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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection Go to www.irs.gov/Form990 for instructions and the latest information.

| A F | or the | e 2023 calendar year, or tax year beginning $$ OCT $$ $$ $$ $$ $$ $$ $$ $$ $$ $$ | nding S | EP 30, 2 | 024 | | | | |
|--------------|---------------------------|---|-------------|---|----------------|------------------------------------|--|--|--|
| | Check if pplicab | C Name of organization | | D Employer ic | dentifica | ition number | | | |
| | Addre | e ALTERNATIVE NEWSWEEKLY FOUNDATION | | | | | | | |
| | Name | Doing business as | | **-***0369 | | | | | |
| | Initial return | , | Room/suite | E Telephone number | | | | | |
| | Final return termir | h_ | | (608) | | | | | |
| | ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | | 5,467,227. | | | |
| | return | WASHINGTON, DC 20002 | | H(a) Is this a gr | | | | | |
| | tion pendi | F Name and address of principal officer: EDDEN O MEAN I | T.7 T | for subordinates? Yes X No | | | | | |
| | | 2521 E. WASHINGTON AVE., #501, MADISON, | | H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions | | | | | |
| | | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or te: ALTNEWSFOUNDATION.ORG | 527 | 1 | | | | | |
| | Nebsi | forganization: X Corporation Trust Association Other | I Vaar | H(c) Group exe | | number State of legal domicile: DC | | | |
| | orm o | Summary | ∟ Year | or formation; 40 | ∪ <u>⊿</u> M | State of legal doffliche; DC | | | |
| | 1 | Briefly describe the organization's mission or most significant activities: THE A | LTERN | ATIVE NEV | WSWE | EKLY | | | |
| ce | | FOUNDATION IS DEDICATED TO THE PROMOTION O | | | | | | | |
| nar | 2 | Check this box if the organization discontinued its operations or disposed | | | | | | | |
| Governance | 3 | | | | 1 1 | 10 | | | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 4 | 10 | | | |
| Š | 5 | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | | 5 | 0 | | | |
| Activities & | 6 | Total number of volunteers (estimate if necessary) | | | 6 | 0 | | | |
| \cti | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 7a | 0. | | | |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 7b | 0. | | | |
| | | | | Prior Year | | Current Year | | | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | | 2,640,0 | | 5,208,899. | | | |
| | 9 | Program service revenue (Part VIII, line 2g) | | 178,5 | | 258,328. | | | |
| Rev | 1 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | 0. | 0. | | | |
| _ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 2 010 6 | 0. | <u> </u> | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,818,6 351,5 | | 5,467,227. | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 331,5 | 0. | 4,654,874. | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | 0. | 0. | | | |
| ses | 15 16a | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) | | | 0. | 0. | | | |
| Expenses | 10a | Total fundraising expenses (Part IX, column (D), line 25) 43, 06 | 4. | | | | | | |
| Ř | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 543,6 | 01. | 1,405,540. | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 895,1 | | 6,060,414. | | | |
| | 1 | Revenue less expenses. Subtract line 18 from line 12 | | 1,923,4 | | -593,187. | | | |
| 20.0 | | | Be | ginning of Current | | End of Year | | | |
| t Assets or | 20 | Total assets (Part X, line 16) | | 2,046,0 | 58. | 1,428,426. | | | |
| ASS | 21 | Total liabilities (Part X, line 26) | | 104,2 | | 79,833. | | | |
| <u>e</u> E | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 1,941,7 | 80. | 1,348,593. | | | |
| Pa | art II | Signature Block | | | | | | | |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedules a | | | - | nowledge and belief, it is | | | |
| rue, | , corre | ct, and complete. Declaration of preparer (other than officer) is based on all information of whic | ch preparer | has any knowledge | 9. | | | | |
| | | Signature of officer | | Doto | | | | | |
| Sigi | | Signature of officer | | Date | | | | | |
| Her | е | ELLEN J MEANY, EXECUTIVE DIRECTOR Type or print name and title | | | | | | | |
| | | | Ιr | Date c | heck | PTIN | | | |
| Paid | ı | Print/Type preparer's name RENAE E DAVIS, CPA Preparer's signature | ' | if | | P10274416 | | | |
| | arer | Firm's name KDP & CO LLC | | Firm's E | elf-employed | -***6398 | | | |
| | Only | Firm's address 101 S. 27TH STREET STE 100 | | 11111115 | .111 | | | | |
| -36 | Jiny | BOISE, ID 83702 | | Phone n | 10. (20 | 8) 373-7890 | | | |
| Ma۱ | / the II | RS discuss this return with the preparer shown above? See instructions | | j i none n | \ <u>~ 0</u> | X Yes No | | | |
| | | Panerwork Reduction Act Notice see the senarate instructions | 21_22 | | | Form 990 (2023) | | | |

| Pa | Statement of Program Service Accomplishments |
|-----------|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | THE ALTERNATIVE NEWSWEEKLY FOUNDATION IS DEDICATED TO THE PROMOTION |
| | AND SUPPORT OF INDEPENDENT JOURNALISM. |
| | ANF SERVES AS A FISCAL SPONSOR TO ORGANIZATIONS THAT ARE BUILDING AND |
| | SUSTAINING NEWS AND INFORMATION INFRASTRUCTURE ACROSS THE COUNTRY. |
| 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? |
| | 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 \$ $\frac{4,846,015.}{}$ including grants of \$ $\frac{4,040,000.}{}$) (Revenue \$ $\frac{165,000.}{}$) |
| | FELN: FUND FOR EQUITY IN LOCAL NEWS, A FISCALLY SPONSORED PROJECT OF |
| | ANF, RECEIVED GRANT FUNDING FROM GOOGLE NEWS INITIATIVE TO PRODUCE THE |
| | TRANSFORMATION TECH LAB SERIES, WHICH DELIVERED TRAINING AND GRANT |
| | FUNDING TO 240 NEWS OUTLETS OVER A TWO-YEAR PERIOD (JUNE 2023-DEC |
| | 2024). |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 245,386. including grants of \$ 42,493.) (Revenue \$ 42,090.) |
| 40 | (Code:) (Expenses \$ |
| | INDEPENDENT NEWS ORGANIZATION THAT USES GRANT FUNDING AND SMALL |
| | DONATIONS TO PRODUCE A NEWS WEBSITE, NEWS PODCASTS, AND NEWS EVENTS IN |
| | |
| | ARIZONA. GRANT FUNDING PERIODS ARE SPREAD OVER MULTIPLE YEARS. COAZ HAS |
| | NOT YET SPENT ALL OF ITS GRANT FUNDING. |
| | |
| | |
| | |
| | |
| | |
| | |
| | 100 000 |
| 4c | (Code:) (Expenses \$187,500. including grants of \$174,375.) (Revenue \$13,125.) |
| | CNWM: CHICAGO NEWS WEEKLY MEDIA, A FISCALLY SPONSORED PROJECT OF ANF, |
| | IS AN INDEPENDENT NEWS ORGANIZATION THAT USES GRANT FUNDING AND SMALL |
| | DONATIONS TO SUPPLEMENT ITS REVENUE FOR PRODUCING A NEWS WEBSITE, |
| | PODCASTS AND OTHER INFORMATION, AND FOR TRAINING ASPIRING JOURNALISTS |
| | IN THE CHICAGO AREA. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | Other program convices (Describe on Schodule O.) |
| 40 | Other program services (Describe on Schedule O.) (Expenses \$ 562,700 • including grants of \$ 398,006 •) (Revenue \$ 38,113 •) |
| _ | 5 044 604 |
| <u>4e</u> | Total program service expenses 5,841,601. |
| | Form 990 (2023) |

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)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | 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 Rev. Proc. 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 | <u> </u> | | |
| • | 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, | Ť | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | - | | |
| 0 | , , | 8 | | x |
| 0 | Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | - | | |
| 9 | | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | x |
| 40 | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | . |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | <u> </u> |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | x |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| | 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 | Х | |
| | 5 | | | |

Form 990 (2023) ALTERNATIVE NEWSWEEKLY FOUNDATION

Part IV | Checklist of Required Schedules (continued)

| ı aı | Officerist of Required Scriedules (continued) | | | |
|----------|---|------------|-----|--|
| 00 | Did the appropriation was always the off cools for the same through the same for the same time is divided to | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 22 | х | |
| 23 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | 21 | <u> </u> |
| | 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 | | <u> </u> |
| | 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 | 040 | | |
| Ч | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 2-74 | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | v |
| 07 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 00- | | v |
| 20 | "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 28c 29 | | X |
| 29 30 | Did the organization receive more than \$23,000 in norcast contributions? If "yes," complete schedule M | 29 | | |
| 00 | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 1 | | х |
| 35.2 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 33a | | |
| - | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | v | |
| Pai | Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance | 38 | X | <u> </u> |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1202 | 2 | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b |) | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | <u> </u> |
| 332004 | 4 12-21-23 | Form | 990 | (2023) |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | | | Yes | No | | | |
|--|--|-----------------------------|--------------|----------------|-----|------|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 0 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | . 2 | 2b | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | . 3 | 3a | | X | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line $3b$, provide an explanation on Schedule | O | . 3 | 3b | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | uthority over, a | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | ccount)? | . 4 | l a | | X | | | |
| b | If "Yes," enter the name of the foreign country | | - | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad | | | | | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | ā | | X | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction. | | . — | 5b | | X | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5 | ōС | | | | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | · - | 6a | | X | | | |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributions and the distribution of the state of the | | _ ا | \. | | | | | |
| 7 | were not tax deductible? Organizations that may receive deductible contributions under section 170(c). | | - | 6b | | | | | |
| 7 | | vices provided to the paver | , | 7a | | Х | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes." did the organization notify the donor of the value of the goods or services provided? | | | ra 7b | | - 21 | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | es required | · ⊢ ' | , D | | | | | |
| C | to file Form 8282? | | , | 7c | | Х | | | |
| Ч | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | ŕ | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or | | ٦, | 7e | | | | | |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | . — | 7f 7g | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | • | | 7h | | | | | |
| 8 | 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | | | | | | |
| 9 | 9 Sponsoring organizations maintaining donor advised funds. | | | | | | | | |
| а | a Did the sponsoring organization make any taxable distributions under section 4966? | | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | . 💆 | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | 1 1 | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | _ | | | | | | |
| 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: | I I | | | | | | | |
| | 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 | _ | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1 1 | 12 | 2a | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. | 12b | \dashv | | | | | | |
| 13 | Is the organization licensed to issue qualified health plans in more than one state? | | 4 | 3a | | | | | |
| a | Note: See the instructions for additional information the organization must report on Schedule O. | | · '' | Ja | | | | | |
| h | 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 | | | | | | | |
| | | | 1. | 4a | | Х | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | | _ | 4b | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | | | | | | |
| | excess parachute payment(s) during the year? | | 1 | 15 | | Х | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | : income? | . 1 | 16 | | Х | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac | tivities | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | . 1 | 17 | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | |

332005 12-21-23

Form **990** (2023)

ALTERNATIVE NEWSWEEKLY FOUNDATION Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 10 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

X Another's website Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

On File

332006 12-21-23

Form **990** (2023)

