RELIGION NEWS FOUNDATION PUBLIC DISCLOSURE COPY FORM 990 & 990T TAX YEAR 2021 Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Department of the Treasury Internal Revenue Service Name of filer

31-1650883

EIN or SSN

RELIGION NEWS FOUNDATION Name and title of officer or person subject to tax

DEBORAH CALDWELL, CEO/PRESIDENT

Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b _ 2, 640, 609	•
2a	Form 990-EZ check here ►		b Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here .		b Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here ►		b Tax based on investment income (Form 990-PF, Part V, line 5) 4b	
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)	
6a	Form 990-T check here		b Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here		b FMV of assets at end of tax year (Form 5227, Item D)	
9a	Form 5330 check here		b Tax due (Form 5330, Part II, line 19)	
10a	Form 8038-CP check here		b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b	
Part	Declaration and Signatu	ure	Authorization of Officer or Person Subject to Tax	
Under	penalties of perjury, I declare that	Х	I am an officer of the above entity or 🔄 I am a person subject to tax with respect to (name	
of enti	ty)		, (EIN) and that I have examined a copy of the	
	. , , ,		dules and statements, and, to the best of my knowledge and belief, they are true, correct, and art I above is the amount shown on the copy of the electronic return. I consent to allow my	
			ectronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an	
ackno	wledgement of receipt or reason for r	rejec	ion of the transmission, (b) the reason for any delay in processing the return or refund, and (c)	
the da	te of any refund. If applicable, I auth	orize	the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal	
(direct	debit) entry to the financial institutio	on ac	count indicated in the tax preparation software for payment of the federal taxes owed on this	

return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

Sig P FR nur

X I authorize	FORVIS, LLP	to enter my PIN	6 2 2 3 1 as my signature
	ERO firm name		nter five numbers, but do not enter all zeros
on the tax yea	ar 2021 electronically filed return. If I have inc	licated within this return that a conv of the retu	rn is being filed with a state

agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

nature of officer or person subject to tax	Date 11/9/22	
art III Certification and Authentication		
O's EFIN/PIN. Enter your six-digit electronic filing identification nber (EFIN) followed by your five-digit self-selected PIN.	4 3 3 7 2 2 4 4 0 1 6 Do not enter all zeros	

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Publ. 4163. Modernized e-File (MeF) Information for Authorized IRS e-file

Providers for Business Returns.		Date ▶	
	ERO Must Retain This For Do Not Submit This Form to the IRS		
For Privacy Act and Paperwo	rk Reduction Act Notice, see back of form.		Form 8879-TE (2021)
JSA 1X3008 3 000			

Form	990
Departm	nent of the Treasury

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

		Information					-	torm990.		Inspection		
AF	or th	e 2021 calendar year, or tax year begin	nning	07	/01/2021	and en	ding			/30/2022		
R c	heck if ap	C Name of organization						D Employer id	entific	ation number		
	_	RELIGION NEWS FOUNDAT	ION									
X Addres							31-1650883					
	Name	Number and street (or P.O. box if mail is	not delivered t	o street addre	ess)	Room/sui	te	E Telephone r	umber			
	Initial	return PO BOX 1808						(844)7	67-	6397		
	Termi		and ZIP or fore	ign postal coo	le							
	Amen return	COLUMBIA, MO 65205						G Gross receip		2,640,911.		
	Applic pendi		DEBOR	RAH CALI	DWELL			H(a) Is this a gro subordinates		rn for Yes X No		
		30 NEFF ANNEX, COLUMBI	A, MO 65	5211				H(b) Are all subor	dinates in	cluded? Yes No		
<u> </u>	Tax-ex	empt status: X 501(c)(3) 501(c) () ┥ (ins	sert no.)	4947(a)(1)	or	527	If "No," atta	ch a list	. (see instructions)		
J	Websi	te: 🕨 RELIGIONNEWSFOUNDATION	.ORG					H(c) Group exem	ption nu	umber 🕨		
К	Form of	of organization: X Corporation Trust	Association	Other	•	L Ye	ar of format	ion: 1999 M	State	of legal domicile: OH		
P	art I	Summary										
	1	Briefly describe the organization's mission of	or most signifi	icant activitie	es: <u>TO</u> AI	DVANCE	THE PU	JBLIC_UND	ERST	TANDING		
ce		OF RELIGION AND THE DEVELOR	PMENT_OF	RELIGI	ON JOURI	NALISM	·					
nar												
Governance		Check this box ▶ if the organization of		•	•				1 I.			
		Number of voting members of the governing							3	10		
es é		Number of independent voting members of							4	9		
Activities &		Total number of individuals employed in cal		021 (Part V,	line 2a)				5	17		
cti		Total number of volunteers (estimate if neces	,,						6	9		
٩		Total unrelated business revenue from Part V							7a	91,657.		
	b	Net unrelated business taxable income from	Form 990-T,	line 34			• • • • • •		7b	NONE		
								Prior Year	- 1	Current Year		
ne		Contributions and grants (Part VIII, line 1h)			COP	Y FOR	_⊢	3,377,3		2,337,019.		
Revenue	9	Program service revenue (Part VIII, line 2g)						364,7		302,341.		
Re	10	Investment income (Part VIII, column (A), lin							25.	558.		
	11	Other revenue (Part VIII, column (A), lines 5,						1,1		<u> </u>		
	12	Total revenue - add lines 8 through 11 (mus						3,743,8		2,640,609.		
	13	Grants and similar amounts paid (Part IX, col						9,5		<u>25,691</u> .		
	14	Benefits paid to or for members (Part IX, colu							ONE	NONE		
Expenses	15		Iaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ofessional fundraising fees (Part IX, column (A), line 11e)					<u>1,431,1</u> 5,0		<u>1,556,213.</u>		
ben	loa b							5,0	00.	NONE		
Ĕ	17	Total fundraising expenses (Part IX, column (2 072 0	25	1,306,677.		
			ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)					2,072,93	2,888,581.			
	19	Revenue less expenses. Subtract line 18 fror	,	(),			••	225,2		-247,972.		
es	-	Revenue less expenses. Subtract line 10 mor						ning of Current		End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)						3,281,7		2,784,139.		
Ass Bal	21	Total liabilities (Part X, line 26)					••	399,1		149,557.		
Net	22	Net assets or fund balances. Subtract line 22					••	2,882,5		2,634,582.		
	rt II	Signature Block		<u></u>				_,,.				
		nalties of perjury, I declare that I have examined the transfer to the transfer that the transfer to the trans	nis return, inclu	uding accom	panying sched	ules and st	atements, a	ind to the best o	fmyk	nowledge and belief, it is		
true	e, corre	ect, and complete. Declaration of preparer (other that	n officer) is bas	sed on all info	ormation of whi	ich prepare	r has any kr	nowledge.				
Sig		Signature of officer						Date				
He	re											
		Type or print name and title										
		Print/Type preparer's name	Preparer's si	gnature		Date		Check	if F	PTIN		
Paic		APRIL ARNOLD CPA	APRIL	ARNOLD	CPA	11/	10/202	2 self-employ	red]	P01559426		
	parer Only	Firm's name FORVIS, LLP						Firm's EIN 🕨	44	4-0160260		
US6	Only	Firm's address 1201 WALNUT, SUITE	1700 KANSAS	CITY, MO	64106-2246			Phone no.		16-221-6300		
Мау	/ the II	RS discuss this return with the preparer show	n above? (se	e instruction	ns)	<u></u> .	<u></u>			. X Yes No		
For	Pape	rwork Reduction Act Notice, see the separa	te instruction	ıs.						Form 990 (2021)		

RELIGION	NEWS	FOUNDATION
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For	m 990 (202	21)		-	Page 2
Ра	art III	Statement of Program Ser			
1	Brieflyd	escribe the organization's mi	ins a response or note to any line in this I	Part III	х
'	-	_	IDERSTANDING OF RELIGION AND	THE DEVELOPMENT	
		LIGION JOURNALISM.			
2	prior Fo	rm 990 or 990-EZ?	significant program services during the		
3		describe these new services	ion Schedule O. Icting, or make significant changes i	n how it conducts any progra	m
•	services				
4		•	n service accomplishments for each of	of its three largest program serv	vices, as measured by
			01(c)(4) organizations are required to ny, for each program service reported.	report the amount of grants and	l allocations to others,
4a	(Code:) (Expenses \$	2,198,385. including grants of \$	25,691.) (Revenue \$	303,032.)
	SEE S	SCHEDULE O			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code: _) (Expenses \$	including grants of \$) (Revenue \$)
<u>.</u>	041				
4d	Other pr (Expens	rogram services (Describe or		ρυρ. Φ	
4e		ogram service expenses ►	ng grants of \$) (Reve 2,198,385.	iucφ)	
JSA			2,170,303.		Form 990 (2021)
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RELIGION NEWS FOUNDATION

Form 990 (2021)

Part	V 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,"		37	
2	complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1 2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	Х	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
d	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11a		
Ň	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	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			<u> </u>
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
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	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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	4 41-		
15	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		X
10	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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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
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Form 990 (2021)

