-17

SCHEDULE I (Form 990)

Part 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.

Attach to Form 990.

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

2017
Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

ONLINE NEWS ASSOCIATION

General Information on Grants and Assistance

Employer identification number **-***9878

criteria used to award the grants or assista	ance?						Yes X No
2 Describe in Part IV the organization's proc	edures for monite	oring the use of grant	funds in the Unite	d States.		· ·	
Part II Grants and Other Assistance to D	omestic Organiz	ations and Domesti	Governments. C	omplete if the orga	anization answered "\	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5	5,000. Part II can	be duplicated if addit	onal space is need	ded.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KANSAS							CHALLENGE FUND FOR
2385 IRVING HILL ROAD LAWRENCE, KS 66045	!	501 (C) (3)	35,000.	0.			INNOVATION IN JOURNALISM EDUCATION
SAN JOSE STATE UNIVERSITY 1 WASHINGTON SQUARE SAN JOSE, CA 95192-0183	ļ	501 (C) (3)	25,000.	0.			CHALLENGE FUND FOR INNOVATION IN JOURNALISM EDUCATION
UNIVERSITY OF ARIZONA 888 N. EUCLID AVE, ROOM 510 TUCSON, AZ 85721-0158		501 (c) (3)	25,000.	0.			CHALLENGE FUND FOR INNOVATION IN JOURNALISM EDUCATION
UNIVERSITY OF MIAMI AMERICAN STUDIES, 5100 BRUNSON DRIV CORAL GABLES, FL 33146		501 (C) (3)	25,000.	0.			CHALLENGE FUND FOR INNOVATION IN JOURNALISM EDUCATION
MICHIGAN STATE UNIVERSITY CONTRACT & GRANT ADMIN. 426 AUDITORIUM RD, ROOM 2 - EAST LANSING, MI 48824		501 (C) (3)	25,000.	0.			CHALLENGE FUND FOR INNOVATION IN JOURNALISM EDUCATION
UNIVERSITY OF MISSISSIPPI UNIVERSITY OF MISSISSIPPI, 113 FALKNER - UNIVERSITY, MS 38677-1848		501 (C) (3)	25,000.	0.			CHALLENGE FUND FOR INNOVATION IN JOURNALISM EDUCATION
2 Enter total number of section 501(c)(3) and			,			I	▶ 10.
3 Enter total number of other organizations							
The Figure 1 But 1 A 1 M 1							0.1.1.1.1/5 000) (00.47)

36

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orgai	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEVADA, RENO							
FOUNDATION - SPONSORED PROJECTS,							CHALLENGE FUND FOR
1664 NORTH VIRGINIA ST, MAIL STOP							INNOVATION IN JOURNALISM
325 - RENO, NV 89557		501 (C) (3)	25,000.	0.			EDUCATION
OHIO UNIVERSITY							CHALLENGE FUND FOR
104 RESEARCH AND TECHNOLOGY CENTER							INNOVATION IN JOURNALISM
ATHENS, OH 45701-2979		501 (C) (3)	25,000.	0			EDUCATION IN BOOKNALISM
UNIVERSITY OF GEORGIA		301 (0) (3)	23,000.	0.			EBOOMION
310 EAST CAMPUS RD, ROOM 409,							CHALLENGE FUND FOR
TUCKER HALL - ATHENS, GA							INNOVATION IN JOURNALISM
30602-1589		501 (C) (3)	25,000.	0.			EDUCATION
UNIVERSITY OF SOUTHERN CALIFORNIA,							
ANNENBERG - 3720 S. FLOWER ST.,							CHALLENGE FUND FOR
CREDIT UNION BUILDING, SUITE 325 -							INNOVATION IN JOURNALISM
LOS ANGELES, CA 90089-4019		501 (C) (3)	25,000.	0.			EDUCATION
·							JOURNALISM AWARD IN
FIRST LOOK MEDIA WORKS, INC.							INVESTIGATIVE DATA
114 5TH AVE., 18TH FLOOR							JOURNALISM
NEW YORK, NY 10011	**-***1255		7,500.	0.			AWARD IN INVESTIGATIVE
46							

