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P.O. box 30 NEFF ANNEX City or town, state or province, COLUMBIA, MO 65211 F Name and address of prin PETER SMITH 30 NEFF ANNEX Columbia, MO 65211 F Name and address of prin PETER SMITH 30 NEFF ANNEX columbia, MO 65211 • exempt status: 501(c)(3) • of organization: Corporation Theifly describe the organization's mission PROMOTING WORLDWIDE EXCELLENCE 2 Check this box	Under section 501(c), 527, or 4947(a)(1) of Do not enter social security nu Bo to www.irs.gov/Form990 or the 2019 calendar year, or tax year beginning 07-01-2 ck if applicable: Iress change ne change ial return I return/terminated ended return Diring business as Number and street (or P.O. box if mail is not delivered 30 NEFF ANNEX City or town, state or province, country, and ZIP or f COLUMBIA, MO 65211 F Name and address of principal officer: PETER SMITH 30 NEFF ANNEX COLUMBIA, MO 65211 exempt status: 501(c)(3) 501(c)(6) end of organization: © Corporation Trust Association Other I Briefly describe the organization's 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P Rume and address of principal officer: PETER SMITH 30 NEFF ANNEX COLUMBIA, MO 65211 H(a) Is this a group return subordinates? + (b) Are all subordinate included? If "No," attach a lis + exempt status: 501(c)(3) 501(c)(6) < (insert no.)	P990 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. > Go to www.irs.gov/Form990 for instructions and the latest information. Pretense Service Point enter social security numbers on this form as it may be made public. > Go to www.irs.gov/Form990 for instructions and the latest information. Pretense Service Columnation Return of organization Poing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite Oling business as Number and street (or P.O. box if mail is not delivered to street address) <

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

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For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019) Page 2 Page 1 Statement of Program Service Accomplishments	May t	he IRS disc	uss this return v	with the preparer show	n above? (see instructions)			🗸 Yes 🗌 No
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Form 990 (2019)

Page **3**

Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 🗐	3		No
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		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 🗐.	5	Yes	
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? <i>If "Yes," complete</i>			No
7	Schedule D, Part I 3	6 7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
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? <i>If "Yes," complete Schedule D, Part IV</i> 3	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗐	10		No
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? If "Yes," complete Schedule D, Part VI. 🗐	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🕲	11b		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i> 3	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🗐	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12-		Nie
b	Schedule D, Parts XI and XII %	12a 12b		No No
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional \mathfrak{B} Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			
15		13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	200		No

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Form 990 (2019)

Page **4**

Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		
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		
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		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			l

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

Enter -0- if not applicable . **1b** 0

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

	Page 5		
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	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		rage J
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	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)? 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).	4a	No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	55 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	No
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?	5 7a	
	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	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	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:		
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders		
a b	Gross income from other sources (Do not net amounts due or paid to other sources	-	
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?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
С	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No

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1c

b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
		F	orm 99	0 (2019)
	Dage 6			
	Page 6			
Form	990 (2019)			Page 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		onse to	lines
Se	ction A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 73	Did the organization have members or stockholders?	6		No
7 a	members of the governing body?	7a	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	conflicts?	12b		No
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?	. –		
	The organization's CEO, Executive Director, or top management official	15a	Yes	NI -
b	Other officers or key employees of the organization	15b		No
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16-		No
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		No
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	166		
		16b		

Section C. Disclosur	e
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tion's tax

(A) Name and title	(B) Average hours per week (list any hours	Average hours per week (list any hoursPosition (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations	
(1) TIFFANY MCCALLEN COO	50.00 			x				57,629	0	0	
(2) DAWN ARAUJO-HAWKINS VICE PRESIDE		x		x				0	0	0	
(3) DEEPA BHARATH SECRETARY		x		x				0	0	0	
(4) KEN CHITWOOD TREASURER		x		x				0	0	0	
(5) JEFFREY DIAMANT BOARD MEMBER		x						0	0	0	
(6) JACK GORDON BOARD MEMBER		x						0	0	0	
(7) ELAINE JUSTICE BOARD MEMBER		x						0	0	0	
(8) HOLLY MEYER BOARD MEMBER		x						0	0	0	
(9) MANYA BRACHEAR PASHMAN		x						0	0	0	