Part	IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for demostic individuals on		162	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	~~~	A	
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	х	
24 a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		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	07		37
20	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			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	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			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	24	v	
35 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No
1 ~	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		105	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ū	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 1E1030			990	(2021)

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RELIGION NEWS FOUNDATION

Form 990 (2021)

Par	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 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
		-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
40.5	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	Tou		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
5	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
JSA	If "Yes," complete Form 6069.			
JJA		Form	990	(2021)

Form 9	990 (2021) RELIGION NEWS FOUNDATION 31-1650	1883	F	Page 6
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.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year $1a$ 10			
Id	Enter the number of voting members of the governing body at the end of the tax year $1a$ $\perp 0$ If there are material differences in voting rights among members of the governing body, or	-		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			37
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
h	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
5	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)	
			Yes	No
40-	Did the experimetion have lead charters branches or effiliates?	10a		x
	Did the organization have local chapters, branches, or affiliates?			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	4.01-	37	
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	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 taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA, FL, NY, OH, PA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	[(sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	10001		5 (0)
	Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f into:	oct -	oliov
19		i intel	ອວເຊ	oncy,
20	and financial statements available to the public during the tax year.	la 🕨		
20	State the name, address, and telephone number of the person who possesses the organization's books and record LAURA WILSON 30 NEFF ANNEX COLUMBIA, MO 65211	S 🕨		
	573-884-1327	Form	990	(2021)
JSA		rorm	330	(2021)
1E1042	1.000			

Page 7

Part VII	Compensation	of O	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontract	tors								

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

			(C)							
(A)	(B)	(10.11	4 4		ition	. then a		(D)	(E)	(F)
Name and title	Average hours					e than c is both		Reportable compensation	Reportable compensation	Estimated amount of other
	per week					or/trust		from the	from related	compensation
	(list any	9 5	5	0	2	φI	, ,	organization (W-2/	organizations (W-2/	from the
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/	1099-MISC/	organization and
	organizations	dual	tion	7	oldu	st co yee	, ª	1099-NEC)	1099-NEC)	related organizations
	below	trust	al tru		yee	mpe				
	dotted line)	ee	Istee			ensa				
			Ű			ted				
(1) DEBORAH CALDWELL	40.00	-								
CEO AND PUBLISHER/SECRETARY	NONE	X		Х				175,419.	NONE	9,376.
(2) PAUL O'DONNELL	40.00	-								
EDITOR-IN-CHIEF	NONE					X		108,879.	NONE	41,383.
(3) ROXANNE STONE	40.00	-								
MANAGING EDITOR	NONE					X		104,705.	NONE	15,784.
(4) BETSY SHIRLEY	1.00	-								
BOARD MEMBER	1.00	X						NONE	NONE	NONE
(5) DAWN ARAUJO-HAWKINS	1.00	-								
BOARD MEMBER	1.00	X						NONE	NONE	NONE
(6) JOHN TERRILL	2.00	-								
BOARD CHAIR	1.00	X		Х				NONE	NONE	NONE
(7) KEN CHITWOOD	2.00									
VICE CHAIR	1.00	X		Χ				NONE	NONE	NONE
(8) MUHAMMED CHAUDHRY	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(9) STEVEN WALDMAN	1.00									
BOARD MEMBER	1.00	X						NONE	NONE	NONE
(10) THOMAS LEVINSON	1.00							NONE	NONE	NONE
BOARD MEMBER	NONE 1 00	X						NONE	NONE	NONE
(11) KIM WON	1.00							NONE	NONE	NONE
BOARD MEMBER	NONE 2 00	X						NONE	NONE	NONE
(12) DAVE ROBERSON	2.00			37				NONT	NONE	NONT
TREASURER	NONE	X		Х				NONE	NONE	NONE
(13)		-								
(1.4)										
(14)		-								
						I				L

RELIGION NEWS FOUNDATION

-	n 990 (2021) rt VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	nplo	oyee	es,	and H	Higl	hest Compensat	ed Employ	vees (co	ontinue		Page 8
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson	e than of is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensati relate organiza (W-2/1099	on from d tions	am com fro orga and	(F) timated nount of other pensation the anization d related anization	f on n d
	Sub-total							•	389,003.		NONE			543.
	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)			•••	 	•••		•	NONE 389,003.		NONE NONE			NONE 543.
2	Total number of individuals (including but not reportable compensation from the organization		hose l	liste	d al	bove	e) who 3	o re	ceived more than	\$100,000 (of			
3	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the	er, directo ule J for suc	ch ind	ivid	ual	• •		• •		•••••	• • •	3	Yes	No X
4	organization and related organizations graindividual	eater than	\$15	60,0	00?	lf	"Yes	s," (complete Schedu	le J for	such	4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue con	mpen	sati	on f	from	n any	uni	related organization	on or indivi	dual	5		X
<u>Se</u> 1	ction B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year.													
(A) (B)								(C) ompens	sation					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

4596NN K922 11/10/2022 09:09:42 V21-7.6F 1176934

Form 990 (2021)

RELIGION NEWS FOUNDATION Part VIII Statement of Revenue

r

		Check if Schedule O	contains a respor	nse or note to any	/ line in this Part V	/		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns .	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
ΩĔ	c	Fundraising events						
fts,	d	Related organizations						
ila	e	Government grants (conti		395,671.				
ns, Sim	f	All other contributions, git						
ër (•	and similar amounts not inclu	-	1,941,348.				
the				1,911,910.				
L of t	g	Noncash contributions in		r l				
and	h	lines 1a-1f			2,337,019.			
	h	Total. Add lines 1a-1f		Business Code	2,337,019.			
Ð		CUDCODIDETON DEVENUE			40.653	40.652		
vic	2a	SUBSCRIPTION REVENUE		519130	49,653.	49,653.	06.055	
Ser	b	PRESS RELEASE INCOME		519130	67,163.	40,908.	26,255.	
E P	C	PROGRAM COLLABORATION S	SALES	519130	74,612.	74,612.		
gra	d	CONTRACTUAL INCOME		519130	41,900.	41,900.		
Program Service Revenue	е	ADVERTISING		541800	65,688.	286.	65,402.	
σ.	f	All other program service		519130	3,325.	3,325.		
	g	Total. Add lines 2a-2f			302,341.			
	3	Investment income (inc	0 /	·				
		other similar amounts).			860.			860.
	4	Income from investment	•	•	NONE			
	5	Royalties			691.	691.		
			(i) Real	(ii) Personal				
	6a	Gross rents 6	ia					
	b	Less: rental expenses 6	ib					
	c	Rental income or (loss) 6	ic NONE	NONE				
	d	Net rental income or (loss)	<u>)</u>	<u></u> ▶	NONE			
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7	'a					
e	b	Less: cost or other basis						
evenue		and sales expenses 7	'b	302.				
ě	с	Gain or (loss) 7	'c	-302.				
R	d	Net gain or (loss)			-302.			-302
Other	8a	Gross income from	fundraising					
õ		events (not including \$	Ũ					
		of contributions report						
		1c). See Part IV, line 18		NONE				
	b	Less: direct expenses		NONE				
	c	Net income or (loss) from			NONE			
	9a	Gross income from	-					
	Ja	activities. See Part IV, line	0 0	NONE				
	h			NONE				
	b c	Less: direct expenses Net income or (loss) fron			NONE			
		. ,						
	10a	Gross sales of invertering and allowances		NONE				
				NONE				
	b c	Less: cost of goods sold . Net income or (loss) from	10b		NONE			
				Business Code	NONE			
Miscellaneous Revenue				Duoiness Oule				
nec	11a			++				
ver	b							
Re	c							
Ĭ	d	All other revenue						
		Total. Add lines 11a-11d			NONE			
	12	Total revenue. See instru-		P	2,640,609.	211,375.	91,657.	558

RELIGION NEWS FOUNDATION

	st complete all columns	All other organization	ns must complete colur	nn (A)
ction 501(c)(3) and 501(c)(4) organizations mus Check if Schedule O contains a resp				
not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations				•
and domestic governments. See Part IV, line 21	NONE			
Grants and other assistance to domestic				
individuals. See Part IV, line 22	25,691.	25,691.		
Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
Benefits paid to or for members	NONE			
Compensation of current officers, directors,				
trustees, and key employees	194,397.	4,226.	44,373.	145,79
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	NONE			
Other salaries and wages	1,041,860.	869,778.	149,764.	22,31
Pension plan accruals and contributions (include	54,167.	42,247.	8,095.	3,82
section 401(k) and 403(b) employer contributions)				
Other employee benefits	265,789.	200,954.	40,381.	24,45
Payroll taxes	NONE			
Fees for services (nonemployees):				
Management	NONE			
Legal	27,672.	12,912.	14,760.	
Accounting	71,984.		71,984.	
Lobbying	NONE			
Professional fundraising services. See Part IV, line 17.	NONE			
Investment management fees	NONE			
Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O			
(A), amount, list line 11g expenses on Schedule O.)	939,470.	833,945.	71,414.	34,11
Advertising and promotion	NONE			
Office expenses	20,297.	14,567.	3,167.	2,56
Information technology	79,056.	56,754.	12,325.	9,97
Royalties	NONE			
Occupancy	10,050.	7,215.	1,567.	1,26
Travel	26,283.	15,005.		11,27
Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
Conferences, conventions, and meetings	72,401.	72,401.		
Interest	2,137.	1,534.	333.	27
Payments to affiliates	NONE			
Depreciation, depletion, and amortization	33,269.	23,884.	5,187.	4,19
Insurance	20,129.	14,451.	3,138.	2,54
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
BAD DEBT	3,929.	2,821.	613.	49
	5,949.	2,021.	010.	49
·				
All other expenses				
All other expenses All other expenses. Add lines 1 through 24e	2,888,581.	2,198,385.	427,101.	263,09
Joint costs. Complete this line only if the	2,000,JOI.	2,190,303.	12/,101.	203,09

JSA 1E1052 1.000

following SOP 98-2 (ASC 958-720)

. . . .