SALLY FREEMAN -

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| (A) | (B) | (C) | | (D) | (E) | (F) | | | | |
|--|--|--|--------|-------------------------|---|---|--|------------------------------------|--|---------------------------|
| Name and title | Average hours per week | box | not cl | Pos heck i ss per | ition more son is | cion nore than one son is both an ector/trustee) | | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (list any hours for related organizations below line) | nus for pelated on directions on al trustee or directions on all trustees or directions or direct | | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations | | | |
| (1) ELLEN J MEANY EXECUTIVE DIRECTOR AND SEC | 40.00 | | | Х | | | | 20,188. | 0. | 0. |
| (2) GRAHAM JARRET | 0.00 | | | 37 | | | | 0. | 0. | |
| PRESIDENT (3) GEORGE THURLOW | 0.00 | | | Х | | | | 0. | 0. | 0. |
| TREASURER | | | | Х | | | | 0. | 0. | 0. |
| (4) KEVIN GOLDBERG | 1.00 | | | ., | | | | | | 0 |
| VICE PRESIDENT (5) BLAIR BARNA | 0.00 | | | Х | | | | 0. | 0. | 0. |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (6) RON BURKE | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) EVELYN CASTRO | 2.00 | ٠,, | | | | | | | _ | 0 |
| OIRECTOR (8) JASON PRAMAS | 0.00 | Х | | | | | | 0. | 0. | 0. |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (9) JIMMY BOEGLE DIRECTOR | 0.00 | х | | | | | | 0. | 0. | 0. |
| (10) JUSTIN RUSHING | 0.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
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Form 990 (2023)

-*0369

| Part \ | VII Section A. Officers, Directors, Trus | tees Key Fmr | olov | 200 | and | Hid | nhes | t C | omnensated Employee | S (continued) | | | -90 |
|------------|---|--|--------------------------------|-----------------------|------------------|----------------|------------------------------|--------|---|---|-----------------|--|----------------|
| | (A) | (B) | | | | C) | | | (D) | (E) | _ | (F) | |
| | Name and title | Average hours per week | box | not cl , unles | heck i ss per | more son is | than o s both r/trus | an | Reportable compensation from | Reportable compensation from related | l | stimate nount o other | |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | fr org an | npensat rom the ganizati d relate anizatio | e ion ed |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | oubtotal otal from continuation sheets to Part VI | | | | | | | | 20,188. | 0. | | | 0. |
| | otal (add lines 1b and 1c) | | | | | | | | 20,188. | 0. | | | 0. |
| 2 T | otal number of individuals (including but n | | | | | | | | | | | | |
| C | ompensation from the organization | | | | | | | | | | | Yes | 0 No |
| 3 D | olid the organization list any former officer, | director trusto | ا مد | · • · · · • | mnl | OV.C | 2 Or | hial | heet compensated omn | ovee on | | 162 | INO |
| | ne 1a? If "Yes," complete Schedule J for s | | | - | - | • | | - | mest compensated empi | - | 3 | | X |

3 Did the organization list any former officer, director, 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

5 Did any person listed on line 1a 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 X

Section B. Independent Contractors

1 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.

| the organization. heport compensation for the calendar year ending with or within the organization's tax year. | | | | | | | | |
|--|-------------------------|--------------|--|--|--|--|--|--|
| (A) | (B) | (C) | | | | | | |
| Name and business address | Description of services | Compensation | | | | | | |
| EUGENE WEEKLY, WHAT'S HAPPENING, INC | TRANSFORMATION TECH | | | | | | | |
| 1251 LINCOLN , EUGENE, OR 97401 | ASSN MARKETING | 212,060. | | | | | | |
| CHANGEMAKER MEDIA SERVICES, INC. | | | | | | | | |
| 125 S. CONGRESS STREET , JACKSON, MS 39201 | FREELANCE | 200,643. | | | | | | |
| CHICAGO NEWS WEEKLY LLC | TRANSFORMATION TECH | | | | | | | |
| 6843 S MERRILL AVE, CHICAGO, IL 60649 | ASSN MARKETING | 129,375. | | | | | | |
| AAN | TRANSFORMATION TECH | | | | | | | |
| 125 S. CONGRESS STREET , JACKSON, MS 39201 | ASSN MARKETING | 120,000. | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Total number of independent contractors (including but not limited to those listed | | | | | | | | |

Form **990** (2023)

\$100,000 of compensation from the organization

Form 990 (2023) ALTERNA
Part VIII Statement of Revenue

| | | | Check if Schedule O co | ntains | a respons | e or note to any | line in this Part VIII | | | |
|--|----|----------|--|---------------|------------|------------------|------------------------|-------------------|------------------|---------------------------------|
| | | | | | | | (A) | (B) | (C) | (D) |
| | | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded from tax under |
| | | | | | | | | function revenue | business revenue | sections 512 - 514 |
| SS | 1 | _ | Federated campaigns | | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | • | | Membership dues | | | | | | | |
| S S | | | Fundraising events | | | | | | | |
| fts, | | | Related organizations | | | | _ | | | |
| ية إق | | | | | | | _ | | | |
| ons, | | | Government grants (contrib | | | | - | | | |
| utic | | T | All other contributions, gifts, gr | | | 208 800 | | | | |
| ë | | - | similar amounts not included al | | | ,208,899 | ' | | | |
| o d | | • | Noncash contributions included in line | | | | 5,208,899 . | | | |
| Oa | | n | Total. Add lines 1a-1f | | | Business Cod | | | | |
| | _ | | ETCCNI CDONCOD | сит | D | 513110 | 258,328. | 258,328. | | |
| ice | 2 | | FISCAL SPONSOR | | | - | 230,320. | 230,320. | | |
| er Je | | b | | | | | | | | |
| n S | | С | | | | - | | | | |
| Jrar Sev | | d | | | | - | | | | |
| Program Service Revenue | | е | | | | - | | | | |
| ۵ | | | All other program service re | | | | 050 200 | | | |
| _ | | | Total. Add lines 2a-2f | | | | 258,328. | | | |
| | 3 | | Investment income (including | | | | | | | |
| | | | | | | | | | | |
| | 4 | | Income from investment of | | - | - | | | | |
| | 5 | | Royalties | | <u></u> | | | | | |
| | | | | | (i) Real | (ii) Personal | _ | | | |
| | 6 | а | Gross rents | Sa | | | | | | |
| | | b | Less: rental expenses | 3b | | | | | | |
| | | С | Rental income or (loss) | ic | | | | | | |
| | | d | Net rental income or (loss) | $\overline{}$ | | ····· | | | | |
| | 7 | а | Gross amount from sales of | (i) | Securities | ii) Other | | | | |
| | | | assets other than inventory | 7a | | | | | | |
| | | b | Less: cost or other basis | | | | | | | |
| ine | | | and sales expenses | | | | | | | |
| Ver | | С | Gain or (loss) | 7c | | | | | | |
| Re | | d | Net gain or (loss) | | | | | | | |
| ther Revenue | 8 | а | Gross income from fundraising | | · | | | | | |
| Ò | | | including \$ contributions reported on lir | | _ | | | | | |
| | | | • | , | I . | Ba | | | | |
| | | L | Part IV, line 18 | | | Bb | \dashv | | | |
| | | | Less: direct expenses | | | • | | | | |
| | ^ | | Net income or (loss) from fu Gross income from gaming | | · | | | | | |
| | 9 | а | | | |)a | | | | |
| | | L | Part IV, line 19 Less: direct expenses | | | 9b | - | | | |
| | | | Net income or (loss) from ga | | _ | 7D | | | | |
| | 10 | | Gross sales of inventory, les | | | | | | | |
| | 10 | а | • | | I | 0- | | | | |
| | | | and allowances | | | 0a 0b | - | | | |
| | | | Less: cost of goods sold | | ····· | | | | | |
| | | C | Net income or (loss) from sa | iles or i | riveritory | Business Cod | | | | |
| sn | 44 | _ | | | | | | | | |
| ee ne | 11 | | | | | | | | | |
| Miscellaneous Revenue | | b | | | | | | | | |
| Sce Be | | Ç | All other revenue | | | | + | | | |
| Ξ | | | All other revenue | | | | + | | | |
| | 12 | | Total Add lines 11a-11d | | | | - 46- 00- | 258,328. | 0. | 0. |
| | 12 | | Total revenue. See instructions | | | | P, = U / , 44 / • | 1 230,320. | ı • | |

Form 990 (2023) ALTERNATIVE NEWSWEEKLY FOUNDATION Part IX Statement of Functional Expenses

| Sect | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). | | | | | | | | | |
|-----------|--|-----------------------|---|-------------------------------------|---------------------------------------|--|--|--|--|--|
| | Check if Schedule O contains a respons | | | | | | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 4,554,874. | 4,554,874. | | | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | | | | |
| | individuals. See Part IV, line 22 | 100,000. | 100,000. | | | | | | | |
| 3 | Grants and other assistance to foreign | | | | | | | | | |
| | organizations, foreign governments, and foreign | | | | | | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | | |
| | trustees, and key employees | | | | | | | | | |
| 6 | Compensation not included above to disqualified | | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | | | | | | | | | |
| 7 | Other salaries and wages | | | | | | | | | |
| 8 | Pension plan accruals and contributions (include | | | | <u> </u> | | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | | | | | | |
| 9 | Other employee benefits | | | | | | | | | |
| 10 | Payroll taxes | | | | | | | | | |
| 11 | Fees for services (nonemployees): | | | | | | | | | |
| | | 258,600. | 258,600. | | | | | | | |
| b | Legal | 298. | , | 298. | | | | | | |
| c | | 80,922. | | 80,922. | | | | | | |
| d | | , | | | | | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | | | | | | |
| f | Investment management fees | | | | | | | | | |
| g | | | | | | | | | | |
| 9 | column (A), amount, list line 11g expenses on Sch 0.) | 3,926. | 3,267. | 659. | | | | | | |
| 12 | Advertising and promotion | 43,064. | 3,20,0 | | 43,064. | | | | | |
| 13 | Office expenses | 6,314. | | 6,314. | 10,001 | | | | | |
| 14 | Information technology | 377,692. | 377,692. | 0,0210 | | | | | | |
| 15 | Royalties | 377,0320 | 37770320 | | | | | | | |
| 16 | Occupancy | | | | | | | | | |
| 17 | | 5,161. | | 5,161. | | | | | | |
| | Travel Payments of travel or entertainment expenses | 371011 | | 3/1011 | | | | | | |
| 18 | for any federal, state, or local public officials | | | | | | | | | |
| 40 | Conferences, conventions, and meetings | | | | | | | | | |
| 19 | | | | | | | | | | |
| 20 | | | | | | | | | | |
| 21 22 | Payments to affiliates | | | | | | | | | |
| 23 | | | | | | | | | | |
| 23 | Other expenses. Itemize expenses not covered | | | | | | | | | |
| 24 | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), | | | | | | | | | |
| | amount, list line 24e expenses on Schedule 0.) | 279 970 | 270 070 | | | | | | | |
| а | CONTENT PRODUCTION | 278,879. | 278,879. | | | | | | | |
| b | PROJECT SPONSORSHIP | 258,113. | 258,113. | 70 207 | | | | | | |
| c | CONSULTING | 79,207. | 0 070 | 79,207. | | | | | | |
| d | MEALS | 8,072. | 8,072. | 2 100 | | | | | | |
| e | | 5,292. | 2,104. | 3,188. | 42 064 | | | | | |
| <u>25</u> | Total functional expenses. Add lines 1 through 24e | 6,060,414. | 5,841,601. | 175,749. | 43,064. | | | | | |
| 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) | | | | Form 990 (2022 | | | | | |

Form 990 (2023)
Part X | Balance Sheet

| Pa | rt X | Balance Sheet | | | |
|-----------------------------|------|--|---------------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part > | · · · · · · · · · · · · · · · · · · · | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 1,340,932. | 1 | 668,297. |
| | 2 | Savings and temporary cash investments | 4,265. | 2 | 4,265. |
| | 3 | Pledges and grants receivable, net | | 3 | 725,000. |
| | 4 | Accounts receivable, net | | 4 | 30,000. |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | ó l | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| S. | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| ĕ | 9 | Prepaid expenses and deferred charges | 961 | 9 | 864. |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | 16 | 1,428,426 |
| | 17 | Accounts payable and accrued expenses | | 17 | 79,833. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | | | 21 | |
| es | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| <u>ia</u> | | controlled entity or family member of any of these persons | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | ٥. | |
| | 06 | of Schedule D | 104,278. | 25 26 | 79,833. |
| | 26 | Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here | 104,270 | 20 | 77,033 |
| S | | and complete lines 27, 28, 32, and 33. | | | |
| ű | 27 | Net assets without donor restrictions | 49,501. | 27 | 98,435. |
| sala | 28 | Net assets with donor restrictions | 1 000 070 | 28 | 1,250,158. |
| P P | 20 | Organizations that do not follow FASB ASC 958, check here | 7 | | 2,200,200 |
| Ē | | and complete lines 29 through 33. | _ | | |
| ō | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | 4 0 4 4 = 0 0 | 32 | 1,348,593. |
| Ź | 33 | Total liabilities and net assets/fund balances | 2 046 050 | 33 | 1,428,426. |
| | _ 00 | Total habilities and het assets/fund Dalances | 2,040,0304 | 00 | Form 990 (2023 |