DUARD FILFIDER	l		I		I	I		1	
(10) BETSY SHIRLEY VICE PRESIDE		x		x			0	0	0
(11) PETER SMITH PRESIDENT		x		x			0	0	0
(12) DINA ZINGARO BOARD MEMBER		x					0	0	0
							•		Form 990 (2019)

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(A) Name and title (B) Average week (liss product of organization below dotted organizations (C) Position (do not check more than one locs, unless person is both an officer and a director/trustee) Reportable compensation form the organization form the organization and related organizations (F) Reportable compensation form the organization organization form the organization and title (F) Reportable compensation form the organization form the organization form the organization and title (F) Reportable compensation form the organization form the organization form the organization related organizations (I) (I) (I) (I) (I) (I) (I) (I) (I) (I)	Part VII Section A. Officers, Direct	tors, Trustee	s, Key l	Empl	oye	es,	and	Higł	nest Compensate	d Employees (cor	ntinued)
Image: Contract of the section of t	(A) Name and title	Average hours per week (list any hours for related organizations below dotted	than c is b	one bo oth a direct	o not ox, u n off :or/ti	t che Inles ficer ruste	and a ee)	son 1	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the organization and related
c Total from continuation sheets to Part VII, Section A			il trustee or	onal Trustee		loyee	compensated e				
c Total from continuation sheets to Part VII, Section A											
c Total from continuation sheets to Part VII, Section A											
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c Total from continuation sheets to Part VII, Section A											
							۲	I			
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000	d Total (add lines 1b and 1c)						•		,		

Total number of individuals (including but not limited to those listed above) who received more than 100,000 of reportable compensation from the organization

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on 3 -.. . ..

	Yes	No
3		No

.. . ..

4	For any individual listed on line 1a, is the sum of reportable con organization and related organizations greater than \$150,000? individual				4 No
5	Did any person listed on line 1a receive or accrue compensatio services rendered to the organization? <i>If "Yes," complete Sched</i>		-		5 No
6	action P. Indonandant Contractors				
1	ection B. Independent Contractors Complete this table for your five highest compensated indepen from the organization. Report compensation for the calendar yo				ensation
	(A)	ear enaning with or wi		(B)	(C)
	Name and business address		Desc	ription of services	Compensation
	Total an and a set in dama and and a set of the stars first, diversity and the birds				- 6
	Total number of independent contractors (including but not limite compensation from the organization b	a to those listed abov	ve) who received mo	ore than \$100,000 (DT .
					Form 990 (2019)
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-	000 (2010)				
	n 990 (2019)				Page 9
Pa	art VIII Statement of Revenue				\Box
	Check if Schedule O contains a response or note to an	(A)	(B)	<u></u> (C)	
		Total revenue	Related or	Unrelated	Revenue
			exempt function	business revenue	excluded from tax under sections
			revenue	revenue	512 - 514
	erated campaigns 1a				
Grants	mbership dues 1b draising events 1c ated organizations 1d				
ўГа	nbership dues 1b				
<u>ت</u>					
Gifts,	draising events 1c				
9					
ns	ated organizations 1d				
Contributions,					
ibi	ernment grants (contributions) 1e				
μ					
	ther contributions, gifts, grants,				
	and similar amounts not included 1f				
	Noncash contributions included in				
	lines 1a - 1f:\$ 1g				
ŀ					
h	Total. Add lines 1a-1f				
	Business Code				
	2a CONFERENCE	210,677			210,677
đ					
20) MEMBERSHIP DUES	17,107	17,107		
Service Revenue		14,746			14,746
9	: WRITING CONTEST	14,740			14,740
, in the					
d,	1 I				
Prodram					
00	a a				
ă					
	f All other program service revenue.				
	9 Total. Add lines 2a–2f b 242,530)			
	3 Investment income (including dividends, interest, and other	3,348			3,348
	similar amounts)	5,548			5,548
	4 Income from investment of tax-exempt bond proceeds				<u> </u>
	s provariac				•