Page	1	1	

orm 990	RELIGION NEWS FOUNDATION		31-1	650883 Page 11
	Balance Sheet			Page II
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	106,673.	1	285,439
2	Savings and temporary cash investments.	1,638,313.	2	348,506
3	Pledges and grants receivable, net	1,317,000.	3	2,012,000
4	Accounts receivable, net	92,299.	4	17,442
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
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)	NONE	6	NON
ر ک	Notes and loans receivable, net	NONE		NON
Assets	Inventories for sale or use	NONE		NON
Ϋ́Α	Prepaid expenses and deferred charges	29,811.	9	48,563
-	Land, buildings, and equipment: cost or other		-	10,000
	basis. Complete Part VI of Schedule D 10a 45,289.			
r	Less: accumulated depreciation	14,907.	10c	16,626
11	Investments - publicly traded securities.	NONE		NON
12	Investments - other securities. See Part IV, line 11	NONE		NON
13	Investments - program-related. See Part IV, line 11	NONE		NON
14	Intangible assets	82,747.		55,563
15	Other assets. See Part IV, line 11	NONE		NON
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,281,750.		2,784,139
17	Accounts payable and accrued expenses	159,321.	17	126,842
18	Grants payable	NONE		NON
19	Deferred revenue	6,523.		22,715
20	Tax-exempt bond liabilities	NONE		NON
20	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NON
	Loans and other payables to any current or former officer, director,	INOINE	21	INOIN
Liabilities 55 57 57 57	trustee, key employee, creator or founder, substantial contributor, or 35%			
pill	controlled entity or family member of any of these persons	NONE	22	NON
23	Secured mortgages and notes payable to unrelated third parties	NONE		NON
23	Unsecured notes and loans payable to unrelated third parties	233,352.		NON
24	Other liabilities (including federal income tax, payables to related third	233,332.	24	INOIN.
23	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE	25	NON
26	Total liabilities. Add lines 17 through 25	399,196.		149,557
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.	399,190.	26	149,557
and	-	040.016		400 114
	Net assets without donor restrictions	249,916.	27 28	482,114
Net Assets of Fund Balances 5 2 1 0 6 7 8 2 7 1 1 0 6 9 8 2	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.	2,632,638.	28	2,152,408
5			20	
sta 29	Capital stock or trust principal, or current funds		29	
S 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
∯ 31 ₩ 22	Retained earnings, endowment, accumulated income, or other funds		31	
5 32 Z	Total net assets or fund balances	2,882,554.	32	2,634,582
2 33	Total liabilities and net assets/fund balances	3,281,750.	33	2,784,139. Form 990 (2021)

RELIGION NE	WS FOU	INDATION	J
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Form 99	90 (2021)			Pa	age 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				_
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,6	540,	609.
2	Total expenses (must equal Part IX, column (A), line 25)	2			581.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>972</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,8	382,	<u>554</u> .
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,6	534,	<u>582</u> .
Part					
	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," ex	plain o	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.				X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled c	or 🛛		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	a		
	separate basis, consolidated basis, or both:				
	Separate basis X 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 over	-			
	the audit, review, or compilation of its financial statements and selection of an independent accounta			X	
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain o	n		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in th			
	Single Audit Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	udits	3b		

Form **990** (2021)

SCHEDULE A (Form 990)

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.

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-E2.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Name	e of the organization					Employer identifi	cation number
REI	JIGION NEWS FOUNDATION					31-10	650883
Par	t I Reason for Public Cha	rity Status. (All o	organizations must	comple	te this pa	art.) See instructions	3.
The	organization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1	A church, convention of chu					70(b)(1)(A)(i).	
2	A school described in secti			-			
3	A hospital or a cooperative	-	-				
4	A medical research organiz	-	conjunction with a ho	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and st						
5	An organization operated f		a college or universi	ty owne	d or ope	rated by a governme	ntal unit described in
_	section 170(b)(1)(A)(iv). (C						
6	A federal, state, or local go						
7	An organization that norma	-		ipport fr	om a go	vernmental unit or fro	om the general public
•	described in section 170(b)			Dest			
8	A community trust describe						
9	An agricultural research org	-			-	-	
	or university or a non-land-	grant college of ag	griculture (see instruct	lions). E	nter the i	name, city, and state of	the college or
40	university: An organization that norma	11. 10000. (1)	then 224/20/ of ite			tributions monthereb	in face and groce
10	receipts from activities rela support from gross investm acquired by the organizatio	ited to its exempt f nent income and u n after June 30, 1	unctions, subject to c nrelated business tax 975. See section 509	ertain e: able inco (a)(2). (0	xceptions ome (less Complete	s; and (2) no more thar s section 511 tax) from Part III.)	n 331/3 % of its
11	An organization organized						
12	X An organization organized a		-	-			
	one or more publicly support	-					
	the box on lines 12a throug					-	-
а	X Type I. A supporting orga	-					
	the supported organization				ajority of	the directors or truste	es of the
	supporting organization.	-					
b	Type II. A supporting org	-					
	control or management of			the sam	e person	is that control or man	age the supported
	organization(s). You must	-					
С	Type III functionally integ						ly integrated with,
	its supported organization						
d	Type III non-functionally			-			
	that is not functionally inte			-			an attentiveness
-	requirement (see instruct		-				
е	X Check this box if the orga					•• ••	і, туре ш
f	functionally integrated, or Enter the number of supported				organizat	ion.	1
g	Provide the following information	•					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	(i) Name of supported organization		(described on lines 1-10		organization our governing	support (see	other support (see
SEE	E SUPPLEMENTAL PAGE		above (see instructions))		ment?	instructions)	instructions)
0111	SOFFILMENTAL FAGE			Yes	No		
(A)							
(B)							
(0)							
(C)							
(D)							
(D)							
(E)							
(-/							
Tota	I						
						41,784.	NONE

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Schedule A (Form 990) 2021

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.)

<u>Sec</u>	tion A. Public Support				.		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and 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 5	Total. Add lines 1 through 3 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. Subtract line 5 from line 4						
Sec	tion B. Total Support		_				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 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. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2021 (li						%
15	Public support percentage from 2020						%
16a	331/3% support test - 2021. If the org	-					
	box and stop here. The organization q						
b	331/3% support test - 2020. If the org						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2		-				
	10% or more, and if the organization					-	•
	Part VI how the organization meets			-	-		
h	organization						
D			0				
	15 is 10% or more, and if the organization					-	
	in Part VI how the organization meets			•			
10	organization. Private foundation. If the organization						
18	•						
	instructions	<u></u>					· · · 🗾

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						
	tion B. Total Support	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(0) 2019	(u) 2020	(e) 2021	
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
iva	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)	the organizati	on's first socor	d third fourth	or fifth tax vo	ar as a sostia	n 501(c)(2)
14	organization, check this box and stop here.	•	-				
Sec	tion C. Computation of Public Sup			<u></u>		<u></u>	
15	Public support percentage for 2021 (line 8,			ımn (f))		15	%
16	Public support percentage from 2020 Sche	())		.,,		16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2021 (lin			13, column (f))		17	%
18	Investment income percentage from 2020					18	%
	331/3% support tests - 2021. If the or					L	
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2020. If the orga	-	-				
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•			
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(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Part IV

11

rt l	V Supporting Organizations (continued)			
			Yes	No
	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		Х

- **b** A family member of a person described on line 11a above?
- c 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.

Section B. Type I Supporting Organizations

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.

Did the organization operate for the benefit of any supported organization other than the supported 2 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Yes 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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).				
а	a The organization satisfied the Activities 1	est. Complete line 2 below.			
b	The organization is the parent of each o	f its supported organizations. Complete line 3 below.			
С	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructio				
2	Activities Test Answer lines 25 and 26 below	_	Ye	s N	
2	Activities Test. Answer lines 2a and 2b below.				

Did substantially all of the organization's activities during the tax year directly further the exempt purposes of
the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify
those supported organizations and explain how these activities directly furthered their exempt purposes,
how the organization was responsive to those supported organizations, and how the organization determined
that these activities constituted substantially all of its activities.

- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990) 2021

2a

2b

3a

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Yes No

11b

11c

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying		Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c 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		
Section 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	S	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h			_	
U	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				
	· · · · · ·				

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021

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

SCHEDULE A, PART IV, SECTION A, LINE 3B

THE ORGANIZATION RETAINS A COPY OF THE IRS DETERMINATION LETTER OF ITS SUPPORTED ORGANIZATION. THE ORGANIZATION ALSO RECEIVED A COPY OF THE SUPPORTED ORGANIZATION'S PRO FORMA PUBLIC SUPPORT TEST SHOWING THAT IT MEETS THE 509(A)(2) TEST.

SCHEDULE A, PART IV, SECTION A, LINE 3C

THE SUPPORTED ORGANIZATION PROVIDES GRANT AND CONTRACTED REVENUE FUNDS TO PAY FOR EDUCATIONAL SERVICES. TRAINING AND EDUCATION IS THE QUALIFIED CHARITABLE PURPOSE OF THE ORGANIZATION. STIPEND AGREEMENTS ARE SIGNED WITH SUMS DOCUMENTED FOR ALL CONFERENCE SCHOLARSHIP EXPENSES TO THE SUPPORTED ORGANIZATION.

RELIGION NEWS FOUNDATION

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

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATION	S				
	=	(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) AMOUNT OF
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	OTHER SUPPORT
RELIGION NEWS ASSOCIATION	54-1486927	7	Х	41,784.	NONE
TOTAL AMOUNT OF SUPPORT				41,784.	NONE

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

RELIGION NEWS FOUN	DATION	31-1650883
Organization type (check of	one):	
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 priv	rate foundation
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(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 contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-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.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

4596NN K922 11/10/2022 09:09:42 V21-7.6F 1176934

Name of c	rganization RELIGION NEWS FOUNDATION		Employer identification number 31-1650883
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	<u>N/A</u>	- \$\$	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	N/A	- _ \$\$	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
3	N/A	- _ \$1,460,000 -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	- \$\$25,000	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	- \$\$	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
6	N/A	- _ \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

JSA 1E1253 2.000

Schedule B (Form 990) (2021)

Name of c	rganization RELIGION NEWS FOUNDATION		Employer identification number 31–1650883
Part I	Contributors (see instructions). Use duplicate cop	vies of Part I if additional space is i	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$182,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	<u>N/A</u>	\$\$.	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.)
(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) (2021)

JSA 1E1253 2.000

Sche	dule B	(Form	990)	(2021)

SCHEE	DULE D
(Form	990)

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.

2 **Open to Public**

OMB No. 1545-0047

Depa	rtment of the Treasury		Attach to Form 990.			Open to Public
	nal Revenue Service	► Go to www.irs.gov/	<i>Form990</i> for instructions and th	ne latest inforn	nation.	Inspection
Name	e of the organization				Employer identifica	ition number
REI	JIGION NEWS FC	UNDATION			31-16508	383
		tions Maintaining Donor Adv	sed Funds or Other Simila	ar Funds or		
	_	e if the organization answered				
		3	(a) Donor advised fund		(b) Funds and	other accounts
4	Total number at a	nd of yoar			(1)	
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year) .				
4		at end of year				
5	•	ion inform all donors and donor	•			
		nization's property, subject to the				Yes No
6	-	on inform all grantees, donors, a	-	-		
	-	e purposes and not for the bene				
		issible private benefit?	<u> </u>			Yes No
Pa		tion Easements.				
		e if the organization answered				
1	Purpose(s) of con	servation easements held by the	organization (check all that ap	ply).		
	Preservatio	n of land for public use (for example	, recreation or education)	Preservation	of a historically im	portant land area
	Protection of	of natural habitat	F	Preservation	of a certified histo	ric structure
	Preservation	n of open space				
2	Complete lines 2a	through 2d if the organization he	eld a qualified conservation co	ontribution in	the form of a con	servation
	easement on the I	ast day of the tax year.			Held at the	End of the Tax Year
а	Total number of co	onservation easements			2a	
b	Total acreage rest	tricted by conservation easements	5		2b	
с	-	vation easements on a certified			2c	
d		rvation easements included in (c				
		isted in the National Register	, ,		2d	
3		rvation easements modified, tra			·	anization during the
•	tax year ►					anization adding the
4		where property subject to conse	rvation easement is located			
5		ation have a written policy reg			ion handling of	
•		orcement of the conservation ea				Yes No
6		hours devoted to monitoring, insp				
0		nours devoted to morntoning, insp	ecting, flanding of violations, a	ind enforcing	conservation easem	ients during the year
7	Amount of overane	es incurred in monitoring, inspec	ing handling of violations, and	d opforoing o	on on action on one	ante during the year
1		es incurred in mornioning, inspect	ing, narioling of violations, and		Unservationeasem	lents during the year
~	►\$				a = 470(h)(4)(D)(i)	
8		vation easement reported on line 2	•			
~)(4)(B)(ii)?				
9		be how the organization reports			•	
		d include, if applicable, the text o ounting for conservation easeme		ation's financi	iai statements that	describes the
Do		tions Maintaining Collections		an or Other	r Similar Accoto	
Гd		if the organization answered			i Sinniai Assels.	
	· · · · ·					
1a	If the organization	n elected, as permitted under FA treasures, or other similar asset	SB ASC 958, not to report i	in its revenu	e statement and b	alance sheet works
	service, provide in	Part XIII the text of the footnote	to its financial statements that	t describes th	hese items.	
b		n elected, as permitted under FA				ance sheet works of
	art, historical treas	sures, or other similar assets he	d for public exhibition, educ			
		ing amounts relating to these iter				
		ded on Form 990, Part VIII, line 1				
		d in Form 990, Part X				
2	If the organizatio	n received or held works of a	rt, historical treasures, or ot	her similar a	assets for financia	al gain, provide the
	following amounts	required to be reported under F	ASB ASC 958 relating to thes	e items:		
а	Revenue included	on Form 990, Part VIII, line 1			▶\$	
b	Assets included in	Form 990, Part X			▶\$	

Schedule D (Form 990) 2021

				JNDATION							650883	
Pa	rt III Organizations Maintaini	ng Collec	tions of <i>i</i>	Art, Histo	rical Tre	easure	s, or	Other	Similar A	Assets (c	continued	d)
3	Using the organization's acquisitio collection items (check all that appl		on, and o	other recor	ds, chec	k any c	of the	follow	ving that r	nake sign	iificant us	se of its
а	Public exhibition			d	Loan	or exch	ange	progra	m			
b	Scholarly research			e								
c	Preservation for future gener	ations										
4	Provide a description of the organ XIII.		ollections	and expla	ain how t	they fu	rther	the or	ganization	's exempt	purpose	in Part
F		n naliait ar	roooliyo d	lonationa a	fort high				منامح منحمنا			
5	During the year, did the organizatio									_	Vaa	
De	assets to be sold to raise funds rath			aineo as pa	in or the c	organiz	ation	s colle			Yes	No
Pa	rt IV Escrow and Custodial Au Complete if the organiza 990, Part X, line 21.			s" on For	m 990, F	Part IV,	line	9, or r	eported a	in amour	nt on For	m
1a	Is the organization an agent, trust				-					_	_ ,	—
	included on Form 990, Part X?						• • •			• • • • L	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII a	and comp	olete the fo	lowing tal	ole:						
										Amount		
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
	Did the organization include an am										Yes	No
b	If "Yes," explain the arrangement in	n Part XIII.	Check he	ere if the e	xplanatior	has be	en pr	ovided	on Part XII			
Pa	rt V Endowment Funds.											
	Complete if the organiza	tion answ	ered "Ye	s" on For	m 990, F	Part IV,	, line	10.				
		(a) Curre	nt year	(b) Prio	r year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance											
b	Contributions											
	Net investment earnings, gains,											
U	and losses											
h												
	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
t	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage Board designated or quasi-endowm	of the curr	ent year e	end balanc	e (line 1g,	columr	n (a))	held as				
a L	Permanent endowment			_ ^0								
b		%										
С			ild aqual 1	0.00/								
2.0	The percentages on lines 2a, 2b, a Are there endowment funds not in t				tion that	ara hal	done	a a d m in	nintered for	the		
Ja		ne posses	5011 01 11	le organiza	liion inai	are nei	u and	aunni	iistereu ioi	ule	V	es No
	organization by:											
	(i) Unrelated organizations										3a(i)	
	(ii) Related organizations										3a(ii)	
	If "Yes" on line 3a(ii), are the relate	0		•			(?	• • • •	• • • • •		3b	
4	Describe in Part XIII the intended u		organizat	tion's endo	wment fu	nds.						
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	ipment.	vered "Ye	es" on Foi	m 990	Part IV	line	11a 9	See Form	990 Pa	rt X line	10
	Description of property		(a) Cost or		(b) Cost				cumulated) Book valu	
			(invest			ther)			eciation			
1a	Land											
b	Buildings	••••										
С	Leasehold improvements	••••										
d	Equipment	• • • •				45,28	89.		28,663.		16	,626.
e	Other											
Tota	I. Add lines 1a through 1e. (Column	(d) must e	qual Form	n 990, Part	X, colum	n (B), lii	ne 10	c.)			16	,626.