Form **990** (2023)

| Pa | t XI Reconciliation of Net Assets | | | | | | |
|----|---|----------|------|-----|--------|--|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | |
| | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 5,46 | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,06 | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -59 | 3,1 | 87. | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,94 | 1,7 | 80. | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | |
| | column (B)) | 10 | 1,34 | 8,5 | 93. | | |
| Pa | t XII Financial Statements and Reporting | • | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | |
| | | | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | O. | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | |
| | 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: | | | | l | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | Х | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | |
| | consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | Х | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Scho | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | Х | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | | | |
| | | | Form | 990 | (2023) | | |

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

ALTERNATIVE NEWSWEEKLY FOUNDATION

Employer identification number

OMB No. 1545-0047

| | | ALIE. | KNYTIAE NEI | NOMFEVTI LOOP | NDAIL | λτΛ | " | | | |
|-----|-------|--------------------------------|-----------------------------|--|-------------------------------|-----------------|----------------------------|----------------------------|--|--|
| Pa | ırt I | Reason for Public C | Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instructions. | | | |
| The | organ | ization is not a private found | ation because it is: (F | or lines 1 through 12, cl | heck only | one box.) | | | | |
| 1 | | A church, convention of chu | urches, or associatio | n of churches described | in sectio | n 170(b)(1 |)(A)(i). | | | |
| 2 | | A school described in secti | on 170(b)(1)(A)(ii). (| Attach Schedule E (Form | า 990).) | | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | nization described in se | ection 170 | (b)(1)(A)(ii | i). | | | |
| 4 | | A medical research organiza | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A)(iii). Enter | the hospital's name, | | |
| | | city, and state: | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | lege or university owned | or operate | ed by a go | vernmental unit describe | ed in | | |
| | | section 170(b)(1)(A)(iv). (C | omplete Part II.) | | | | | | | |
| 6 | | A federal, state, or local gov | ernment or governm | nental unit described in | section 17 | '0(b)(1)(A) | (v). | | | |
| 7 | | An organization that normal | lly receives a substar | ntial part of its support fr | om a gove | rnmental | unit or from the general | oublic described in | | |
| | | section 170(b)(1)(A)(vi). (Co | - | | · · | | | | | |
| 8 | | A community trust describe | d in section 170(b)(| 1)(A)(vi). (Complete Part | t II.) | | | | | |
| 9 | | An agricultural research org | | | | ed in conju | nction with a land-grant | college | | |
| | | or university or a non-land-g | | | | | | | | |
| | | university: | 3 3 | , | | , , , | , | | | |
| 10 | X | An organization that normal | Ilv receives (1) more | than 33 1/3% of its supp | ort from c | ontribution | ns. membership fees. an | d gross receipts from | | |
| | | activities related to its exem | | | | | | | | |
| | | income and unrelated busin | | • | ` ' | | • • | · · | | |
| | | See section 509(a)(2). (Cor | | (loos coolien on a tarly mo | | | ou by the organization of | | | |
| 11 | | An organization organized a | • | vely to test for public sat | fetv. See | section 50 |)9(a)(4). | | | |
| 12 | | An organization organized a | • | | • | | | purposes of one or | | |
| | | more publicly supported org | - | • | • | | • | • | | |
| | | lines 12a through 12d that of | | | | | | SHOOK THO BOX OH | | |
| а | | Type I. A supporting orga | * * | | | | | aivina | | |
| _ | ' | the supported organization | • | | • | _ | | | | |
| | | organization. You must c | | | majority o | Title direc | | аррогинд | | |
| b | | Type II. A supporting orga | | | ion with its | ssunnorte | d organization(s) by hav | vina | | |
| ~ | | control or management of | · · | | | | | - | | |
| | | organization(s). You mus | | | arric persor | is that co | inor or manage the supp | Jorted | | |
| c | | Type III functionally inte | | | in connect | ion with | and functionally integrate | ad with | | |
| | | its supported organization | | | | | • • | with, | | |
| d | | Type III non-functionally | | | | | | zation(s) | | |
| | ' | that is not functionally into | | | | | • • • • • | | | |
| | | requirement (see instructi | - | * * | • | | =' | 7011033 | | |
| е | | Check this box if the orga | · | - | | | | | | |
| ٠ | · L | functionally integrated, or | | | | | Type i, Type ii, Type iii | | | |
| f | Ente | er the number of supported o | | iany integrated supportin | ig organiz | ation. | | | | |
| | | vide the following information | | d organization(s) | | | | | | |
| | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | nization listed | (v) Amount of monetary | (vi) Amount of other | | |
| | | organization | | (described on lines 1-10 above (see instructions)) | in your governi Yes | No | support (see instructions) | support (see instructions) | | |
| | | | | above (see instructions)) | 103 | 140 | | | | |
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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.)

| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization of seneral and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Solveut line 8 tom line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 15 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 (c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by fine 11, column (ff) 15 Public support percentage for 2023 (line 6, column (f), divided by fine 11, column (ff) 15 13 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization on did not check a box on line 13, 16a, or 18b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization and if the organization meets the facts and circumstances test, | |
|--|-----------|
| membership fees received, (Do not include any "unusual grants.") 2. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3. The value of services or facilities furnished by a governmental unit to the organization without charge 4. Total. Add lines 1 through 3. 5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6. Public support, Subtractive's from line 4. 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9. Net income from invested business activities, whether or not the business is regularly carried on 10. Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11. Total support. Add lines? Ithrough 10 12. Cross receipts from related activities, etc. (see instructions) 12. It is first years, if the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14. Public support percentage for 2023 (line 6, column (f), divided by line 11, column (ff) 15. Public support percentage for 2023 (line 6, column (f), divided by line 11, column (ff) 16. Public support percentage for 2022 (line 6, column (f), divided by line 11, column (fi) 15. Sa 173% support test - 2023. If the organization did not check a box on line 13, and line 14 is 33 173% or more, check this box and stop here. Explain in Part VI how the organization of and ticked a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization and of the check a box on line 13, 16a, or | (f) Total |
| include any "unusual grants.") 2 Tax revenues evide for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (f) 6 Public support. Subtractives 5 from line 4. 8 Gross income from interest, dividendes, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 15 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 8ection C. Computation of Public Support Percentage 14 Public support percentage from 2022 Schedule A, Part II, line 14 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 15 and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization and if the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization and if the organization did not check a box on line 13, nead line 14 is 10% or more, and if the organization meets the facts and circumsta | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 111, column (f) 6 Public support. Setheral line 5 from line 4 8 Gross income from increst, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First Syears. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2022 Schedule A, Part II, line 14 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, 16a, or 18b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. The organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization and if the organization did not check a box on line 13, 16a, or 18b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization and of the check a box on line 13, 16a, or 18b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization | |
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| 15 Public support percentage from 2022 Schedule A, Part II, line 14 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | |
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| stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | % |
| b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | |
| and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | |
| 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | |
| and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | |
| | re, |
| meets the facts and circumstances test. The organization qualifies as a publishe supported organization | |
| meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | |
| b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or | r |
| more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the | |
| organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <u></u> |

332022 12-21-23

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 | etion A. Public Support | siow, picase comp | oloto i art ii.j | | | | |
|------------|--|---------------------|-----------------------|-----------------------|--------------------|-----------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | 57,221. | 114,399. | 2640050. | 5208911. | 8020581. |
| 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 | | | | 178,553. | 258,328. | 436.881. |
| 3 | Gross receipts from activities that | | | | , | , , | |
| | are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | 57,221. | 114,399. | 2818603. | 5467239. | 8457462. |
| 7 <i>a</i> | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| k | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| | Add lines 7a and 7b | | | | | | 0. |
| | Public support. (Subtract line 7c from line 6.) | | | | | | 8457462. |
| Se | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | 57,221. | 114,399. | 2818603. | 5467239. | 8457462. |
| k | Unrelated business taxable income | | | | | | _ |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 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.) | | 57,221. | 114,399. | 2818603. | 5467239. | 8457462. |
| 14 | First 5 years. If the Form 990 is for th | e organization's fi | rst, second, third, f | ourth, or fifth tax y | ear as a section 5 | 01(c)(3) organization | on, |
| | check this box and stop here | | | | | | |
| Se | ction C. Computation of Publi | c Support Per | centage | | | | |
| 15 | Public support percentage for 2023 (li | ne 8, column (f), d | livided by line 13, o | olumn (f)) | | | 100.00 % |
| | Public support percentage from 2022 | | | | | 16 | 100.00 % |
| | ction D. Computation of Inves | | | | | Г | |
| | Investment income percentage for 20 | | | ne 13, column (f)) | | 17 | .00 % |
| | Investment income percentage from 2 | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2023. If the | | | | | | |
| ŀ | more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the | = | - | • | | | |
| | line 18 is not more than 33 1/3%, che | • | | | | • | |
| | Private foundation. If the organization | | | | | | ····· |

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
|-----|-----|----|
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| 10a | | |
| 10b | | |

| Sche | edule A (Form 990) 2023 ALTERNATIVE NEWSWEEKLY FOUNDATION **-** | *036 | 9 Pa | age 5 |
|------|---|-----------|------|--------------|
| Par | 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 on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 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 | | |
| Sec | tion D. All Type III Supporting Organizations | | | • |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| - | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | • | | |
| _ | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | , · · | 2 | | |
| 2 | the organization maintained a close and continuous working relationship with the supported organization(s). | | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | _ | | |
| 800 | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| Sec | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) |). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | struction | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| | | | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

these activities but for the organization's involvement.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

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.*

3b Schedule A (Form 990) 2023

2b

| Pai | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | g Orga | nizations | | |
|--|---|------------|---------------------------------------|--------------------------------|--|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust or | n Nov. 20, 1970 (<i>explain in</i> l | Part VI). See instructions. | |
| | All other Type III non-functionally integrated supporting organizations must | complet | e Sections A through E. | | |
| Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 | | | | | |
| _1_ | Net short-term capital gain | 1 | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | |
| _3 | Other gross income (see instructions) | 3 | | | |
| 4 | Add lines 1 through 3. | 4 | | | |
| _5 | Depreciation and depletion | 5 | | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | | |
| | collection of gross income or for management, conservation, or | | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | | |
| 7 | Other expenses (see instructions) | 7 | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | |
| Section 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 | | | |
| e | Discount claimed for blockage or other factors | | | | |
| | (explain in detail in Part VI): | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | | |
| | see instructions). | 4 | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | |
| 6 | Multiply line 5 by 0.035. | 6 | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
| Sect | ion C - Distributable Amount | | | Current Year | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | |
| 5 | Income tax imposed in prior year | 5 | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | |
| | emergency temporary reduction (see instructions). | 6 | | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ly integra | ted Type III supporting orga | nization (see | |
| | instructions). | | | • | |

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Schedule of Contributors

0000

Department of the Treasury Internal Revenue Service

Name of the organization

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

2023

OMB No. 1545-0047

ALTERNATIVE NEWSWEEKLY FOUNDATION
Organization type (check one):