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete ii tile	o organization anow			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ONLINE JOURNALISM AWARDS	7	16,360.	. 0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ne 2; Part III, column	n (b); and any other a	dditional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT	: FIRST	LOOK MEDIA	WORKS, IN	С.	
(H) PURPOSE OF GRANT OR ASSISTANCE	: JOURNA	LISM AWARD	IN INVEST	IGATIVE	
DATA JOURNALISM					
AWARD IN INVESTIGATIVE DATA JOURNA	LISM				
PART I, LINE 2:					
ONLINE JOURNALISM AWARDS ARE GIVEN	OUT TO	SELECTED J	OURNALISTS	IN	
RECOGNITION OF EXCELLENCE IN DIGIT	AL JOURN	ALISM. AWA	ARD RECIPIE	NTS ARE	

732291 04-01-17 Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

ONLINE NEWS ASSOCIATION

Questions Regarding Compensation

Employer identification number **-***9878

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			v
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Deficits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(i) (ii)								
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(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

ONLINE NEWS ASSOCIATION

Employer identification number **-***9878

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MINDS IN DIGITAL JOURNALISM, THOSE WHO ARE SHAPING THE FUTURE OF THE INDUSTRY AND FINDING NEW WAYS TO TELL STORIES WITH NEW TECHNOLOGY. PROGRAMS ARE TARGETED TO LEVERAGE AND SHARE SKILLS WITHIN THE ORGANIZATION'S PROFESSIONAL, TECHNOLOGY, ACADEMIC AND STUDENT COMMUNITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: AWARDS: THE ONLINE JOURNALISM AWARDS IS THE ONLY ANNUAL COMPETITION THAT ACKNOWLEDGES THE BEST AND THE BRIGHTEST WORK SOLELY IN DIGITAL NEWS, IDENTIFYING AND PUBLICLY HONORING MODELS OF EXCELLENCE IN THE INDUSTRY. ONA RECEIVED OVER 1,000 ENTRIES IN 2016. EXPENSES \$ 223,382. INCLUDING GRANTS OF \$ 53,255. REVENUE \$ 158,545.

FORM 990, PART III, LINE 4E, FELLOWSHIPS AND SCHOLARSHIPS: THREE TARGETED FELLOWSHIPS OFFERED BY ONA NURTURE YOUNG AND EARLY-CAREER TALENT: THE \$1M CHALLENGE FUND FOR INNOVATION IN JOURNALISM EDUCATION, OFFERS \$35,000 IN MICRO GRANTS TO COLLEGES CREATING EXPERIMENTAL, COLLABORATIVE PROJECTS WITH LOCAL NEWS OUTLETS; THE MJ BEAR FELLOWSHIPS PROVIDE MENTORSHIP AND HIGH PROFILE NETWORKING TO THREE UNDER-30, PROMISING JOURNALISTS EACH YEAR, A LEGACY OF A FOUNDING MEMBER. EXPENSES \$ 413,907. INCLUDING GRANTS OF \$ 251,703. REVENUE \$ 0.

FORM 990, PART III, LINE 4F, LEADERSHIP. THE ONA'S WOMEN'S LEADERSHIP ACCELERATOR FOR WOMEN IN DIGITAL MEDIA IS A WEEK-LONG, TUITION-FREE LEADERSHIP PROGRAM THAT ADDRESSES THE UNIQUE NEEDS OF WOMEN IN DIGITAL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization
ONLINE NEWS ASSOCIATION

Employer identification number **-**9878

IC ON WODECHODS AND SEMINADS WITHU WOMEN EVESIMITIES IN MUE

MEDIA, FOCUSING ON WORKSHOPS AND SEMINARS WITH WOMEN EXECUTIVES IN THE

MEDIA AND TECHNOLOGY SPACE; THE DIGITAL LEADERSHIP BREAKFAST SERIES

OFFERS CURRENT MEDIA EXECUTIVES AN INTIMATE FORUM FOR EXCHANGING IDEAS

IN AN OFF-THE-RECORD CONVERSATION WITH INDUSTRY LEADERS.