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities.			- 10
	· •		, Part IV, line 11b. See Form 990, Part X, line	e 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	
. ,	al derivatives			
., .	held equity interests			
(3) Other				
(A) (B)				
(C)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
,	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
		d "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line	e 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	d "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, lin	e 15
	· •	escription	(b) Book	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	d "Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Par	rt X,
1.	(a) Descri	ption of liability	(b) Book	< value
	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.,			
			the organization's financial statements that reports th the text of the footnote has been provided in Part XI	

Schedu	le D (Form 990) 2021 RELIGION NEWS FOUNDATION	31-	1650883 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ו.	
1	Total revenue, gains, and other support per audited financial statements	1	2,746,136.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	105,527.
3	Subtract line 2e from line 1	3	2,640,609.
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.)		
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	2,640,609.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1	Total expenses and losses per audited financial statements	1	2,994,108.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 105,527.		
b	Prior year adjustments 2b		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	105,527.
3	Subtract line 2e from line 1	3	2,888,581.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,888,581.
Dant			
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.

SEE SUPPLEMENTAL PAGE

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE F	Statement of Activities Outside the United St	ates 🕴	OMB No. 1545-0047	
(Form 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1 ► Attach to Form 990.	2021		
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection	
Name of the organization		Employer ide	ntification number	
RELIGION NEWS FO	DUNDATION	31-165	50883	
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	organizati	on answered "Yes" on	
•	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to		

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE		1	PROGRAM SERVICES	JOURNALISM	101,384.
(2) SOUTH ASIA			PROGRAM SERVICES	JOURNALISM	3,142.
(3) SUB-SAHARAN AFRICA			PROGRAM SERVICES	JOURNALISM	4,290.
(4) NORTH AMERICA			PROGRAM SERVICES	JOURNALISM	905.
(5) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	JOURNALISM	460.
_(6)					
_(7)					
(8)					
(9)					
(10)					
<u>(11)</u>					
<u>(12)</u>					
<u>(13)</u>					
<u>(14)</u>					
<u>(15)</u>					
<u>(</u> 16)					
<u>(17)</u>					
3a Subtotal		1.			110,181.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	the Instruction	1.		Sabadul	110,181. e F (Form 990) 2021

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 1E1274 1.000 Schedule F (Form 990) 2021

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Purpose of (f) Manner of (a) Name of (b) IRS code (c) Region (e) Amount of (g) Amount of (h) Description (i) Method of 1 section and EIN (if applicable) cash disbursement of noncash valuation (book, FMV, organization grant cash grant noncash assistance assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)(13)(14)(15)(16)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2021

Page 2

RELIGION NE	WS FOUNDATI	ON
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31-1650883

Schedule F (Form 990) 2021

RELIGION NEWS FOUNDATION

31-1650883

Page 3

	ON NEWS FOUNDATION	V		31-1650	0883		Page 3
Part III Grants and Other Assistan Part III can be duplicated if a			States. Complete	e if the organiz	ation answered "Y	es" on Form 990), Part IV, line 16
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
_ (2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
<u>(17)</u>							
<u>(18)</u>							

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

Foreign Forms

Part IV

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	XN	10
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	XN	10
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X	10
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	XN	10
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	XN	10
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X	10

Schedule F (Form 990) 2021

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART 1, LINE 3, COLUMN F

THE ORGANIZATION ACCOUNTS FOR FOREIGN EXPENDITURES ACCORDING TO THE

ACCRUAL BASIS OF ACCOUNTING USING EXPENSE REPORTS AND OTHER APPROPRIATE

DOCUMENTATION.

SCHEDULE I				Assistance t			Ļ	OMB No. 1545-0047
(Form 990)			•	ndividuals i				2021
	Comp	lete if the or	-	wered "Yes" on F		, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Go		ttach to Form 990 / <i>Form990</i> for the I				Inspection
Name of the organization		▶ 00	to www.iis.gov			l.	Employer identi	
RELIGION NEWS I							31-16508	
	nformation on Grants and	Assistance	e					0.5
	zation maintain records to su			e grants or assista	nce the grantees	' eligibility for the grant	ts or assistance	nd
	teria used to award the grants							
	IV the organization's proced							
	nd Other Assistance to De		5	•		nlete if the organiz	ration answered	1 "Yes" on Form 990
	ne 21, for any recipient th		-					
· · · · · · · · · · · · · · · · · · ·		1		·		•		
1 (a) Name an or	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistan	
(4)						othory		
_(1)		-						
(2)								
_(2)		-						
(3)								
(4)		-						
_(5)		-						
(6)								
_(0)		-						
(7)								
(8)		-						
(9)		-						
(10)								
(10)		-						
(11)								
(12)		-						
	per of section 501(c)(3) and g							
3 Enter total numb	per of other organizations list	ed in the line	1 table					•

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

Schedule I (Form 990) 2021

RELIGION NEWS FOUNDATION

31-1650883

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RNA SCHOLARSHIP	15	9,691.			
		16,000			
2 IFYC FELLOWSHIP	4	16,000.			
3					
4					
5					
6					
7					
7 Part IV Supplemental Information. Provide th information.	e information re	equired in Part I,	line 2, Part III, d	 column (b); and any c	bther additional

SCHEDULE I, PART I, LINE 2

RNA SCHOLARSHIP - A SELECTION COMMITTEE COMPOSED OF RNA AND RNF BOARD AND

STAFF WAS FORMED TO REVIEW RNF/RNA CONFERENCE SCHOLARSHIP APPLICATIONS.

UPON SELECTION, ALL GRANTEES SIGN A "SCHOLARSHIP ACCEPTANCE AGREEMENT"

WHEREBY THEY AGREE THAT FUNDS WILL BE USED EXCLUSIVELY FOR TRAVEL TO THE

RNA CONFERENCE. ANY FUNDS NOT USED TO ATTEND THE CONFERENCE MUST BE

RETURNED.

IFYC FELLOWSHIP - FELLOWSHIP RECIPIENTS WERE JOINTLY RECRUITED BY

Page 2

RELIGION NEWS FOUNDATION

31-1650883

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
Part IV Supplemental Information. Provide the	information re	equired in Part I,	line 2, Part III, c	l column (b); and any c	bther additional

information.

INTERFAITH YOUTH CORE (IFYC) AND RELIGION NEWS SERVICE (RNS). THE RNS

EDITOR IN CHIEF SELECTED THE FINAL AWARDEES. FELLOWSHIP STIPENDS WERE

PAID IN THE COURSE OF A NINE-MONTH FELLOWSHIP DURING WHICH GRANTEES

WORKED ALONGSIDE VETERAN REPORTERS.

Page 2

SCH	EDULE J	Compen	sat	tion Information	(OMB No. '	1545-0	047
(Forn	n 990)	For certain Officers, Dire	ctors	, Trustees, Key Employees, and Highest		എത	01	
				sated Employees swered "Yes" on Form 990, Part IV, line 23.		ZU	<u> </u>	
	ent of the Treasury	▶.	Attac	h to Form 990.		Open to		
	Revenue Service of the organization	► Go to www.irs.gov/Form9	90 fo	r instructions and the latest information.	mployer identificati	Insp		n
	0						ſ	
Part		FOUNDATION Is Regarding Compensation			31-16508	53		
ran	Question	is Regarding compensation					Yes	No
1a	Check the ap	propriate box(es) if the organization pro	vide	d any of the following to or for a person	n listed on Forn	n 🗌		
		Section A, line 1a. Complete Part III to p						
	First-cla	ss or charter travel		Housing allowance or residence for p	ersonal use			
	Travel fo	or companions		Payments for business use of persona				
	Tax inde	emnification and gross-up payments		Health or social club dues or initiation	fees			
	Discretio	onary spending account		Personal services (such as maid, chau	iffeur, chef)			
b	If any of the	boxes on line 1a are checked, did th ement or provision of all of the ex	e or	ganization follow a written policy reg	arding paymen	t		
	explain					′ 1b		
2		anization require substantiation prior			incurred by a	11		
	directors, trus	stees, and officers, including the CEO	/Exe	cutive Director, regarding the items of	checked on line	e		
	1a?					2		
3		n, if any, of the following the organizatio						
		CEO/Executive Director. Check all that						
	<u> </u>	ization to establish compensation of the			t III.			
	·	nsation committee		Written employment contract				
		dent compensation consultant	X X	Compensation survey or study				
		00 of other organizations		Approval by the board or compensation				
4	organization of	ar, did any person listed on Form 990, or a related organization:			-			
а		verance payment or change-of-control pa	-			4a		X
b	-	or receive payment from a supplement				4b		X
С	•	or receive payment from an equity-bas				4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and pr	ovid	e the applicable amounts for each iter	m in Part III.			
	Only soction	501(c)(3), 501(c)(4), and 501(c)(29) or	aani	zations must complete lines 5-9				
5	•	listed on Form 990, Part VII, Section	-	-	or accrue an			
0		n contingent on the revenues of:	511 7	, me ra, did the organization pay		y		
а		ion?				5a		х
		rganization?				5b		X
	-	e 5a or 5b, describe in Part III.						
6	For persons	listed on Form 990, Part VII, Section	on A	, line 1a, did the organization pay	or accrue any	y		
	compensation	n contingent on the net earnings of:						
а	The organizat	ion?				6a		X
b	Any related o	rganization?	• •			6b		X
	If "Yes" on lin	e 6a or 6b, describe in Part III.						
7		listed on Form 990, Part VII, Section						
~		described on lines 5 and 6? If "Yes," de				7		X
8		ounts reported on Form 990, Part VII, p						
		I contract exception described in F	-					37
9		ine 8, did the organization also foll				8		X
э		ection 53.4958-6(c)?				1 9		
For Pa		ction Act Notice, see the Instructions for Fo				dule J (Fo	orm 990) 2021

Schedule J	(Form 990) 2021	RELIGION NEWS FOUNDATION	31-1650883	Page 2
Part II	Officers, Directors, Trustees, Key	Employees, and Highest Compe	nsated Employees. Use duplicate copies if additional space is needed.	