Employer identification number

-*0369

| or garmeation type (errec | 3424.13.11.19.5 (31.001.0110). | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| Filers of: | Section: | | | | | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | | |
| | 527 political organization | | | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | | |
| | on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | | | |
| General Rule | | | | | | | | |
| | ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | | | |
| Special Rules | | | | | | | | |
| sections 509(a) contributor, du | ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under I(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; EZ, line 1. Complete Parts I and II. | | | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. | | | | | | | | |
| year, contributi is checked, ent purpose. Don't | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions $exclusively$ for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an $exclusively$ religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received $nonexclusively$ religious, charitable, etc., contributions totaling \$5,000 or more during the year\$ | | | | | | | |
| | n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify | | | | | | | |

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

Schedule B (Form 990) (2023)

ALTERNATIVE NEWSWEEKLY FOUNDATION

-*0369

Page 2

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional additional actions and the copies of Part I if additional actions are copies | tional space is needed. | |
|------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | GOOGLE LLC PO BOX 2050 MOUNTAIN VIEW, CA 94042 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | FIELD FOUNDATION OF ILLINOIS INC 200 W MADISON ST 3RD FLOOR CHICAGO, IL 60606 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | DEMOCRACY FUND 1200 17TH STREET NW SUITE 300 WASHINGTON DC, DC 20036 | \$\$ | Person X Payroll |
| (a) | (b) | (c) | (d) |
| No4_ | Name, address, and ZIP + 4 JOHN D. AND CATHERINE T. MACARTHUR FOUNDATION 140 S DEARBORN ST SUITE 1200 CHICAGO, IL 60603 | * 150,000 • 150, | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2023) Page **3**

Name of organization Employer identification number

ALTERNATIVE NEWSWEEKLY FOUNDATION

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| Part II | Noncash Property (see instructions). Use duplicate copies of Part | II if additional space is needed. | |
|------------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | <u> </u> | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

Schedule B (Form 990) (2023) Page 4 Name of organization **Employer identification number** **-***0369 ALTERNATIVE NEWSWEEKLY FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|--|
| | |
| | |
| | |
| | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

ALTERNATIVE NEWSWEEKLY FOUNDATION

Employer identification number **-***0369

| Pai | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin- | | Similar Fund | s or Acc | counts. Complete if the |
|-----|--|----------------------------|------------------------|-----------------|---------------------------------|
| | | (a) Donor advis | sed funds | (b) |) Funds and other accounts |
| 1 | Total number at end of year | , , | | , | - |
| 2 | Aggregate value of contributions to (during year) | | | | |
| 3 | Aggregate value of grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets h | neld in donor adv | rised funds | |
| | are the organization's property, subject to the organization's | | | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | |
| | for charitable purposes and not for the benefit of the donor or | r donor advisor, or for a | any other purpos | e conferrin | g |
| | impermissible private benefit? | | | | |
| Par | t II Conservation Easements. Complete if the org | ganization answered "Y | es" on Form 990 | , Part IV, li | ne 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply) |) | | |
| | Preservation of land for public use (for example, recreated | tion or education) | Preservation | of a histori | cally important land area |
| | Protection of natural habitat | | Preservation | of a certifie | ed historic structure |
| | Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contri | bution in the forr | n of a cons | |
| | day of the tax year. | | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | | 2a |
| b | | | | ····· | 2b |
| С | Number of conservation easements on a certified historic stru | | | | 2c |
| d | Number of conservation easements included on line 2c acqui | | | | |
| | on a historic structure listed in the National Register | | | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or | terminated by th | ne organiza | ation during the tax |
| | year | | | | |
| 4 | Number of states where property subject to conservation eas | | | - | |
| 5 | Does the organization have a written policy regarding the per | | | | |
| _ | violations, and enforcement of the conservation easements it | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, a | and enforcing co | nservation | easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and e | enforcing conserv | ation ease | ements during the year |
| _ | | | | (L) (A) (D) (i) | |
| 8 | Does each conservation easement reported on line 2d above | | | | □ Vaa □ Na |
| • | and section 170(h)(4)(B)(ii)? | | | | |
| 9 | | | | | |
| | balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements. | lote to the organization | S III Iai ICiai Statei | Herits that | describes trie |
| Par | t III Organizations Maintaining Collections of | Art, Historical Tr | easures, or C | Other Sir | nilar Assets. |
| | Complete if the organization answered "Yes" on Form | | ŕ | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | | venue statement | and balan | ce sheet works |
| | of art, historical treasures, or other similar assets held for pub | • | | | |
| | service, provide in Part XIII the text of the footnote to its finan | • | • | | 1 |
| b | If the organization elected, as permitted under FASB ASC 95 | | | | sheet works of |
| | art, historical treasures, or other similar assets held for public | | | | |
| | provide the following amounts relating to these items. | , | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | \$ |
| | | | | | |
| 2 | If the organization received or held works of art, historical trea | | | | |
| | the following amounts required to be reported under FASB A | | | J / I=- | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | | \$ |
| | Assets included in Form 990, Part X | | | | |

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

Schedule D (Form 990) 2023

| | t III Organizations Maintaining Co | ollections of Ar | | | | r Othe | r Simila | r Assets | (contin | | age Z |
|-----|--|------------------------|----------------------|----------------|----------------|-------------|-------------|----------------|----------|-------|-------|
| 3 | Using the organization's acquisition, accession | | - | | | | | | (CONUIN | uea) | |
| 3 | | on, and other record | s, crieck | any or the i | iollowing that | i illake si | grillicarit | use or its | | | |
| | collection items (check all that apply). | | . $ egin{array}{c} $ | | | | | | | | |
| a | Public exhibition | | | | hange progra | | | | | | |
| b | Scholarly research | • | • 📖 | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | | | | | | | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit or | | | | | | | | 7 | _ | 7 |
| Da | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Pai | Escrow and Custodial Arrang reported an amount on Form 990, Par | | ete if the | organizatior | n answered "` | Yes" on | Form 990, | Part IV, li | ne 9, or | | |
| 1a | Is the organization an agent, trustee, custodia | an, or other interme | diary for | contribution | ns or other as | sets not | included | | | | |
| | on Form 990, Part X? | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII a | | | | | | | | | | |
| | | | | | | | | | Amount | | |
| С | Beginning balance | | | | | | 1c | | | | |
| | Additions during the year | | | | | | | | | | |
| | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | | | | | |
| 2a | Did the organization include an amount on Fo | | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | • | | _ | | j |
| Par | | | | | | | | | | | |
| | · | (a) Current year | | Prior year | | | (d) Three y | ears back | (e) Four | years | back |
| 1a | Beginning of year balance | , , , , , , | , , , | | , , | | ., | | ` ' | | |
| b | Contributions | | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | | |
| | | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | <u> </u> | | | | | | |
| 2 | Provide the estimated percentage of the curre | • | | g, column (a) |)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentage and a percentage percentage a | • | | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiza | ation tha | t are held ar | nd administer | red for th | e | | _ | | |
| | organization by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations? | | | | | | | | 3a(i) | | |
| | | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | organization's endo | wment f | unds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 |), Part IV | /, line 11a. S | See Form 990 | , Part X, | line 10. | | | | |
| | Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation | | | | | | (d) Book | (d) Book value | | | |
| 1a | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | _ | | | | |
| | Equipment | I | | | | | | | | | |
| | Other | | | | | | | | | | |
| | . Add lines 1a through 1e. (Column (d) must ed | | X line 1 | Oc column | (B)) | | | | | | 0. |
| | (Oolullii (a) Illust et | gaar r Omir Ooo, r art | 7. III C 1 | oo, coluitiii | برت | | | | | | |

Schedule D (Form 990) 2023

| Schedule D (Form 990) 2023 ALTERNATIVE | NEWSWEEKLY F | OUNDATION | **-***0369 Page |
|--|----------------------------|------------------------------------|-----------------------------|
| Part VII Investments - Other Securities | | | J |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | 11b. See Form 990, Part X, line 12 | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost | or end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| Part VIII Investments - Program Related. | 5 000 D + 11/1 | 44 O E 000 D 1 V " 40 | |
| Complete if the organization answered "Yes" o | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost | or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| <u>(6)</u> (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX Other Assets | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15 | |
| | Description | , , | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. | (B)) | | |
| Part X Other Liabilities | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |

(6) (7) (8)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

(5)

| che | dule D (Form 990) 2023 ALTERNATIVE NEWSWEEKLY FO | UNDATION | **-***0369 | Page ' |
|-----|---|-------------------|----------------|---------------|
| Paı | t XI Reconciliation of Revenue per Audited Financial Staten | nents With Revenเ | ie per Return | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | 2a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | | | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial State | ments With Expen | ses per Return | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | 2a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| _ | Add lines 42 and 4b | | 40 | |

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII | Supplemental Information

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

PART X, LINE 2:

THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION WHICH IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE. IN ADDITION, THE FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1) OF THE CODE. INTERNAL REVENUE CODE SECTION 513(A) DEFINES AN UNRELATED TRADE OR BUSINESS OF AN EXEMPT ORGANIZATION AS ANY TRADE OR BUSINESS WHICH IS NOT SUBSTANTIALLY RELATED TO THE EXERCISE OR PERFORMANCE OF ITS EXEMPT PURPOSE. NO INCOME OF THE FOUNDATION IS CONSIDERED UNRELATED BUSINESS INCOME, AND ACCORDINGLY, NO PROVISION FOR REVENUE TAXES HAS BEEN ACCRUED.

Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| ALTERNATI | VE NEWSWEE | EKLY FOUNDA | TION | | | | **-***0369 |
|--|---------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|------------------------------------|
| Part I General Information on Grants a | nd Assistance | | | | | | |
| 1 Does the organization maintain records t criteria used to award the grants or assis | tance? | | | | | | on X Yes No |
| 2 Describe in Part IV the organization's pro | | | | | | | N. II |
| Part II Grants and Other Assistance to I recipient that received more than \$ | | | | | anization answered "` | Yes" on Form 990, Part | IV, line 21, for any |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| AB&C BILINGUAL RESOURCES LLC | | | | | | | |
| 2016 S ROSALIE ST | | | | | | | TRANSFORMATION TECH |
| WICHITA , KS 67207 | **-***3797 | | 0. | 20,000. | | | PARTICIPANT |
| ADAMS STREET PUBLISHING CO. 1120 ADAMS ST TOLEDO, OH 43604 | **-***0368 | | 0. | 20,000. | | | TRANSFORMATION TECH |
| AFRO AMERICAN CO. OF BALTIMORE CITY - 233 E REDMOND ST SUITE 600G - BALTIMORE, MD 21202 | **-***9436 | | 0. | 20,000. | | | TRANSFORMATION TECH |
| AL DIA EN AMERICA LLC 2210 GOLDSMITH LN #129 LOUISVILLE, KY 40218 | **_***9870 | | 0. | 20,000. | | | TRANSFORMATION TECH PARTICIPANT |
| ALIANZA METROPOLIAN NEWS LLC 300 SOUTH FIRST ST SUITE 221 SAN JOSE, CA 95113 | **-***0505 | | 0. | 40,000. | | | TRANSFORMATION TECH PARTICIPANT |
| AMERICAN PUBLISHING CORPORATION 2315 PINE ST SAINT LOUIS, MO 63103 | **-***3434 | | 0. | 20,000. | | | TRANSFORMATION TECH PARTICIPANT |
| Enter total number of section 501(c)(3) and Enter total number of other organizations | • | | | | | | |