] 3	Ruyailles	•		• •	· · •			
		_	(i) Rea	al	(ii) Personal			
6	a Gross rents	6a						
b	Less: rental expenses	6b				-		
с	Rental income or (loss)	6c						
	d Net rental income	or (loss)		• • •	1		
			(i) Securi	ities	(ii) Other			
7	a Gross amount from sales of assets other than inventory	7a		22,074				
Ь	Less: cost or other basis and sales expenses	7b		11,256				
6	Gain or (loss)	7c		10,818				
	d Net gain or (loss)					10,818	10,818	
0 Other Revenue	a Gross income from fu (not including \$ contributions reported See Part IV, line 18 b Less: direct expense c Net income or (loss Gross income from g See Part IV, line 19 b Less: direct expense c Net income or (loss a Gross sales of inver returns and allowa b Less: cost of goods c Net income or (loss	l on l ses s) fro gami ses s) fro nces s solo	of ine 1c). om fundraisin ng activities. om gaming a y, less d om sales of i	9a 9b activitie 10a 10b	¹⁵			
1	Miscellanec 1a PRESS RELEASE I				Business Code	6,900	6,900	
	MAILING LIST			-+		300		300
	C OTHER REVENUE					139	139	
	d All other revenue	•						
	e Total. Add lines 13	la-1	1d	· · ·		7,339		
1	2 Total revenue. Se	ee in	structions .					
					F	264,035	34,964	229,071 Form 990 (2019)
								TUTTI JUU (2019)

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Form 990 (2019) Page **10** Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this $\ensuremath{\mathsf{Part}}\,\ensuremath{\mathsf{IX}}$ (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, (A) Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 **2** Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15

	and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	61,191			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	26,249			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	39,133			
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal	12,708			
c	Accounting	4,985			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	177			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	1,652			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	99,966			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,197			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
i	a WEBSITE EXPENSE	7,362			
	b CONTEST AWARDS	7,300			
	c BANK CHARGES	4,671			
	d JUDGE HONORARIUM	2,720			
	e All other expenses	1,806			
25	Total functional expenses. Add lines 1 through 24e	271,117	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► □ if following SOP 98-2 (ASC 958-720).				
				1	

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— Page 11 — Form 990 (2019) Page **11** Part X **Balance Sheet** \Box Check if Schedule O contains a response or note to any line in this Part IX $% \left({{\mathbf{T}}_{\mathbf{x}}} \right)$. **(A)** Beginning of year **(B)** End of year 60,695 90,492 Cash-non-interest-bearing 1 1 2,919 **2** 2 Savings and temporary cash investments • • .

	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	28,650	4	2,620
	5	Loans and other payables to any current or former officer, director, trustee, key	20,000	-	2,020
	5	employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		6	
10	7	Notes and loans receivable, net		7	
ssets	8	Inventories for sale or use		8	
SS	9	Prepaid expenses and deferred charges	45,107	9	10,407
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	158,085	11	150,544
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11 .		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	325,253	16	224,266
	17	Accounts payable and accrued expenses	18,945	17	7,794
	18	Grants payable		18	
	19	Deferred revenue	64,582	19	7,308
	20	Tax-exempt bond liabilities		20	
ŝ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other 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		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	12,261	25	11,170
	26	Total liabilities. Add lines 17 through 25	95,788	26	26,272
Balances		Organizations that follow FASB ASC 958, check here 🕨 🗹 and			
and	27	complete lines 27, 28, 32, and 33. Net assets without donor restrictions	229,465	27	197,994
	28	Net assets with donor restrictions	· · ·	28	· · · ·
Fund		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building or equipment fund		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	229,465	32	197,994
Net	33	Total liabilities and net assets/fund balances	325,253	33	224,266
					Form 990 (2019)

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Form	990 (2019)		Page 12
Pa	rt XI Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	264,035
2	Total expenses (must equal Part IX, column (A), line 25)	2	271,117
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,082
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4	229,465
5	Net unrealized gains (losses) on investments	5	-24,389
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 in 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			197,99
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				
			Yes	No
1 Accounting method used to prepare the Form 990: 🛛 🖸 Cash 🗹 Accrual 🗌 Other				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:	d on a			
□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?		2b		No
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:	e basis,			
Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Sc	nedule (D.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	3a		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	luired	Зb		
		ŀ	orm 99	0 (2019)

Form 990 (2019)

Additional Data

Software ID: Software Version:

Form 990, Special Condition Description:

Snecial Condition Description

Return to Form

efile Public Visual	Render	ObjectId: 20201317934	49308586 - Submission: 20	20-11-12	TIN: 54-1486927		
SCHEDULE C		Political Campaig	n and Lobbying Act	tivities	OMB No. 1545-0047		
(Form 990 or 990-EZ)	For Orga	nizations Exempt From In	zations Exempt From Income Tax Under section 501(c) and section 527				
Department of the Treasury Internal Revenue Service							
 Section 501(c)(3) or Section 501(c) (other section 527 organization ans Section 527 organization ans Section 501(c)(3) or Section 501(c)(3) or If the organization ans (Proxy Tax) (see separation and section 501 (section 501 (s	ganizations: er than sectio zations: Com wered "Yes" rganizations rganizations wered "Yes" rate instruct	Complete Parts I-A and B. Do n on 501(c)(3)) organizations: Cor plete Part I-A only. " on Form 990, Part IV, Line 4, that have filed Form 5768 (elect that have NOT filed Form 5768 " on Form 990, Part IV, Line 5	or Form 990-EZ, Part V, line 46 (ot complete Part I-C. nplete Parts I-A and C below. Do n or Form 990-EZ, Part VI, line 47 tion under section 501(h)): Comple (election under section 501(h)): Co (Proxy Tax) (see separate instru	ot complete Part I-B. (Lobbying Activities), ete Part II-A. Do not con omplete Part II-B. Do no	t hen nplete Part II-B. ot complete Part II-A.		
Name of the organizat RELIGION NEWS ASSOCIA				Employer ident	ification number		
Part I-A Complet	e if the or	ganization is exempt und	ler section 501(c) or is a se		ation.		
1 Provide a descript "political campaig			political campaign activities in Part	IV (see instructions fo	r definition of		
			ons)				
		ganization is exempt und		h-			
		, .	on under section 4955				
		, ,	nanagers under section 4955 n 4720 for this year?				
-			•		🗌 Yes 🗌 No		
4a Was a correction	made?				🗌 Yes 🗌 No		
b If "Yes," describe			501()	501(.)(2)			
			ler section 501(c), except s	,			
	, ,	, ,	for section 527 exempt function a d to other organizations for section	n 527 exempt			
			here and on Form 1120-POL, line		·		
•				Ψ			
					🗌 Yes 🗌 No		
organization mad of political contrib	e payments. outions receiv	For each organization listed, en ved that were promptly and dire	per (EIN) of all section 527 politica ter the amount paid from the filing ctly delivered to a separate politic is needed, provide information in	g organization's funds. A	Also enter the amount		
(a) Name	(1	b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		
-							
2							
3							
4							
5							
6							
For Paperwork Reduction	Act Notice, s	ee the instructions for Form 990	or 990-EZ. Cat. No. 5	50084S Schedule C (F	orm 990 or 990-EZ) 2019		

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Schedule C (Form 990 or 990-EZ) 2019

Page **2**

A	Check	►	🛛 🗌 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,	
			expenses, and share of excess lobbying expenditures).	
в	Check	►	\square if the filing organization checked box A and "limited control" provisions apply.	

	Limits on Lobbying (The term "expenditures" means		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinic	n (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)		
с	Total lobbying expenditures (add lines 1a and 1b) \ldots			
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1c and	1d)		
f	Lobbying nontaxable amount. Enter the amount from columns.	n the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a. If zero or less, enter -0)		
i	Subtract line 1f from line 1c. If zero or less, enter -0			
j	If there is an amount other than zero on either line 1 section 4911 tax for this year?			🗌 Yes 🗌 No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total			
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
с	Total lobbying expenditures								
d	Grassroots nontaxable amount								
e	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								
				Schedule	e C (Form 990 o	r 990-EZ) 2019			

Schedule C (Form 990 or 990-EZ) 2019

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Complete if the organization is exempt under section 501(c)(3) and has NOT filed