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DEBORAH CALDWELL	(i)	175,419.	NONE	NONE	8,324.	1,052.	184,795.	NONI
1 CEO AND PUBLISHER/SEC	(ii)	NONE	NONE	NONE	NONE	NONE		NONI
PAUL O'DONNELL	(i)	108,879.	NONE	NONE	1,692.	39,691.	150,262.	NONI
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONI
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Schedule J	L	(Form	990)	2021
ochequie a			330	2021

Part III Supplemental Information

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

SCHEDULE J, LINE 3

A COMPENSATION REVIEW WAS PERFORMED BY BOARD CHAIR MUHAMMED CHAUDHRY AND BOARD MEMBER JOHN TURNER. COMPENSATION WAS DETERMINED BY COMPARISON TO THE PRIOR CEO'S COMPENSATION, AS WELL AS REVIEW OF THE MOST RECENT GUIDESTAR (CANDID) NONPROFIT COMPENSATION REPORTS AVAILABLE IN SPRING OF 2020. THIS REVIEW WAS CONDUCTED IN CLOSED EXECUTIVE SESSION. MUHAMMED CHAUDRY COMPLETED CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION BY EMAIL TO OTHER BOARD MEMBERS. Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Internal Revenue Service Name of the organization

31-1650883

FORM 990, PART III, LINE 4A

EDITORIAL: ENHANCED RNS'S EDITORIAL EFFORTS BY FOCUSING ON BREAKING STORIES AND COVERAGE OF IMPORTANT ISSUES INCLUDING CHRISTIAN NATIONALISM, COVID-19, IMMIGRANT RELIGIOUS COMMUNITIES VOLUNTEERING AND IMPACTING THEIR COMMUNITIES, RACIAL JUSTICE, AND VOTER PARTICIPATION; ENHA COVERAGE ON THE BLACK CHURCH, CATHOLICISM, HINDUISM, NONBELIEVERS, AND PAGANISM/WICCA; CONTINUED RELIGION HUB ON THE RNS WEBSITE; CONTINUED AN AWARD-WINNING PODCAST, SAVED BY THE CITY; PUBLISHED TWO NEW NEWSLETTERS; HIRED NEW COLUMNISTS; AND EXPANDED PARTNERSHIPS WITH COLUMBIA UNIVERSITY/SCRIPPS HOWARD FOUNDATION/INN, INTERFAITH AMERICA, AND PUBLIC RELIGION RESEARCH INSTITUTE (PPRI); AND WON AWARDS, INCLUDING FROM THE AMERICAN ACADEMY OF RELIGION.

AUDIENCE DEVELOPMENT: GREW WEBSITE TRAFFIC BY BETTER UNDERSTANDING THE RNS AUDIENCE TO DEVELOP A MORE LOYAL READERSHIP; ENLARGED RNS'S EMAIL LIST AND SOCIAL FOLLOWING; MADE NEWSLETTERS MORE ENGAGING, AND EXPANDED RNS'S DIGITAL FOOTPRINT, ACHIEVING MILESTONES IN WEB AND SOCIAL MEDIA.

REVENUE GROWTH, DEVELOPMENT AND DIVERSIFICATION: TRANSITIONED RNS'S BUSINESS MODEL TO A DIGITAL JOURNALISM HUB; GREW AND DIVERSIFIED RNS'S REVENUE THROUGH INITIATIVES INCLUDING DEVELOPING A MORE PERSONALIZED PLATFORM FOR SMALL INDIVIDUAL AND MAJOR DONORS; EXPANDED FUNDRAISING OUTREACH TO FOUNDATIONS AND HIGH NET WORTH INDIVIDUALS.

ORGANIZATIONAL DEVELOPMENT AND OPERATIONS: ALIGNED RNF/S PROCEDURES WITH

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

NONPROFIT JOURNALISM BEST PRACTICES AND IMPROVED RNS'S TECHNOLOGICAL/WEB

CAPACITY.

IMPACT: ENHANCED RNS'S REACH BY TAKING INTO ACCOUNT OUR READERS' COMMENTS AND INCREASING CITATIONS AND REPUBLICATION IN OTHER PUBLICATIONS.

FORM 990, PART V, LINE 2B

RNF USES A THIRD PARTY PROFESSIONAL EMPLOYER ORGANIZATIO (PEO), AND THE EMPLOYEES ARE REPORTED UNDER PEO'S EIN.

FORM 990, PART VI, SECTION A, LINE 4

THE BYLAWS WERE AMENDED TO CHANGE THE MAXIMUM NUMBER OF BOARD MEMBERS FROM 20 TO 21. ALSO, OFFICERS ARE NOW ELECTED FOR ONE-YEAR TERMS INSTEAD OF TWO-YEAR TERMS. OFFICERS MAY BE RE-ELECTED FOR TWO ADDITIONAL ONE-YEAR TERMS. THE CHAIR OF THE BOARD IS NO LONGER REQUIRED TO BE THE CEO OF RNF.

FORM 990, PART VI, SECTION A, LINE 7A

THE RELIGION NEWS ASSOCIATION HAS THE RIGHT TO APPOINT 51% OF THE MEMBERS OF THE BOARD OF THE RELIGION NEWS FOUNDATION, WITH THE PRESUMPTION THAT THE SUPPORTED ORGANIZATION'S (SO) BOARD OF DIRECTORS WOULD APPROVE CANDIDATES WHO HAVE BEEN VETTED AND APPROVED BY A COMMITTEE MADE UP EQUALLY OF MEMBERS APPOINTED BY THE SUPPORTED ORGANIZATION'S (SO) BOARD OF DIRECTORS AND THOSE ELECTED BY THE FOUNDATION'S BOARD OF TRUSTEES.

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

AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE FORM 990. THE FORM 990 IS THEN REVIEWED BY THE FINANCE DIRECTOR AND CEO. ANY QUESTIONS OR CONCERNS MANAGEMENT HAS ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS ARE MADE BEFORE FILING. A COPY OF THE FORM 990 IS PROVIDED

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Name of the organization

Employer identification number

TO THE BOARD OF DIRECTORS BEFORE THE FORM IS FILED.

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

DIRECTORS, OFFICERS, AND COMMITTEE MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST. RELIGION NEWS FOUNDATION REGULARLY MONITORS THE POTENTIAL FOR CONFLICTS OF INTEREST AND RAISES POTENTIAL ISSUES WHEN THEY ARISE FOR EVALUATION. IF A CONFLICT IS DISCLOSED, THE BOARD OR MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. IF A CONFLICT DOES EXIST, THE PERSON IS REQUIRED TO LEAVE THE MEETING DURING THE DISCUSSION AND VOTE ON THE TRANSACTION OR ARRANGEMENT.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

A COMPENSATION REVIEW WAS PERFORMED BY BOARD CHAIR MUHAMMED CHAUDHRY AND BOARD MEMBER JOHN TURNER. COMPENSATION WAS DETERMINED BY COMPARISON TO THE PRIOR CEO'S COMPENSATION, AS WELL AS REVIEW OF THE MOST RECENT GUIDESTAR (CANDID) NONPROFIT COMPENSATION REPORTS AVAILABLE IN SPRING OF 2020. THIS REVIEW WAS CONDUCTED IN CLOSED EXECUTIVE SESSION. MUHAMMED CHAUDRY COMPLETED CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION BY EMAIL TO OTHER BOARD MEMBERS.