Schedule I (Form 990) 2023

| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of | (e) Amount of | (f) Method of | (g) Description of | (h) Purpose of grant |
|------------------------------------|------------|-----------------|---------------|-----------------------|---|---------------------|------------------------|
| organization or government | (D) Eliv | if applicable | cash grant | noncash assistance | valuation (book, FMV, appraisal, other) | non-cash assistance | or assistance |
| ARIZONA INFORMANT NEWSPAPER | | | | | | | |
| 1301 E WASHINGTON ST SUITE 101 | | | | | | | TRANSFORMATION TECH |
| PHOENIX , AZ 85034 | **-***4228 | | 0. | 20,000. | | | PARTICIPANT |
| ARKANSAS TIMES LIMITED PARTNERSHIP | | | | | | | PROJECT FUFILLMENT AND |
| 201 E. MARKHAM ST. SUITE 150 | | | | | | | TRANSFORMATION TECH |
| LITTLE ROCK, AR 77201 | **-***7692 | | 0. | 134,763. | | | PARTICIPANT |
| ATLANTA INQUIRER | | | | | | | |
| 947 MARTIN LUTHER KING JR DRIVE NW | | | | | | | TRANSFORMATION TECH |
| ATLANTA, GA 30314 | **-***8076 | | 0. | 20,000. | | | PARTICIPANT |
| AUSTIN CHRONICLE CORPORATION | | | | | | | |
| 1000 E 40TH ST | | | | | | | TRANSFORMATION TECH |
| AUSTIN, TX 78751 | **-***0703 | | 0. | 20,000. | | | PARTICIPANT |
| AZUL615 INC | | | | | | | |
| 201 CUDE LN | | | | | | | TRANSFORMATION TECH |
| MADISON, TN 37115 | **-***0214 | | 0. | 20,000. | | | PARTICIPANT |
| BAKERSFIELD NEWS OBSERVER | | | | | | | |
| 1219 20TH ST | | | | | | | TRANSFORMATION TECH |
| BAKERSFIELD, CA 93301 | **-***7797 | | 0. | 20,000. | | | PARTICIPANT |
| BALTIMORE BEAT INC | | | | | | | |
| 1400 GREENMOUNT AVE P01 | | | | | | | TRANSFORMATION TECH |
| BALTIMORE, MD 21202 | **-***3122 | | 0. | 20,000. | | | PARTICIPANT |
| BALTIMORE TIMES | | | | | | | |
| 2530 N CHARLES ST SUITE 201 | | | | | | | TRANSFORMATION TECH |
| BALTIMORE, MD 21218 | **-***7222 | | 0. | 20,000. | | | PARTICIPANT |
| BENBASSAT DIGITAL CONSULTANTS LL 2 | | | | | | | |
| 3504 CHARING CROSS ROAD | | | | | | | TRANSFORMATION TECH |
| GREENSBORO, NC 27455 | **-***5421 | | 0. | 20,000. | | | PARTICIPANT |

Schedule I (Form 990)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash | (f) Method of valuation | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------|-------------------------------|--|------------------------------------|
| | | парричале | Subir gram | assistance | (book, FMV, appraisal, other) | Their each acciditation | or assistance |
| BENBASSAT DIGITAL NCLA | | | | | | | |
| 1852 BANKING ST | | | | | | | TRANSFORMATION TECH |
| GREENSBORO, NC 27408 | **-***5421 | | 0. | 20,000. | | | PARTICIPANT |
| BENITOLINK INC | | | | | | | |
| 615 SAN BENITO ST SUITE 201 | | | | | | | TRANSFORMATION TECH |
| HOLLISTER, CA 95023 | **-***4907 | | 0. | 20,000. | | | PARTICIPANT |
| BI-ADS INC | | | | | | | |
| 545 NW 7TH TERRACE | | | | | | | TRANSFORMATION TECH |
| FORT LAUDERDALE , FL 33311 | **-***5236 | | 0. | 20,000. | | | PARTICIPANT |
| BIG LOU HOLDINGS | | | | | | | |
| 5257 SHAW AVE | | | | | | | TRANSFORMATION TECH |
| ST LOUIS, MO 63110 | **-***6940 | | 0. | 80,000. | | | PARTICIPANT |
| BOULDER WEEKLY INC | | | | | | | |
| 690 S LASHLEY LN | | | | | | | TRANSFORMATION TECH |
| BOULDER, CO 80305 | **-***4721 | | 0. | 20,000. | | | PARTICIPANT |
| BUCKEYE REVIEW PUBLISHING | | | | | | | |
| 2344 CORONADO AVE | | | | | | | TRANSFORMATION TECH |
| YOUNGSTOWN, OH 44504 | **-***7000 | | 0. | 20,000. | | | PARTICIPANT |
| CAPITAL CITY PRESS | | | | | | | |
| 10705 RIEGER RD | | | | | | | TRANSFORMATION TECH |
| BATON ROUGE, LA 70809 | **-***6160 | | 0. | 20,000. | | | PARTICIPANT |
| CAROLINIAN PUBLISHING GROUP LLC | | | | | | | |
| 1504 NEW BERN AVE | | | | | | | TRANSFORMATION TECH |
| RALEIGH, NC 27610 | **-***9689 | | 0. | 20,000. | | | PARTICIPANT |
| CFCG LLC | | | | | | | |
| 5006 WAYDALE LN | | | | | | | TRANSFORMATION TECH |
| TAMPA , FL 33647 | **-***1806 | | 0. | 20,000. | | | PARTICIPANT |

| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | | | | | | | | |
|--|------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| CHE NEWSPAPERS 173 LIVINGSTON AVE NEW BRUNSWICK, NJ 08901 | **-***0782 | | 0. | 20,000. | | | TRANSFORMATION TECH | |
| CHICAGO NEWS WEEKLY LLC 6843 S MERRILL AVE UNIT 1 CHICAGO, IL 60649 | **-***9854 | | 0. | 190,625. | | | BIPOC STORYTELLING & | |
| CHICO COMMUNITY PUBLISHING INC PO BOX 13370 SACRAMENTO , CA 95813 | **-***0677 | | 0. | 40,000. | | | TRANSFORMATION TECH | |
| CHRONOGRAM MEDIA INC 45 PINE GROVE AVE SUITE 303 KINGSTON, NY 12401 | **-***8819 | | 0. | 20,000. | | | TRANSFORMATION TECH | |
| CITY OF ROSES MEDIA CO PO BOX 10770 PORTLAND , OR 97296 | **-***3156 | | 0. | 20,000. | | | TRANSFORMATION TECH | |
| CITY PAPER PUBLISHING PO BOX 21942 CHARLESTON, SC 29413 | **-***5548 | | 0. | 20,000. | | | TRANSFORMATION TECH | |
| CLEVELAND EVENTS & MEDIA PO BOX 14070 CLEVELAND, OH 44114 | **-***7229 | | 0. | 20,000. | | | TRANSFORMATION TECH | |
| CLUB DEPORTES.COM 10222 PECAN PARK BLVD SUITE 8 AUSTIN, TX 78729 | **-***3018 | | 0. | 20,000. | | | TRANSFORMATION TECH | |
| COACHELLA VALLEY INDEPENDENT LLC 31855 DATE PALM DR #3-263 CATHEDRAL CITY, CA 92234 | **_***0871 | | 0. | 40,000. | | | TRANSFORMATION TECH | |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| COLORADO TRUST FOR LOCAL NEWS LLC | | | | | | | |
| 750 W HAMPDEN AVE SUITE 225 | | | | | | | TRANSFORMATION TECH |
| ENGLEWOOD , CO 80110 | **-***0521 | | 0. | 20,000. | | | PARTICIPANT |
| CONTEMPORARY MEDIA INC | | | | | | | |
| PO BOX 1738 | | | | | | | TRANSFORMATION TECH |
| MEMPHIS, TN 38101 | **-***1281 | | 0. | 20,000. | | | PARTICIPANT |
| CORINTH COMMUNICATIONS INC | | | | | | | |
| 4510 MALCOLM X BLVD | | | | | | | TRANSFORMATION TECH |
| DALLAS , TX 75215 | **-***0452 | | 0. | 20,000. | | | PARTICIPANT |
| CULTURA MEDIA LLC | | | | | | | |
| 5830 E 2ND ST SUITE 2705 | | | | | | | TRANSFORMATION TECH |
| CASPER, WY 82609 | **-***5424 | | 0. | 20,000. | | | PARTICIPANT |
| DA CAPO PUBLISHING INC | | | | | | | |
| 225 S CHAMPLAIN ST SUITE 5 | | | | | | | TRANSFORMATION TECH |
| | **-***8208 | | 0. | 20 000 | | | PARTICIPANT |
| BURLINGTON, VT 05401 | - 6206 | | 0. | 20,000. | | | PARTICIPANT |
| DALLAS OBSERVER LP | | | | | | | |
| 2030 MAIN ST SUITE 410 | | | | | | | TRANSFORMATION TECH |
| DALLAS , TX 75201 | **-***5392 | | 0. | 20,000. | | | PARTICIPANT |
| DBS COMMUNICATION LLC | | | | | | | |
| 3330 LUPINE DR | | | | | | | TRANSFORMATION TECH |
| FLORENCE , SC 29501 | **-***6985 | | 0. | 20,000. | | | PARTICIPANT |
| DEL VALLE INFORMADOR INC | | | | | | | |
| РО ВОХ 5530 | | | | | | | TRANSFORMATION TECH |
| THERMAL, CA 92274 | **-***5416 | | 0. | 20,000. | | | PARTICIPANT |
| DENVER WESTWARD LLC | | | | | | | |
| 1278 LINCOLN ST #100 | | | | | | | TRANSFORMATION TECH |
| DENVER , CO 80203 | **-***0643 | | 0. | 20,000. | | | PARTICIPANT |

| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of | (e) Amount of | (f) Method of | (g) Description of | (h) Purpose of grant |
|-----------------------------------|------------|-----------------|---------------|-----------------------|---|---------------------|----------------------|
| organization or government | (b) Liiv | if applicable | cash grant | noncash assistance | valuation (book, FMV, appraisal, other) | non-cash assistance | or assistance |
| OMI INFORMATION PROCESSING CENTER | | | | | | | |
| INC - 5090 W HARRISON ST - | | | | | | | TRANSFORMATION TECH |
| CHICAGO, IL 60644 | **-***8299 | | 0. | 20,000. | | | PARTICIPANT |
| , | | | | , | | | |
| EL AVISO DE OCASION INC | | | | | | | |
| 4850 GAGE AVE | | | | | | | TRANSFORMATION TECH |
| BELL, CA 90201 | **-***9475 | | 0. | 20,000. | | | PARTICIPANT |
| | | | | | | | |
| EL COMERCIO DE COLORADO | | | | | | | |
| 4295 E MEXICO AVE APT 510 | ** ***** | | | | | | TRANSFORMATION TECH |
| DENVER , CO 80222 | **-***4857 | | 0. | 20,000. | | | PARTICIPANT |
| EL DIARIO LLC | | | | | | | |
| PO BOX 1847 | | | | | | | TRANSFORMATION TECH |
| LOS ANGELES, CA 90071 | **-***9924 | | 0. | 20,000. | | | PARTICIPANT |
| · | | | | • | | | |
| EL INFORMAFOR LLC | | | | | | | |
| PO BOX 2458 | | | | | | | TRANSFORMATION TECH |
| MOUNT PLEASANT, SC 29464 | **-***0019 | | 0. | 20,000. | | | PARTICIPANT |
| | | | | | | | |
| EL LATINO AMERICAN | | | | | | | L |
| 8870 S WESTERN | ** ***=== | | | | | | TRANSFORMATION TECH |
| OKLAHOMA CITY, OK 73139 | **-***5553 | | 0. | 20,000. | | | PARTICIPANT |
| EL POPULAR INC | | | | | | | |
| 404 TRUXTON AVE | | | | | | | TRANSFORMATION TECH |
| BAKERSFIELD, CA 93301 | **-***9302 | | 0. | 20,000. | | | PARTICIPANT |
| , | | | | , | | | |
| EMBARCADERO MEDIA FOUNDATION | | | | | | | |
| 450 CAMBRIDGE AVE | | | | | | | TRANSFORMATION TECH |
| PALO ALTO, CA 94306 | **-***1500 | | 0. | 20,000. | | | PARTICIPANT |
| | | | | | | | |
| EMPOWERING LATINO FUTURES | | | | | | | ED MARIODWANTON FEST |
| 624 HILLCREST LN | ** **** | | | | | | TRANSFORMATION TECH |
| FALLBROOK, CA 92098 | **-***8486 | | 0. | 20,000. | | | PARTICIPANT |