Schedule C (Form 990 or 990-EZ) 2019

Part II-B

Page 3

Form 5768 (election under section 501(h)). (a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes | No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of: а Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b Media advertisements? С d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? е **.**

f	Grants to other organizations for lobbying purposes?		I I			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), o	r sectio	on		
	501(c)(6).					
			-		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			3		No
	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."		, line 3	, is	-	
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
с	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does					
	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?					
5	Taxable amount of lobbying and political expenditures (see instructions)	4				
-		5				
-	Int IV Supplemental Information					
Pro inst	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); I ructions), and Part II-B, line 1. Also, complete this part for any additional information.	Part II-	A, lines 1	and	d 2 (se	e
	Return Reference Explanation					
	Schedule	C (For	m 990 c	r 99	90EZ)	2019

Additional Data

Return to Form

Software ID: Software Version:

efi	le Public Visua	l Render	ObjectId: 2020131	79349308586 - Submiss	sion: 2020-1	1-12	TIN: 54-1486927
SC	HEDULE D		Supplomon	tal Financial State	omonte		OMB No. 1545-0047
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.					2019 Open to Public		
-	al Revenue Service		o to <u>www.irs.gov/Form</u>	990 for instructions and the			Inspection
	ime of the organ LIGION NEWS ASSOC					Employer ident	ification number
-		M				54-1486927	
Pa	art I Organiz Complet	te if the orga	ntaining Donor Advis	sed Funds or Other Simil s" on Form 990, Part IV, lin	i ar Funds or . ie 6.	Accounts.	
	•	-		(a) Donor advised fu		(b) Funds a	and other accounts
1	Total number at e						
2			ns to (during year)				
3 4	Aggregate value	•					
4 5		-		rs in writing that the assets he	ld in donor advir	cod funds are the	
5				clusive legal control?			Yes 🗌 No
6	charitable purpo	ses and not fo	r the benefit of the donor	nor advisors in writing that gra or donor advisor, or for any ot	her purpose con		ssible
Ра		vation Ease			- 7		
1				s" on Form 990, Part IV, lin nization (check all that apply).	e /.		
1			oublic use (e.g., recreation	· · · · · · · · · · · · · · · · · · ·	ervation of an hi	storically import	ant land area
	\Box	of natural hab		,		tified historic str	
	\square	on of open spa				tilled historic str	ucture
2				qualified conservation contribu	tion in the form	of a conservatio	n
2	easement on the						he End of the Year
а	Total number of	conservation e	asements			2a	
b	2					2Ь	
С				c structure included in (a)		2c	
d	Number of conse structure listed in			red after 7/25/06, and not on a	a historic 2	2d	
3	Number of conset tax year	ervation easen	nents modified, transferre	d, released, extinguished, or te	erminated by the	e organization du	uring the
4	Number of state	s where prope	rty subject to conservatio	n easement is located 🕨			
5	Does the organiz and enforcemen	zation have a s	written policy regarding th vation easements it holds	e periodic monitoring, inspecti ?	on, handling of	violations,	Yes 🗌 No
6	Staff and volunt	eer hours devo	oted to monitoring, inspec	ting, handling of violations, an	d enforcing cons	servation easeme	
7	Amount of expenses \$	nses incurred	in monitoring, inspecting,	handling of violations, and enf	orcing conserva	tion easements o	luring the year
8				above satisfy the requirement			Yes 🗌 No
9	balance sheet, a	and include, if		ervation easements in its rever footnote to the organization's .s.			
Pai	rt III Örgani	zations Mai	ntaining Collections	of Art, Historical Treasu s" on Form 990, Part IV, lin		⁻ Similar Asse	ets.
1a	If the organizati historical treasu	on elected, as res, or other s	permitted under FASB AS imilar assets held for publ	C 958, not to report in its reve ic exhibition, education, or res ents that describes these items	nue statement a earch in furthera		
b	If the organizati	on elected, as res, or other s	permitted under FASB AS imilar assets held for publ	C 958, to report in its revenue ic exhibition, education, or res	statement and		
	(i) Revenue includ	ed on Form 99	0, Part VIII, line 1			▶\$	
2				cal treasures, or other similar a NSC 958 relating to these items		ial gain, provide	the
а	Revenue include	ed on Form 990), Part VIII, line 1			▶\$	
b	Assets included	in Form 990, F	Part X			▶\$	