EXPENSES \$ 215,728. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

ONLINE NEWS ASSOCIATION HAS FOUR CLASSES OF MEMBER: PROFESSIONAL MEMBERS,
ASSOCIATE MEMBERS, ACEDEMIC MEMBERS AND STUDENT MEMBERS.

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

THE FORM 990 IS REVIEWED BY THE BOARD BEFORE IT IS FILED AND THEN POSTED ON THE ORGANIZATION'S WEBSITE.

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

THE BOARD REQUIRES EACH COVERED PERSON TO REVIEW THE TERMS OF THE CONFLICT

OF INTEREST POLICY ANNUALLY AND TO DISCLOSE TO ONA, AS THEY ARISE ANY

POTENTIAL PERSONAL, FAMILY, OR BUSINESS RELATIONSHIPS THAT REASONABLY MIGHT

GIVE RISE TO A CONFLICT, OR A PERCEIVED CONFLICT INVOLVING ONA.

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

ALL DECISION ON COMPENSATION FOR THE EXECUTIVE DIRECTOR ARE MADE BY THE

EXCUTIVE COMMITTEE OF THE BOARD OF DIRECTOR, WHICH INCLUDES THE OFFICERS

(PRESIDENT, VICE PRESIDENT, TREASURER AND SECRETARY), ALL OF WHOM ARE IN

HIRING POSITIONS AT MEDIA COMPANIES OR ORGANIZATIONS. THE DECISION IS

DISCUSSED AND APPROVED BY THE FULL BOARD DURING EXECUTIVE SESSION AT ONE OF

ITS TWO ANNUAL MEETINGS. THE DECISION INCLUDES A REVIEW OF THE CURRENT

MARKETPLACE, AND ALL DECISIONS ARE RECORDED IN MEETING MINUTES.

732212 09-07-17

Name of the organization ONLINE NEWS ASSOCIATION	Employer identi	fication number
FORM 990, PART VI, SECTION C, LINE 18:		
THE FORM 990 AND ALL DOCUMENTS ARE AVAILABLE ON THE ORGAN	IZATIONS V	VEBSITE
AS WELL AS UPON REQUEST.		
FORM 990, PART VI, SECTION C, LINE 19:		
THE DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CONSULTANT FEES:		
PROGRAM SERVICE EXPENSES		272,503
MANAGEMENT AND GENERAL EXPENSES		57,522
FUNDRAISING EXPENSES		427
TOTAL EXPENSES		330,452
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A		330,452
FORM 990, PART XII, LINE 2C:		
THE POLICY IS UNCHANGED FROM PREVIOUS YEAR.		

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
6	LAPTOP	04/30/12	SL	3.00	1	16	1,000.				1,000.	1,000.		0.	1,000.
7	APPLE LAPTOP FOR IW	05/07/17	SL	3.00	1	16	1,992.				1,992.			443.	443.
8	13" MACBOOK AND KEYBOARD FOR KR	11/02/17	SL	3.00	1	16	1,428.				1,428.			79.	79.
9	LAPTOP FOR ADAM	12/31/17	SL	3.00		16	2,102.				2,102.			0.	
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						6,522.				6,522.	1,000.		522.	1,522.
	* GRAND TOTAL 990 PAGE 10 DEPR				П		6,522.				6,522.	1,000.		522.	1,522.
											·				
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,000.			0.	1,000.	1,000.			1,000.
	ACQUISITIONS						5,522.			0.	5,522.	0.			522.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						6,522.			0.	6,522.	1,000.			1,522.
	ENDING ACCUM DEPR											1,522.			
	ENDING BOOK VALUE											5,000.			