Schedule I (Form 990)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|-------------------------------|--------------------------|----------------------------------|--|--|---|
| EPIC MANAGEMENT SERVICES | | | | | | | |
| 4826 MARGARETTA AVE | | | | | | | TRANSFORMATION TECH |
| ST LOUIS, MO 63115 | **-***3360 | | 0. | 20,000. | | | PARTICIPANT |
| FOCUS ON THE WORD INC | | | | | | | |
| 333 W FLORENCE AVE #C333 | | | | | | | TRANSFORMATION TECH |
| INGLEWOOD, CA 90301 | **-***2063 | | 0. | 20,000. | | | PARTICIPANT |
| FORWARD TIMES PUBLISHING CO INC | | | | | | | |
| 4411 ALMEDA RD | | | | | | | TRANSFORMATION TECH |
| HOUSTON, TX 77004 | **-***4766 | | 0. | 20,000. | | | PARTICIPANT |
| FW PUBLISING LLC | | | | | | | |
| 210 12TH AVE S SUITE 100 | | | | | | | TRANSFORMATION TECH |
| NASHVILLE, TN 37203 | **-***0583 | | 0. | 20,000. | | | PARTICIPANT |
| GARZA DEWAELSCHE ENTERPRISES INC | | | | | | | |
| 19322 STRATHCONA DR | | | | | | | TRANSFORMATION TECH |
| DETROIT , MI 48203 | **-***6366 | | 0. | 20,000. | | | PARTICIPANT |
| GENTE BONITA INC | | | | | | | |
| 901 LANE AVE SUITE 200 | | | | | | | TRANSFORMATION TECH |
| CHULA VISTA, CA 91914 | **-***9652 | | 0. | 20,000. | | | PARTICIPANT |
| GRASSROOTS DC | | | | | | | |
| 4004 E STREET SE #206 | | | | | | | |
| WASHINGTON DC, DC 20019 | **-***1511 | | 0. | 18,600. | | | GRANT AGREEMENT |
| GREEN LINE MEDIA INC | | | | | | | |
| 2 WALL ST | | | | | | | TRANSFORMATION TECH |
| ASHEVILLE, NC 28801 | **-**7648 | | 0. | 20,000. | | | PARTICIPANT |
| HAILES ENTERPRISES INC | | | | | | | |
| PO BOX 5747 | | | | | | | TRANSFORMATION TECH |
| COLUMBUS, GA 31906 | **-***8451 | | 0. | 20,000. | | | PARTICIPANT |

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|--|------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| HARLEM COMMUNITY NEWSPAPERS INC | | | | | | | |
| 206 W 148TH ST #3B | | | | | | | TRANSFORMATION TECH |
| NEW YORK, NY 10039 | **-***3395 | | 0. | 20,000. | | | PARTICIPANT |
| HISPANIC COMMUNICATIONS LLC | | | | | | | |
| 51 ELM ST SUITE 307 | | | | | | | TRANSFORMATION TECH |
| NEW HAVEN, CT 06510 | **-***0953 | | 0. | 20,000. | | | PARTICIPANT |
| HISPANIC MARKETING SOLUTIONS LLC | | | | | | | |
| 2303 HICKORY CIRCLE DR | | | | | | | TRANSFORMATION TECH |
| HOWELL , MI 48855 | **-**1686 | | 0. | 20,000. | | | PARTICIPANT |
| HISPANIC MEDIA LLC | | | | | | | |
| 5100 N 5TH ST | | | | | | | TRANSFORMATION TECH |
| PHILADELPHIA, PA 19120 | **-***2351 | | 0. | 20,000. | | | PARTICIPANT |
| HOLA AMERICA PUBLICATIONS INC | | | | | | | |
| PO BOX 8188 | | | | | | | TRANSFORMATION TECH |
| DES MOINES, IA 50301 | **-***1119 | | 0. | 20,000. | | | PARTICIPANT |
| HOUSTON DEFENDER NETWORK | | | | | | | |
| 12401 S POST OAK | | | | | | | TRANSFORMATION TECH |
| HOUSTON, TX 77045 | **-***8885 | | 0. | 20,000. | | | PARTICIPANT |
| HOY EN DELAWARE LLC | | | | | | | |
| 105 DEPOT ST | | | | | | | TRANSFORMATION TECH |
| GEORGETOWN, DE 19947 | **-***7690 | | 0. | 20,000. | | | PARTICIPANT |
| I MESSENGER MEDIA LLC | | | | | | | |
| 320 S R L THORNTON FREEWAY | | | | | | | TRANSFORMATION TECH |
| DALLAS , TX 75203 | **-***7470 | | 0. | 40,000. | | | PARTICIPANT |
| IDENTIDAD LATINA LLC | | | | | | | |
| 1049 ASYLUM AVE 1FL | | | | | | | TRANSFORMATION TECH |
| HARTFORD, CT 06105 | **-***3272 | | 0. | 20,000. | | | PARTICIPANT |

| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of | (e) Amount of | (f) Method of | (g) Description of | (h) Purpose of grant |
|---|----------------|-----------------|---------------|-----------------------|---|---------------------|----------------------|
| organization or government | (b) Liiv | if applicable | cash grant | noncash assistance | valuation (book, FMV, appraisal, other) | non-cash assistance | or assistance |
| INFORMED CALIFORNIA FOUNDATION | | | | | | | |
| 490 43RD ST #12 | | | | | | | TRANSFORMATION TECH |
| OAKLAND, CA 94609 | **-***8329 | | 0. | 20,000. | | | PARTICIPANT |
| • | | | | , | | | |
| INLAND PUBLICATIONS INC | | | | | | | |
| 1227 W SUMMIT PKWY | | | | | | | TRANSFORMATION TECH |
| SPOKANE, WA 99201 | **-***1730 | | 0. | 20,000. | | | PARTICIPANT |
| TNGOVEN MAGNETHE I.G | | | | | | | |
| INSOUTH MAGAZINE LLC | | | | | | | TDANGEODMATTON TEGU |
| 107 S OLD WHITE HORSE RD | **-***8190 | | 0. | 20.000 | | | TRANSFORMATION TECH |
| GREENSVILLE, SC 29611 | - 8190 | | 0. | 20,000. | | | PARTICIPANT |
| ISTHMUS COMMUNITY MEDIA INC | | | | | | | |
| 529 S RANDALL AVE | | | | | | | TRANSFORMATION TECH |
| MADISON, WI 53715 | **-***8484 | | 0. | 20,000. | | | PARTICIPANT |
| · | | | | | | | |
| JACKSON ADVOCATE INC | | | | | | | |
| 414 S STATE ST SUITE 101 | | | | | | | TRANSFORMATION TECH |
| JACKSON , MS 39201 | **-***6666 | | 0. | 20,000. | | | PARTICIPANT |
| | | | | | | | |
| JAMBALAYA DEPORTIVA CORPORATION | | | | | | | L |
| 4200 I-10 SERVICE RD SUITE 254 | ** *** | | | | | | TRANSFORMATION TECH |
| METAIRIE, LA 70001 | **-***2737 | | 0. | 20,000. | | | PARTICIPANT |
| JC MEDIA LLC | | | | | | | |
| 5233 CLEMENTINE LN | | | | | | | TRANSFORMATION TECH |
| MARRERO, LA 70072 | **-***7119 | | 0. | 20,000. | | | PARTICIPANT |
| , | | | | , | | | |
| JOLIET TIMES WEEKLY INC | | | | | | | |
| PO BOX 2277 | | | | | | | TRANSFORMATION TECH |
| JOLIET , IL 60434 | **-***0374 | | 0. | 20,000. | | | PARTICIPANT |
| TOTAL WATER OF GROWING TO SERVICE OF GROWING THE SERVICE OF GROWING TO SERVICE OF GROWING THE SERVICE OF GROWING | | | | | | | |
| JOLT NEWS ORGANIZATION | | | | | | | MDANGEODMAMION MEGU |
| PO BOX 4008 | **-***8827 | | | 20.022 | | | TRANSFORMATION TECH |
| TUMWATER, WA 98501 | ""-""8827 | | 0. | 20,000. | | | PARTICIPANT |

Schedule I (Form 990)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|-------------------------------|--------------------------|----------------------------------|--|--|---|
| JOZEF PA OF LOUISIANA LLC | | | | | | | |
| 235 MARILYN DR #318013 | | | | | | | TRANSFORMATION TECH |
| BATON ROUGE, LA 70814 | **-***9272 | | 0. | 20,000. | | | PARTICIPANT |
| KGL MEDIA GROUP INC | | | | | | | |
| PO BOX 12244 | | | | | | | TRANSFORMATION TECH |
| CINCINNATI, OH 45212 | **-***6654 | | 0. | 20,000. | | | PARTICIPANT |
| LA NOTICIA INC | | | | | | | |
| 5936 MONROE RD | | | | | | | TRANSFORMATION TECH |
| CHARLOTTE , NC 28212 | **-***9439 | | 0. | 40,000. | | | PARTICIPANT |
| LA OPINION LP | | | | | | | |
| PO BOX 71847 | | | | | | | TRANSFORMATION TECH |
| LOS ANGELES, CA 90071 | **-***5546 | | 0. | 20,000. | | | PARTICIPANT |
| LA PRENSA DE HOUSTON INC | | | | | | | |
| 7100 REGENCY SQUARE BLVD SUITE 217 | | | | | | | TRANSFORMATION TECH |
| HOUSTON, TX 77036 | **-***2870 | | 0. | 20,000. | | | PARTICIPANT |
| LA RAZA CHICAGO INC | | | | | | | |
| 605 N MICHIGAN AVE 4TH FL | | | | | | | TRANSFORMATION TECH |
| CHICAGO, IL 60611 | **-***3478 | | 0. | 20,000. | | | PARTICIPANT |
| LA VOZ PUBLISHING COMPANY INC | | | | | | | |
| PO BOX 11398 | | | | | | | TRANSFORMATION TECH |
| DENVER , CO 80211 | **-***8836 | | 0. | 20,000. | | | PARTICIPANT |
| LAMBDA PUBLICATIONS INC | | | | | | | |
| 4229 N MARMORA AVE | | | | | | | TRANSFORMATION TECH |
| CHICAGO, IL 60634 | **-***4783 | | 0. | 20,000. | | | PARTICIPANT |
| LAS AMERICAS MULTIMEDIA GROUP LLC | | | | | | | |
| 888 BRICKELL AVE SUITE 500 | | | | | | | TRANSFORMATION TECH |
| MIAMI, FL 33131 | **-***5365 | | 0. | 20,000. | | | PARTICIPANT |