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

					10	ige 2						
her	lule D	(Form 990) 2019										Dag
	III	Organizations Ma	aintaining Col	lections o	of Art. Hi	storical Tr	easures	. or (Other 9	Similar A	ssets (cont	Pag
		the organization's acqu										
_	items	(check all that apply):						-		-		
a	\Box	Public exhibition				d 🗌	Loan or e	xchan	ge progi	ams		
b		Scholarly research				e 🗌	Other					
с	\square											
		Preservation for future de a description of the c	-	loctions and	l ovolain br	w thoy furth	or the ora	anizat	ion's ov	ompt purp	aco in	
	Part X				і ехріані по			anizai	.1011 5 EX	empt purpt	56 11	
		g the year, did the orga s to be sold to raise fun									🗌 Yes	
ar	t IV	Escrow and Custo Complete if the org line 21.			" on Form	n 990, Part	IV, line 9,	, or r	eportec	l an amou		
1		e organization an agent, led on Form 990, Part X									_	_
	includ							• •			🗌 Yes	🗌 No
,	If "Ye	es," explain the arrange	ment in Part XIII	and comple	ete the follo	wing table:		Г		A	Amount	
		ining balance				-			1c			
	-	ions during the year							1d			
		butions during the year							1e			
		ig balance							1f			
		ne organization include						ial acc	ount lial	nility?		
		es," explain the arranger									_	
	t V	Endowment Fund					been prov	iueu i	II Fait A		0	
		Complete if the org	-	vered "Yes	" on Form	990, Part	IV, line 10	0.				
				(a) Currei	nt year	(b) Prior yea	r (c) Tv	wo yea	rs back	(d) Three ye	ears back (e)	Four years bac
I	Beginn	ing of year balance .										
(Contrib	outions										
I		vestment earnings, gain	s, and losses									
	let inv											
(Vet inv Grants Other e	vestment earnings, gain	•									
((;	Net inv Grants Other e and pro	vestment earnings, gain or scholarships expenditures for facilitie	25									
() () ()	Net inv Grants Other e and pro Admini	vestment earnings, gain or scholarships expenditures for facilitie ograms	25									
() () ()	Net inv Grants Other e and pro Admini End of Provic	vestment earnings, gain or scholarships expenditures for facilitie ograms istrative expenses year balance de the estimated percer	es	ent year end	d balance (line 1g, colur	nn (a)) he	ld as:				
((((((((((((((())))))))))	Net inv Grants Other e and pro Admini End of Provic	vestment earnings, gain or scholarships expenditures for facilitie ograms istrative expenses year balance	es	ent year enc	d balance (line 1g, colur	nn (a)) he	ld as:				
() () () () () ()	Net inv Grants Other e and pro Admini End of Provic Board	vestment earnings, gain or scholarships expenditures for facilitie ograms istrative expenses year balance de the estimated percer	es	ent year end	d balance (line 1g, colur	mn (a)) he	ld as:				
	Net inv Grants Other e and pro Admini End of Provic Board Perma Term	vestment earnings, gain or scholarships expenditures for facilitie ograms istrative expenses year balance de the estimated percer d designated or quasi-er anent endowment	es			line 1g, colur	mn (a)) he	ld as:				
0 2 2 1	Net inv Grants Other e and pro Administ End of Provic Board Perma Term The p	vestment earnings, gain or scholarships expenditures for facilitie ograms year balance de the estimated percer d designated or quasi-er anent endowment endowment percentages on lines 2a,	es htage of the current ndowment ► 2b, and 2c shou	ld equal 10	 0%.							
	Vet inv Grants Other e and pro Admini- End of Provic Board Perma Term The p Are th	vestment earnings, gain or scholarships expenditures for facilitie ograms istrative expenses year balance de the estimated percer d designated or quasi-er anent endowment	es htage of the current ndowment ► 2b, and 2c shou	ld equal 10	 0%.				ered for	the		Yes No
	Vet inv Grants Other e and provid Adminit End of Provid Board Perma Term The p Are th organ	vestment earnings, gain or scholarships expenditures for facilitie ograms istrative expenses year balance de the estimated percer d designated or quasi-er anent endowment endowment percentages on lines 2a, here endowment funds	es htage of the current ndowment 2b, and 2c shou not in the posses	ld equal 10 sion of the	 0%.				ered for	the	3a(i)	Yes No
	Net inv Grants Dther e and provide Admini- End of Provide Board Perma Term The p Are th organ (i) Ur	vestment earnings, gain or scholarships expenditures for facilitie ograms istrative expenses year balance de the estimated percer d designated or quasi-er anent endowment endowment endowment percentages on lines 2a, here endowment funds ization by:	es htage of the current ndowment ► 2b, and 2c shou not in the posses	ld equal 10 sion of the	 0%.				ered for	the	3a(i) 3a(ii)	
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() () () () () () () () () () () () () (Net inv Grants Dther e and provide Admini- End of Provide Board Perma Term The p Are th organ (i) Ur (ii) R If "Ye:	vestment earnings, gain or scholarships expenditures for facilitie ograms istrative expenses year balance de the estimated percer d designated or quasi-er anent endowment endowment endowment encentages on lines 2a, here endowment funds ization by: nrelated organizations telated organizations	es ntage of the current ndowment ► 2b, and 2c shou not in the posses ated organization	ld equal 10 sion of the s listed as r	 organizatic required on	on that are ho	eld and adı	minist	ered for	the	3a(ii)	