FORM 990, PART VI, SECTION C, LINE 19

ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2021				Page 2
Name of the organization			Employer identification	on number
<u>RELIGION NEWS FOUNDATI</u>	ON		31-1650883	3
FORM 990, PART IX - OTHER FEE	IS			
	:=			
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONSULTING FEES	401,802.	305,467.	66,335.	30,000.
CONTRACTED JOURNALISTS	190,370.	190,370.		
CONTRACTED COLUMNISTS	99,342.	99,342.		
MARKETING & ADVERTISING S	91,549.	91,549.		
STRINGERS	83,132.	83,132.		
OTHER CONSULTING FEES	40,454.	31,264.	5,079.	4,111.
WIRE SERVICE	32,821.	32,821.		
TOTALS				
	939,470.	833,945.	71,414.	34,111.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

RELIGION NEWS FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(Name, address, and EIN (if a	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
(1) RELIGION NEWS SERVICES, LL	C					
30 NEFF ANNEX	COLUMBIA, MO 65203	CHARITABLE	OH	300,544.	235,742.	RNF
(2)						
(3)						
(4)						
(5)						
(6)						

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
						Yes	No
(1) RELIGION NEWS ASSOCIATION 54-1486927							
30 NEFF ANNEX COLUMBIA, MO 65211	MBRSHP ORG	VA	501(C)(6)		N/A		х
(2)	-						
(3)							
(4)	_						
(5)	-						
(6)	_						
(7)	-						

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

Schedule R (Form 990) 2021

OMB No. 1545-0047

20**21** Open to Public

Inspection

Employer identification number

31-1650883

JSA

Schedule R (Form 990) 2021

RELIGION NEWS FOUNDATION

31-1650883

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

						, ,	()			(1)			(1.)
Na	(a) ame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(I Disprop alloca		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ner?	(k) Percentage ownership
					,			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2021

f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s).				1g		Х
h					1h		Х
i	Exchange of assets with related organization(s).				1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
,							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
	Sharing of paid employees with related organization(s)				10		Х
0							
n	Reimbursement paid to related organization(s) for expenses.				1p	х	
	Reimbursement paid by related organization(s) for expenses				1q		Х
ч					- 4		
r	Other transfer of cash or property to related organization(s)				1r	x	
	Other transfer of cash or property from related organization(s)				1s	21	Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line including cove	ared relationships and transa	action thre		s	21
		(b)	(c)		(d)	0.	
	(d)						
	(a) Name of related organization	Transaction	Amount involved	Method	of dete		g
	(a) Name of related organization						ıg
	(d) Name of related organization	Transaction			of dete		ıg
(1)	(4) Name of related organization	Transaction			of dete		ıg
(1)	Name of related organization	Transaction			of dete		ıg
	(4) Name of related organization	Transaction			of dete		ıg
(1)	(4) Name of related organization	Transaction			of dete		ng
(2)	(4) Name of related organization	Transaction			of dete		ig
	(4) Name of related organization	Transaction			of dete		ig
(2)	Name of related organization	Transaction			of dete		ig
(2)	Name of related organization	Transaction			of dete		ng
(2) (3) (4)	Name of related organization	Transaction			of dete		ng
(2)	Name of related organization	Transaction			of dete		
(2) (3) (4) (5)	(4) Name of related organization	Transaction			of dete		
(2) (3) (4) (5) (6)	(4) Name of related organization	Transaction	Amount involved	amou	of dete int inve		
(2) (3) (4) (5) (6) JSA		Transaction	Amount involved		of dete int inve		
(2) (3) (4) (5) (6) JSA	P 1.000	Transaction type (a-s)	Amount involved	amou	of dete int inve		
(2) (3) (4) (5) (6) JSA		Transaction	Amount involved	amou	of dete int inve		

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V

1

b

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.

c Gift, grant, or capital contribution from related organization(s).

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

Gift, grant, or capital contribution to related organization(s)

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

31-1650883

Page 3

Yes No

1a

1b

1c

1d

1e

1f

Х

Х

Х

Х

Х

Х

31-1650883

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	country)	(d) Predominant income (related, unrelated, excluded from tax under	Ulyaniz	e) partners ction (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets		ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man	(j) eral or aging mer?	(k) Percentage ownership
		sections 512 - 514)	Yes	No			Yes	No	(Yes	No	
-												
-												
-												
-												
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						<table-container> Image: set of the set of t</table-container>	Image: series of the series	<table-container> Image: series of the serie</table-container>	<table-container> Image: series of the serie</table-container>	<table-container> Image: set of the set of t</table-container>	<table-container> Image: series of the serie</table-container>	<table-container> Image: series of the serie</table-container>

Schedule R (Form 990) 2021

Religion News Foundation 31-1650883 6/30/2022

NET OPERATING LOSS DEDUCTION FOR FORM 990-T, PART 1, LINE 6

TAX YEAR	ORIGINAL NOL	LOSS UTILIZED	YEAR UTILIZED	REMAINING
6/30/2015	30			30
6/30/2016	465			465
6/30/2018	453			453

NOL CARRYFORWARD AVAILABLE FOR 06/30/2023

948

Religion News Foundation 31-1650883 6/30/2022

FORM 990-T, SCHEDULE A FOR ADVERTISING ACTIVITY NET OPERATING LOSS DEDUCTION FOR PART II, LINE 17

TAX YEAR	ORIGINAL NOL	LOSS UTILIZED	YEAR UTILIZED	REMAINING
6/30/2019	1,907	-		1,907

NOL CARRYFORWARD AVAILABLE FOR 06/30/2023

1,907

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. 2021

Department of the Treasury Internal Revenue Service Name of filer

Sigr

FR nun

I ce am Prov ERC

31-1650883

EIN or SSN

RELIGION NEWS FOUNDATION Name and title of officer or person subject to tax

DEBORAH CALDWELL, CEO/PRESIDENT

Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b	
2a	Form 990-EZ check here ►	b	Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here .	b	Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here ►	b	Tax based on investment income (Form 990-PF, Part V, line 5)4b	
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	
6a	Form 990-T check here ► X	b	Total tax (Form 990-T, Part III, line 4)	NONE
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)8b	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) .10b	
Part	Declaration and Signatur	e Au	thorization of Officer or Person Subject to Tax	
Under	penalties of perjury, I declare that	X la	m an officer of the above entity or 📃 I am a person subject to tax with respect to (name	
of enti	y)		, (EIN) and that I have examined a copy of the	
2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to				
	nic funds withdrawal.			
PIN: c	neck one box only			

X I authorize	FORVIS, I	LP	to enter my PIN	6 2 2 3 1 as my signature					
	ERO	firm name		Enter five numbers, but					
do not enter all zeros									
on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the									
• • • •	sure consent screen.								

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax	(· Calorocce	Date 🕨 11/9/	22
Part III Certification and Authentication	i i i i i i i i i i i i i i i i i i i		
ERO's EFIN/PIN. Enter your six-digit electronic filing number (EFIN) followed by your five-digit self-selected		7 2 2 4 4 0 1 Do not enter all zeros	6
I certify that the above numeric entry is my PIN, whi am submitting this return in accordance with the requ Providers for Business Returns.	, ,	3	
ERO's signature Apulo	Anald	Date ►	11/09/2022

Do Not Submit This Form to the IRS Unless Requested To Do So
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For Privacy Act and Paperwork Reduction Act Notice, see back of form. JSA 1X3008 3.000

Form 8879-TE (2021)

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Por calendar year 2021 or other tax year beginning07.01, 2011, and ending06/30_, 2022 2021 Dependent of the Treaser internat devent Safe and the sets information. >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	Form	990-T	E>	empt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	n	OMB No	. 1545-0	047	
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^{opt} Solution		address changed.							
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400A 330(a) COLUMBIA, MO 65205 F Check box # 529(a) 528 A C Book value all assets at end of year > 2784139. Check organization type X 501(c) corporation > 2784139. 6 Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust H Check organization tiling a consolidated return with a 501(c)(2) titleholding corporation > 1 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? > 1 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? > 1 The books are in care of LAURA WILSON Telephone number > 573-884-1327 30 NEFF ANNEX COLUMBIA, MO 65211 Part1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions), 4 2 Add lines 1 and 2. 3 4 4 Charlande contributions (see instructions for limitation rules). 4 5 5 Deduction for net operating loss. See instructions for sexpetions). 6 - 6 Deduction for net operating loss. See instructions for exceptio	Χ	501(C)(3)	-		(566 11	Structionsy			
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	-				• /	Form	990		

Form	990-T (2021)	31-1650883	Page 2
Par	t III Tax and Payments		
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a		
b	Other credits (see instructions)		
С	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 1a through 1d.	1e	
2	Subtract line 1e from Part II, line 7	2	NONE
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions).		
	section 1294. Enter tax amount here	4	NONE
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	
6 a	Payments: A 2020 overpayment credited to 2021		
b	2021 estimated tax payments. Check if section 643(g) election applies 6b		
С	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d		
е	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941) 6f		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 6g		
7	Total payments. Add lines 6a through 6g	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	NONE
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.	10	
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax	11	
Par	t IV Statements Regarding Certain Activities and Other Information (see instruction	ns)	
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature o	r other authority Y	'es No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	ay have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country	
	here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	, a foreign trust?	X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4	Enter available pre-2018 NOL carryovers here > \$1,008. Do not include any post-2017 NOL carryo	over	
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduct	on reported on	
	Part I, line 6.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers	. Don't reduce	
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code Available post-2017 I	NOL carryover	
	541800 \$ NONE		
	\$		
	\$		
	\$		
6a	Did the organization change its method of accounting? (see instructions)		Х
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form	1128? If "No,"	
	explain in Part V		
Par	t V Supplemental Information		
Provi	de the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.		