| Part II Continuation of Grants and Oth | | | | , | | <u> </u> | |
|--|-----------------|-------------------------------|-----------------------------|----------------------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| LATIN OPINION LLC | | | | | | | |
| 5209 EASTERN AVE | | | | | | | TRANSFORMATION TECH |
| BALTIMORE, MD 21224 | **-***2986 | | 0. | 20,000. | | | PARTICIPANT |
| LATINO LUBBOCK MAGAZINE | | | | | | | |
| PO BOX 6473 | | | | | | | TRANSFORMATION TECH |
| LUBBICK , TX 79493 | **-***7925 | | 0. | 20,000. | | | PARTICIPANT |
| LATINO PRESS | | | | | | | |
| 6301 MICHIGAN AVE | | | | | | | TRANSFORMATION TECH |
| DETROIT , MI 48210 | **-***5954 | | 0. | 20,000. | | | PARTICIPANT |
| LAY IT OUT | | | | | | | |
| 704 NW GEORGIA | | | | | | | TRANSFORMATION TECH |
| BEND, OR 97703 | **-***0456 | | 0. | 20,000. | | | PARTICIPANT |
| LEE PUBLISHING COMPANY | | | | | | | |
| 1825 DEL PASO BLVD | | | | | | | TRANSFORMATION TECH |
| SACRAMENTO , CA 95815 | **-***2499 | | 0. | 20,000. | | | PARTICIPANT |
| LESLIE MEDIA LLC | | | | | | | |
| 1519 CRIPPLE CREEK DR | | | | | | | TRANSFORMATION TECH |
| IRVING, TX 75061 | **-***4130 | | 0. | 20,000. | | | PARTICIPANT |
| LITTLE VILLAGE LLC | | | | | | | |
| 623 S DUBUQUE ST | | | | | | | TRANSFORMATION TECH |
| IOWA CITY, IA 52240 | **-***0770 | | 0. | 20,000. | | | PARTICIPANT |
| LIVE COMMUNICATIONS INC | | | | | | | |
| 1363 E TENNESSEE ST | | | | | | | TRANSFORMATION TECH |
| TALLAHASSEE, FL 32308 | **-***8642 | | 0. | 20,000. | | | PARTICIPANT |
| MASCO COMMUNICATION | | | | | | | |
| 505 S 4TH ST | | | | | | | TRANSFORMATION TECH |
| PHILADELPHIA, PA 19147 | **-***8868 | | 0. | 20,000. | | | PARTICIPANT |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|-----------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| MASTV/EL PLANETA LLC | | | | | | | |
| 1701 RHODE ISLAND AVE NW | | | | | | | TRANSFORMATION TECH |
| WASHINGTON DC, DC 20036 | **-***2681 | | 0. | 20,000. | | | PARTICIPANT |
| MCFARLANE MEDIA INETERESTS INC | | | | | | | |
| 1815 BRYANT AVE N | | | | | | | TRANSFORMATION TECH |
| MINNEAPOLIS, MN 55411 | **-***4635 | | 0. | 20,000. | | | PARTICIPANT |
| MDE CITY PAPER HOLDINGS LLC | | | | | | | |
| 2200 WILSON BLVD SUITE 102 #447 | | | | | | | TRANSFORMATION TECH |
| ARLINGTON, VA 22201 | **-***6032 | | 0. | 20,000. | | | PARTICIPANT |
| MEDIA ALLIANCE | | | | | | | |
| 2830 20TH ST #201 | | | | | | | TRANSFORMATION TECH |
| SAN FRANCISCO, CA 94110 | **-***3400 | | 0. | 20,000. | | | PARTICIPANT |
| METRO PUBLISHING INC | | | | | | | |
| 380 S 1ST ST | | | | | | | TRANSFORMATION TECH |
| SAN JOSE, CA 95113 | **-***5208 | | 0. | 20,000. | | | PARTICIPANT |
| METROSA INC | | | | | | | |
| 380 S 1ST ST | | | | | | | TRANSFORMATION TECH |
| SAN JOSE, CA 95113 | **-***3825 | | 0. | 20,000. | | | PARTICIPANT |
| MIAMI TIMES INC | | | | | | | |
| 900 NORTHWEST 54TH ST | | | | | | | TRANSFORMATION TECH |
| MIAMI, FL 33127 | **-***0854 | | 0. | 20,000. | | | PARTICIPANT |
| MILESTONE COMMUNICATIONS INC | | | | | | | PROJECT FUFILLMENT AN |
| 668 WILLIAMS AVE | | | | | | | TRANSFORMATION TECH |
| SEASIDE, CA 93955 | **-***6211 | | 0. | 71,620. | | | PARTICIPANT |
| MILWAUKEE COURIER INC | | | | | | | |
| 2003 W CAPITOL DRIVE | | | | | | | TRANSFORMATION TECH |
| MILWAUKEE, WI 53206 | **-***4173 | | 0. | 20,000. | | | PARTICIPANT |

| Part II Continuation of Grants and Other A | Assistance to Don | nestic Organizations | and Domestic Go | vernments (Scho | edule I (Form 990), Pa | rt II.) | Т |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MINORITY COMMUNICATOR INC | | | | | | | |
| 90 WEST CAMPUS VIEW BLVD | | | | | | | TRANSFORMATION TECH |
| COLUMBUS, OH 43235 | **-***0481 | | 0. | 20,000. | | | PARTICIPANT |
| MINORITY PRINT MEDIA | | | | | | | |
| 9632 BRIAR FOREST DR | | | | | | | TRANSFORMATION TECH |
| HOUSTON, TX 77063 | **-***6023 | | 0. | 20,000. | | | PARTICIPANT |
| MISSISSIPPI JOURNALISM & EDUCATION | | | | | | | |
| GROUP - 125 S. CONGRESS ST SUITE | | | | | | | TRANSFORMATION TECH |
| 1324 - JACKSON , MS 39201 | **-***3937 | | 0. | 20,000. | | | PARTICIPANT |
| MLATINO MEDIA LLC | | | | | | | |
| 225 S 6TH ST #3900 | | | | | | | TRANSFORMATION TECH |
| MINNEAPOLIS, MN 55402 | **-***2146 | | 0. | 20,000. | | | PARTICIPANT |
| MUNDO LATINO PUBLICATIONS | | | | | | | |
| PO BOX 7197 | | | | | | | TRANSFORMATION TECH |
| OMAHA, NE 68107 | **-***6175 | | 0. | 20,000. | | | PARTICIPANT |
| NERVE MEDIA PRODUCTIONS LLC | | | | | | | |
| 417 EAST BLVD SUITE 206 | | | | | | | TRANSFORMATION TECH |
| CHARLOTTE , NC 28203 | **-***1814 | | 0. | 20,000. | | | PARTICIPANT |
| NEW JERSEY URBAN NEWS LLC | | | | | | | |
| 625 BROAD ST SUITE 240 | | | | | | | TRANSFORMATION TECH |
| NEWARD, NJ 07102 | **-***3297 | | 0. | 20,000. | | | PARTICIPANT |
| NICADO PUBLISHING COMPANY INC | | | | | | | |
| 701 MANIN ST SUITE 200A | | | | | | | TRANSFORMATION TECH |
| EVANSTON, IL 60076 | **-***2737 | | 0. | 20,000. | | | PARTICIPANT |
| NORTH COAST JOURNAL INC | | | | | | | |
| 310 F ST | | | | | | | TRANSFORMATION TECH |
| EUREKA, CA 95501 | **-***4613 | | 0. | 20,000. | | | PARTICIPANT |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| OREGON JOURNALISM PROJECT | | | | | | | |
| PO BOX 10770 | | | | | | | |
| PORTLAND , OR 97296 | **-***0915 | | 0. | 57,115. | | | PROJECT FULLFILLMENT |
| ORLANDO EVENTS & MEDIA LLC | | | | | | | |
| PO BOX 953127 | | | | | | | TRANSFORMATION TECH |
| LAKE MARY, FL 32795 | **-***2784 | | 0. | 20,000. | | | PARTICIPANT |
| PENFIELD COMMUNICATIONS | | | | | | | |
| PO BOX 9431 | | | | | | | TRANSFORMATION TECH |
| NEW HAVEN, CT 06534 | **-***8742 | | 0. | 20,000. | | | PARTICIPANT |
| PLANET DETROIT LLC | | | | | | | |
| 140 DRACE | | | | | | | TRANSFORMATION TECH |
| ROCHESTER, MI 48307 | **-***5998 | | 0. | 20,000. | | | PARTICIPANT |
| PNG MEDIA LLC | | | | | | | |
| 1618 N MIDLAND BLVD | | | | | | | TRANSFORMATION TECH |
| NAMPA, ID 83651 | **-***1562 | | 0. | 20,000. | | | PARTICIPANT |
| PRENSA DE ARIZONA LLC | | | | | | | |
| 1107 E TONTO STREET | | | | | | | TRANSFORMATION TECH |
| PHOENIX , AZ 85034 | **-***9991 | | 0. | 20,000. | | | PARTICIPANT |
| RANDOM LENGTHS NEWS | | | | | | | |
| 1840 S GAFFEY STREET #521 | | | | | | | TRANSFORMATION TECH |
| SAN PEDRO, CA 90731 | **-***7334 | | 0. | 20,000. | | | PARTICIPANT |
| RAW STORY MEDIA INC | | | | | | | |
| 400 ALTON RD UNIT 1803 | | | | | | | TRANSFORMATION TECH |
| MIAMI BEACH, FL 33139 | **-***0032 | | 0. | 20,000. | | | PARTICIPANT |
| READER INSTITUTE FOR COMMUNITY | | | | | | | |
| JOURNALISM - 2930 S MICHIGAN AVE | | | | | | | TRANSFORMATION TECH |
| SUITE 102 - CHICAGO, IL 60616 | **-***0420 | | 0. | 20,000. | | | PARTICIPANT |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|-----------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| REPORTER ACQUISITION COMPANY | | | | | | | |
| 1512 PACHECO STREET | | | | | | | TRANSFORMATION TECH |
| SANTA FE, NM 87505 | **-***7570 | | 0. | 20,000. | | | PARTICIPANT |
| ROCHESTER AREA MEDIA PARTNERS LLC | | | | | | | |
| 280 STATE STREET | | | | | | | TRANSFORMATION TECH |
| ROCHESTER, NY 14614 | **-***9605 | | 0. | 20,000. | | | PARTICIPANT |
| SA EVENTS & MEDIA LLC | | | | | | | |
| 117 W MISTLETOE | | | | | | | TRANSFORMATION TECH |
| SAN ANTONIO, TX 78212 | **_***9999 | | 0. | 20,000. | | | PARTICIPANT |
| SANTA BARBARA INDEPENDENT | | | | | | | |
| 1715 STATE STREET | | | | | | | TRANSFORMATION TECH |
| SANTA BARBARA, CA 93101 | **-***2712 | | 0. | 20,000. | | | PARTICIPANT |
| SANTA MARIA SUN LLC | | | | | | | |
| 801 S BROADWAY | | | | | | | TRANSFORMATION TECH |
| SANTA MARIA, CA 93455 | **-***1711 | | 0. | 20,000. | | | PARTICIPANT |
| SAVANNAH TRIBUNE INC | | | | | | | |
| PO BOX 2066 | | | | | | | TRANSFORMATION TECH |
| SAVANNAH, GA 31402 | **-***3881 | | 0. | 20,000. | | | PARTICIPANT |
| SCHNEPS MEDIA INC | | | | | | | |
| 4517 MARATHON PKWY | | | | | | | TRANSFORMATION TECH |
| LITTLE NECK, NY 11362 | **-***7105 | | 0. | 20,000. | | | PARTICIPANT |
| SMB ADVERTISING | | | | | | | |
| PO BOX 964 | | | | | | | TRANSFORMATION TECH |
| ERIE, CO 80516 | **-***7441 | | 0. | 20,000. | | | PARTICIPANT |
| SPOKESMAN & RECORDER PUBLISHING CO | | | | | | | |
| 3744 4TH AVE S | | | | | | | TRANSFORMATION TECH |
| MINNEAPOLIS, MN 55409 | **-***1289 | | 0. | 20,000. | | | PARTICIPANT |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|--|--|---|
| STET NEWS | | | | | | | |
| 369 CHURCHILL ROAD | | | | | | | TRANSFORMATION TECH |
| WEST PALM BEACH, FL 33405 | **-***8037 | | 0. | 20,000. | | | PARTICIPANT |
| STORM MARKETING | | | | | | | |
| 738 WASHINTON AVENUE | | | | | | | TRANSFORMATION TECH |
| MARIETTA , GA 30060 | **-***1172 | | 0. | 20,000. | | | PARTICIPANT |
| SUN REVIEW PUBLICATIONS | | | | | | | |
| 2700 CATALINA DR | | | | | | | TRANSFORMATION TECH |
| ORLANDO, FL 32805 | **-***5310 | | 0. | 20,000. | | | PARTICIPANT |
| TAMPA EVENTS AND MEDIA LLC | | | | | | | |
| 633 N FRANKLIN STREET SUITE 735 | | | | | | | TRANSFORMATION TECH |
| TAMPA , FL 33602 | **-***7282 | | 0. | 20,000. | | | PARTICIPANT |
| | | | | | | | |
| TELETRENDS INC | | | | | | | |
| 4135 DECATUR ST | | | | | | | TRANSFORMATION TECH |
| DENVER , CO 80211 | **-***4154 | | 0. | 20,000. | | | PARTICIPANT |
| THE APPEAL INC | | | | | | | |
| PO BOX 3711 | | | | | | | TRANSFORMATION TECH |
| LANDRES , CA 92285 | **-***4457 | | 0. | 20,000. | | | PARTICIPANT |
| THE HOUSTON SUN | | | | | | | |
| 15250 ISABELLA STREET | | | | | | | TRANSFORMATION TECH |
| HOUSTON, TX 77004 | **-***1262 | | 0. | 20,000. | | | PARTICIPANT |
| THE LENS | | | | | | | |
| PO BOX 13242 | | | | | | | TRANSFORMATION TECH |
| NEW ORLEANS, LA 70175 | **-***2772 | | 0. | 20,000. | | | PARTICIPANT |
| THE PITCH LLC | | | | | | | |
| 3543 BROADWAY BLVD | | | | | | | TRANSFORMATION TECH |
| KANSAS CITY , MO 64111 | **-***2095 | | 0. | 20,000. | | | PARTICIPANT |

| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of | (e) Amount of | (f) Method of | (g) Description of | (h) Purpose of grant |
|-------------------------------------|------------|-----------------|---------------|-----------------------|---|---------------------|----------------------|
| organization or government | (b) EIN | if applicable | cash grant | noncash assistance | valuation (book, FMV, appraisal, other) | non-cash assistance | or assistance |
| THE POSITIVE COMMUNITY CORPORATION | | | | | | | |
| 133 GLENRIDGE AVE | | | | | | | TRANSFORMATION TECH |
| MONTCLAIR, NJ 07018 | **-***8521 | | 0. | 20,000. | | | PARTICIPANT |
| MONTELMIK, NO 07010 | 0321 | | · · · | 20,000. | | | I INCITING |
| THE SMOKY MOUNTAIN NEWS | | | | | | | |
| PO BOX 629 | | | | | | | TRANSFORMATION TECH |
| WAYNESVILLE, NC 28786 | **-***3781 | | 0. | 20,000. | | | PARTICIPANT |
| , | | | | | | | |
| TILOBEN PUBLISHING CO INC | | | | | | | |
| PO BOX 18205 | | | | | | | TRANSFORMATION TECH |
| SEATTLE, WA 98118 | **-***2271 | | 0. | 20,000. | | | PARTICIPANT |
| | | | | | | | |
| TINY NEWS COLLECTIVE INC | | | | | | | |
| 111 NORTH WABASH AVE SUITE 100 #386 | | | | | | | TRANSFORMATION TECH |
| CHICAGO, IL 60602 | **-***3369 | | 0. | 20,000. | | | PARTICIPANT |
| | | | | | | | |
| TRI-STATE DEFENDER | | | | | | | |
| PO BOX 1875 | | | | | | | TRANSFORMATION TECH |
| MEMPHIS, TN 38101 | **-***5109 | | 0. | 20,000. | | | PARTICIPANT |
| | | | | | | | |
| TUCSON INVESTIGATIVE REPORTING | | | | | | | |
| CENTER INC - 1960 N PAINTED HILLS | | | | | | | TRANSFORMATION TECH |
| - TUCSON, AZ 85745 | **-***6725 | | 0. | 20,000. | | | PARTICIPANT |
| | | | | | | | |
| UNANIMO SPORTS MEDIA LLC | | | | | | | EDANGEORNA ELON EEGU |
| 1450 BRICKELL BAY DRIVE SUITE 1601 | ** *** | | | 00.000 | | | TRANSFORMATION TECH |
| MIAMI, FL 33131 | **-***0288 | | 0. | 20,000. | | | PARTICIPANT |
| VALLEJO SUN LLC | | | | | | | |
| | | | | | | | MDANGEODMAMTON MEGU |
| PO BOX 17005 | ** ***7142 | | | 20 000 | | | TRANSFORMATION TECH |
| OAKLAND, CA 94601 | **-***7143 | | 0. | 20,000. | | | PARTICIPANT |
| VERIFIED NEWS NETWORK LLC | | | | | | | |
| 1701 W MAIN ST #622 | | | | | | | TRANSFORMATION TECH |
| -, IIIIII DI "VIII | **-***2116 | | 1 | | | 1 | |

| (a) Name and address of | (6) EINI | (a) IDC anation | (4) 0 | (-) A | (4) Madaaalas | (a) December of | (In) Dumana and amount |
|--|-----------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| OICE NEWS NETWORK INC | | | | | | | |
| 533 PRYOR ST SW | | | | | | | TRANSFORMATION TECH |
| ATLANTA, GA 30312 | **-***5890 | | 0. | 20,000. | | 1 | PARTICIPANT |
| , | | | | • | | | |
| OICE PUBLISHING COMPANY INC | | | | | | | |
| 1825 MARKET CENTER BLVD SUITE 240 | | | | | | | TRANSFORMATION TECH |
| DALLAS , TX 75207 | **-***8403 | | 0. | 20,000. | | | PARTICIPANT |
| | | | | | | | |
| OLUME ONE MAGAZINE LLC | | | | | | | |
| 205 N DEWEY STREET | | | | | | | TRANSFORMATION TECH |
| EAU CLAIRE, WI 54703 | **-***6864 | | 0. | 20,000. | | | PARTICIPANT |
| VARREN COMMUNICATIONS | | | | | | | |
| 3619 COLLEGE AVE | | | | | | | TRANSFORMATION TECH |
| | **-***3473 | | 0. | 20.000 | | 1 | PARTICIPANT |
| SAN DIEGO, CA 92115 | - 34/3 | | 0. | 20,000. | | | PARTICIPANT |
| VASHINGTON INFORMER | | | | | | | |
| 3117 MARTIN LUTHER KING JR AVE SE | | | | | | | TRANSFORMATION TECH |
| WASHINGTON DC, DC 20032 | **-***6557 | | 0. | 20,000. | | 1 | PARTICIPANT |
| | | | | 20,000 | | | |
| NATERMARK PUBLISHING GROUP INC | | | | | | | |
| 1300 N SEMORAN BOULEVARD SUITE 250 | | | | | | | TRANSFORMATION TECH |
| DRLANDO, FL 32807 | **-***3606 | | 0. | 20,000. | | | PARTICIPANT |
| | | | | | | | |
| WEB STATION ONE INC | | | | | | | |
| L829 CARTE GALEANA | | | | | | | TRANSFORMATION TECH |
| CHULA VISTA, CA 94914 | **-***7385 | | 0. | 20,000. | | | PARTICIPANT |
| VECTORING THE CONTROL OF THE CONTROL | | | | | | | |
| WESTCHESTER HISPANO | | | | | | | TRANSFORMATION TO |
| L80 S BROADWAY SUITE 410 | ** **** | | | | | 1 | TRANSFORMATION TECH |
| WHITE PLAINS, NY 10605 | **-***7723 | | 0. | 20,000. | | | PARTICIPANT |
| WHAT'S HAPPENING INC | | | | | | | PROJECT FUFILLMENT ANI |
| L251 LINCOLN | | | | | | | TRANSFORMATION TECH |
| EUGENE , OR 97401 | **-***3567 | | 0. | 118,445. | | | PARTICIPANT |

| Part II Continuation of Grants and Other | er Assistance to Don | nestic Organizations | and Domestic Go | overnments (Sche T | edule I (Form 990), Pa I | τ II.) Τ | <u> </u> |
|--|----------------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CARS HOLDING LLC | | | | | | | |
| SMITHFIELD STREET SUITE 1210 | | | | | | | TRANSFORMATION TECH |
| PITTSBURG, PA 15222 | **-***8596 | | 0. | 20,000. | | | PARTICIPANT |
| | | | | | | | |
| ZM INDY LLC | | | | | | | |
| PO BOX 1772 | | | | | | | TRANSFORMATION TECH |
| DURHAN, NC 27702 | **-***9053 | | 0. | 20,000. | | | PARTICIPANT |
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| (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 assistan |
|--|------------------------------|--------------------------|---------------------------------------|---|-------------------------------------|
| | | | | | |
| | | | | | TRANSFORMATION TECH |
| ORMATION TECH PARTICIPANT | 4 | 0. | 100,000. | FMV | PARTICIPANT |
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| Supplemental Information. Provide the informat | ion required in Part I lin | e 2: Part III. column | (b): and any other ac | Iditional information | |
| Supplemental information: 1 Toylde the information | ion roquilou in r ure i, iii | <u> </u> | (b), and any other ac | ditional information. | |
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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Name of the organization

ALTERNATIVE NEWSWEEKLY FOUNDATION

Employer identification number **-***0369

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AS PART OF ITS AFFILIATION WITH AAN PUBLISHERS (AAN.ORG), ANF SUPPORTS THE PROFESSIONAL DEVELOPMENT OF JOURNALISTS AND CONNECTS YOUNG JOURNALISTS WITH MENTORS. ANF WORKS SIDE BY SIDE WITH AAN TO SUPPORT THE CORE PRINCIPLES OF THE TELLING STORIES THAT WOULD ALTERNATIVE PRESS: SPEAKING TRUTH TO POWER AND GIVING VOICE TO THOSE WHO WOULD OTHERWISE GO OTHERWISE GO UNTOLD, UNHEARD. FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS SHALL HAVE THE AUTHORITY TO APPOINT SUCH OTHER OFFICERS WITH SUCH DUTIES AND RESPONSIBILITIES AS THE BOARD, IN ITS JUDGMENT, **NECESSARY**. FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD OF DIRECTORS SHALL BE NO FEWER THAN NINE (9) AND NO MORE THAN FIFTEEN (15) DIRECTORS. AT LEAST FOUR (4) OF THE DIRECTORS MUST BE MEMBERS IN GOOD STANDING OF THE ASSOCIATION OF ALTERNATIVE NEWSMEDIA. ONE (1) DIRECTOR SHALL BE A MEMBER OF THE BOARD OF THE ASSOCIATION OF ALTERNATIVE NEWSMEDIA. OTHER THAN THE SEAT FILLED BY THE ANF EXECUTIVE DIRECTOR, DIRECTORS SHALL SERVE FOR TWO YEAR TERMS, THOUGH NO DIRECTOR SHALL BE ELIGIBLE TO SERVE MORE THAN FIVE CONSECUTIVE TERMS. DIRECTORS SHALL BE DIVIDED INTO TWO CLASSES TO ENSURE THAT NO MORE THAN ONE-HALF OF THE DIRECTORS' TERMS EXPIRE

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

LHA 332211 11-14-23

Schedule O (Form 990) 2023

EVERY TWO YEARS.

| Schedule O (Form 990) 2023 | Page 2 |
|---|---|
| Name of the organization ALTERNATIVE NEWSWEEKLY FOUNDATION | Employer identification number **-***0369 |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | _ |
| BOARD MEMBERS DISCUSS AND ACT ON POTENTIAL CONFLICTS A | ND RECUSALS. |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| GOVERNING DOCUMENTS ARE AVAILABLE THROUGH THE USE OF C | RGANIZATION'S |
| WEBSITE. | |
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