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	Vet inv Grants Dther e and provide Admini- End of Provide Board Perma Term The p Are th organ (i) Ur (ii) R If "Yes Descr VI	vestment earnings, gain or scholarships expenditures for facilitie ograms istrative expenses year balance de the estimated percer d designated or quasi-er anent endowment ► endowment ► endowment ► endowment ► endowment F enere endowment funds here endowment funds istration by: nrelated organizations telated organizations etelated organizations etelated organizations stelated organizations telated organizations	as htage of the current ndowment ► 2b, and 2c shou not in the posses ated organization nded uses of the and Equipment ganization answ	ld equal 10 sion of the si listed as r organizatio nt. vered "Yes	0%. organizatic required on n's endowr " on Form	on that are he Schedule R ² ment funds.	eld and adı • • • ? • • IV, line 1	minist 1a. S	ee Forr	 n 990, Pa	. 3a(ii) 3b	0.
	Vet inv Grants Dther e and provide Admini- End of Provide Board Perma Term The p Are th organ (i) Ur (ii) R If "Yes Descr VI	vestment earnings, gain or scholarships	es htage of the currend adowment ► 2b, and 2c shou not in the posses ated organization inded uses of the and Equipmen	ld equal 100 sion of the si listed as r organizatio nt. vered "Yes her basis	0%. organizatic required on n's endowr " on Form	on that are he Schedule R ² ment funds.	eld and adı • • • ? • • IV, line 1	minist 1a. S	ee Forr		. 3a(ii) 3b	
	Net inv Grants Other e and provided Admini- End of Provide Board Perma Term The p Are th organ (i) Ur (ii) R If "Yes Description Description	vestment earnings, gain or scholarships expenditures for facilitie ograms istrative expenses . year balance de the estimated percer d designated or quasi-er anent endowment endowment	ated organization and Equipment and Equipment (a) Cost or oth	ld equal 100 sion of the si listed as r organizatio nt. vered "Yes her basis	0%. organizatic required on n's endowr " on Form	on that are he Schedule R ² ment funds.	eld and adı • • • ? • • IV, line 1	minist 1a. S	ee Forr	 n 990, Pa	. 3a(ii) 3b	0.
) ((; (;)) ;	Net inv Grants Other e and provid End of Provid Board Perma Term The p Are th organ (i) Ur (ii) R If "Yes Descri Descri	vestment earnings, gain or scholarships expenditures for facilitie ograms istrative expenses year balance de the estimated percer d designated or quasi-er anent endowment ► endowment ► endowment ► endowment ► mere endowment funds ization by: nrelated organizations telated organizations	ated organization and Equipment and Equipment (a) Cost or oth	ld equal 100 sion of the si listed as r organizatio nt. vered "Yes her basis	0%. organizatic required on n's endowr " on Form	on that are he Schedule R ² ment funds.	eld and adı • • • ? • • IV, line 1	minist 1a. S	ee Forr	 n 990, Pa	. 3a(ii) 3b	0.
	Vet inv Grants Dther e and provide Administer Board Provide Board Perma Term The p Are th organ (i) Ur (ii) R If "Yes Description Description Building	vestment earnings, gain or scholarships expenditures for facilitie ograms	ated organization and Equipment and Equipment (a) Cost or oth	ld equal 100 sion of the si listed as r organizatio nt. vered "Yes her basis	0%. organizatic required on n's endowr " on Form	on that are he Schedule R ² ment funds.	eld and adı • • • ? • • IV, line 1	minist 1a. S	ee Forr	 n 990, Pa	. 3a(ii) 3b	0.
	Vet inv Grants Dther e and provide Admini- End of Provide Board Perma Term The p Are th organ (i) Ur (ii) R If "Yes Descri Descri Building Leaseh	vestment earnings, gain or scholarships . expenditures for facilitie ograms istrative expenses . year balance de the estimated percer d designated or quasi-er anent endowment endowment endowment endowment endowment endowment sercentages on lines 2a, here endowment funds in ization by: nrelated organizations telated organizations telated organizations is" on 3a(ii), are the rela- ribe in Part XIII the inte Land, Buildings, a <u>Complete if the orc</u> ption of property gs	ated organization and Equipment and Equipment (a) Cost or oth	ld equal 100 sion of the si listed as r organizatio nt. vered "Yes her basis	0%. organizatic required on n's endowr " on Form	on that are he Schedule R ² ment funds.	eld and adı • • • ? • • IV, line 1	minist 1a. S	ee Forr	 n 990, Pa	. 3a(ii) 3b	0.
1 ((; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	Net inv Grants Dther e and provided Admini- End of Provide Board Perma Term The p Are th organ (i) Ur (ii) R If "Yes Description Ever and Building easeh Equipm	vestment earnings, gain or scholarships expenditures for facilitie ograms	ated organization and Equipment and Equipment (a) Cost or oth	ld equal 100 sion of the si listed as r organizatio nt. vered "Yes her basis	0%. organizatic required on n's endowr " on Form	on that are he Schedule R ² ment funds.	eld and adı • • • ? • • IV, line 1	minist 1a. S	ee Forr	 n 990, Pa	. 3a(ii) 3b	0.