Sign		nder penalties of perjury, I declare that I have examin elief, it is true, correct, and complete. Declaration of preparer (ot				nowledge.	t of my knowledge and discuss this return
Here		ignature of officer	Date	Title			parer shown below
		Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN
Paid		APRIL ARNOLD CPA			11/10/2022	self-employed	P01559426
Prepar Use O		Firm's name ► FORVIS, LLP				Firm's EIN ► 44	1-0160260
Use U	шу	Firm's address ▶ 1201 WALNUT, SUITE	1700, KANSAS	CITY, N	MO 64106-224	Phone no. 816-	-221-6300
JSA 1X2741 1.	000						Form 990-T (2021)

SCHE	DULE A
(Form	990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

6

12

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

21

1

►	Do not enter SSN numbers on this form as it may be made public if your organized			Open to Public Inspection for 501(c)(3) Organizations Only
atior	n	В	Emplover id	entification number

A Name of the organization	B Employer identification number
RELIGION NEWS FOUNDATION	31-1650883

C Unrelated business activity code (see instructions) ► 541800

D Sequence:

1 of

E Describe the unrelated trade or business ► ADVERTISING

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ►	1c				
2	Cost of goods sold (Part III, line 8).	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII).	10				
11	Advertising income (Part IX)	11	91,657.	2,4	28.	89,229.
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12		91,657.	2,4		89,229.
Pa			nitations on deduct	ions. Deducti	ons n	nust be
	directly connected with the unrelated business incom				1	
1 2	Compensation of officers, directors, and trustees (Part X) Salaries and wages				2	
2	Repairs and maintenance				2	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return .				8b	
9	Depletion.				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	89,229.
14	Other deductions (attach statement)				14	
15	Total deductions. Add lines 1 through 14				15	89,229.
16	Unrelated business income before net operating loss deduction	. Sub	tract line 15 from Pa	art I, line 13,		
	column (C)				16	
17	Deduction for net operating loss. See instructions				17	
18	Unrelated business taxable income. Subtract line 17 from line	16				
For Pa	aperwork Reduction Act Notice, see instructions.			Sch	edule	A (Form 990-T) 2021

Sched	ule A (Form 990-T) 2021						Page 2
Par	t III Cost of Goods Sold	Enter method of invent	ory valuation 🕨				
1	Inventory at beginning of year				1		
2	Purchases				2		
3	Cost of labor				3		
4	Additional section 263A costs (attach statemen				4		
5	Other costs (attach statement)				5		
6	Total. Add lines 1 through 5				6		
7	Inventory at end of year				7		
8	Cost of goods sold. Subtract line 7 from line 6.				8		1
9 - Dor	Do the rules of section 263A (with respect to p			-		Yes	No
Par 1	Description of property (property street address						
	B						
	D						
		Α	В	С		D	
2	Rent received or accrued						
a	From personal property (if the percentage of						
	rent for personal property is more than 10%						
	but not more than 50%)						
b	From real and personal property (if the						
	percentage of rent for personal property						
	exceeds 50% or if the rent is based on profit or						
	income)						
С	Total rents received or accrued by property.						
	Add lines 2a and 2b, columns A through D						
3	Total rents received or accrued. Add line 2c co	lumns A through D. Enter he	ere and on Part I, line 6,	column (A)	. ▶		
		[]					
4	Deductions directly connected with the income						
_	in lines 2(a) and 2(b) (attach statement)						
5	Total deductions. Add line 4 columns A through	n D. Enter here and on Part	I, line 6, column (B)		. ▶		
Par	t V Unrelated Debt-Financed Incom	a (see instructions)					
1	Description of debt-financed property (street ac		Chack if a dual use. So	instructions			
	A	iuress, city, state, Zir coue).	Check if a dual-use. See				
	B						
	c						
	D						
		Α	В	С		D	
2	Gross income from or allocable to debt -						
	financed property						
3	Deductions directly connected with or allocable						
	to debt-financed property						
а	Straight line depreciation (attach statement)						
b	Other deductions (attach statement)						
С	Total deductions (add lines 3a and 3b,						
	columns A through D)						
4	Amount of average acquisition debt on or allocable						
	to debt - financed property (attach statement)						
5	Average adjusted basis of or allocable to debt-						
	financed property (attach statement)						
6	Divide line 4 by line 5		%		%		%
7	Gross income reportable. Multiply line 2 by line 6						
8	Total gross income (add line 7, columns A thro	ough D). Enter here and on I	Part I, line 7, column (A)		▶		
9	Allocable deductions. Multiply line 3c by line 6						
10	Total allocable deductions. Add line 9, column	s A through D. Enter here a	nd on Part I, line 7, colur	nn (B)	▶		
11	Total dividends-received deductions included i	n line 10	<u></u>	<u></u>	<u> </u>		
JSA					Schedul	e A (Form 99	0-T) 2021

Schedu	ile A (Form 990-T) 2021					Page 3
Par	t VI Interest, Ann	nuities, Royalt	ies, and Rents		nizations (see instructions)	
				Exempt Co	ontrolled Organizations	
	I. Name of controlled organization	2. Employer identification number	 Net unrelate income (loss) (see instruction 	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						
			Nonexe	mpt Controlled Organizati	ions	
	7. Taxable income	ind	let unrelated come (loss) e instructions)	 9. Total of specified payments made 	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Part	VIII Investment I			(7) (0) or (17) Organiz	rtion (and instructions)	
Part	1. Description of income		ount of income	(7), (9), or (17) Organiz 3. Deductions	4. Set-asides	5. Total deductions
				directly connected (attach statement)	(attach statement)	and set-asides (add columns 3 and 4)
(1)						
(2)						
(3) (4)						
		Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
-	WIII Exploited Ex		Incomo Oth	er Than Advertising Inco	omo (ago instructions)	
1	Description of exploited		mcome, our	er man Auvertising inco		
2			m trade or bus	iness Enter here and on F	Part I, line 10, column (A)	2
3					Enter here and on Part I,	
U	line 10, column (B)					3
4				s. Subtract line 3 from li	ine 2. If a gain, complete	<u> </u>
-	lines 5 through 7					4
5	6			income		5
6	Expenses attributable					6
7	•				e than the amount on line	
	4. Enter here and on F	Part II, line 12	<u></u>		<u> </u>	7

Schedule A (Form 990-T) 2021

JSA

Sched	ule A (Form 990-T) 2021				Page 4
Pai	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if	reporting two or more periodicals o	n a consolidated basis.		
	A X ADVERTISING				
	в				
	c 🗌				
	D				
Enter	amounts for each periodical listed above	in the corresponding column.			
		Α	В	С	D
2	Gross advertising income				
a	Add columns A through D. Enter here a				.▶ 91,657.
	·····				
3	Direct advertising costs by periodical	2,428.			
a	Add columns A through D. Enter here a				.► 2,428.
4	Advertising gain (loss). Subtract line 3 f	rom line			
	2. For any column in line 4 showing				
	complete lines 5 through 8. For any co	-			
	line 4 showing a loss or zero, do not c				
	lines 5 through 7, and enter zero on line				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is le				
	line 5, subtract line 6 from line 5. If line				
	than line 6, enter zero				
8	Excess readership costs allowed				
	deduction. For each column showing a				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D.		8a, columns total	or zero here and	on
	Part II, line 13	-			▶ 89,229.
Der	V Componentian of Officers	Directors and Tructors (
Par	t X Compensation of Officers	, Directors, and Trustees (s			
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	I. Enter here and on Part II, line 1				
Pai	t XI Supplemental Information	(see instructions)			

Electronic Filing Information: PDF attachments Included in this Return

Tax Year:2021Name:RELIGION NEWS FOUNReturn No:E4596NN1

Jurisdiction: Federal - 990T No of Attachments: 1

PDF File Name

File Size

990T PDF Attachment

E4596NN1_FE-990T_NOL Carryforward.pdf

112,129

Religion News Foundation 31-1650883 6/30/2022

NET OPERATING LOSS DEDUCTION FOR FORM 990-T, PART 1, LINE 6

TAX YEAR	ORIGINAL NOL	LOSS UTILIZED	YEAR UTILIZED	REMAINING
6/30/2015	30			30
6/30/2016	465			465
6/30/2018	453			453

NOL CARRYFORWARD AVAILABLE FOR 06/30/2023

948

Religion News Foundation 31-1650883 6/30/2022

FORM 990-T, SCHEDULE A FOR ADVERTISING ACTIVITY NET OPERATING LOSS DEDUCTION FOR PART II, LINE 17

TAX YEAR	ORIGINAL NOL	LOSS UTILIZED	YEAR UTILIZED	REMAINING
6/30/2019	1,907	-		1,907

NOL CARRYFORWARD AVAILABLE FOR 06/30/2023

1,907