Schedule D (Form 990) 2019

Complete if the arganization answered Yes' on Form 990, Part X, Uier 11b.See Form 990, Part X, uier 12. (a) Description of security or Catagory (including name of security) (b) Kook value Cost or end-of-year market value (1) Financial derivatives	Part VII	Investments Other Securities.					rage J
(a) Description of security or category (including name of security) (b) Box Value (c) Method of valuation: Coal or nin-dispert market whe value 13) Financial derivatives	F GI U VII		art IV, line	e 11b.	See Form 990, Pa	art X, I	ine 12.
(2) Closely-held equity interests		(a) Description of security or category	(b) Book		(c) Metho	d of val	uation:
Ci Image: Ci D) Image: Ci D) Image: Ci F) Image: Ci G) Image: Ci							
0) Image: Second Se	(B)						
F)	(C)						
F)	(D)						
GG (G) (G) (G) (G) (G) (G) (G) (G) (G) ((E)						
H) () Total. (Column (b) must equal form 990, Part X, col. (B) line 12.) Part VIII Investments Program Related. Complete if the organization answered 'Ves' on Form 990, Part IV, line 11c. See Form 900, Part X, line 13. Complete if the organization answered 'Nes' on Form 990, Part IV, line 11c. See Form 900, Part X, line 13. (a) Description of investment (b) Book value (Col or end-of-year market value value (Col or end-of-year market value value value (Col or end-of-year market value (Col of end-of-year (Col	(F)						
1) Image: Column (b) must equal form 990, Part X, col. (b) line 12.) Part VIII Investments Program Related. (c) Method of valuation: (a) Description of investment (b) Book value (a) Description of investment (b) Book value (c) (c) Method of valuation: (a) Description of investment (b) Book value (c) (c) Method of valuation: (c) (c) (c)	(G)						
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(5)	(3)					1	
(6)	(4)						
(7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.	(5)						
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Part X Other Liabilities.		mn (b) must equal Form 990, Part X, col.(B) line 15.)				-	
		Other Liabilities.	art IV line	110	or 11f See Form 9	90 Pa	rt X line 25

1.	(a) Description of liability	(b) Book value
(1) Endoral income	tavas	l –

(1) reuerai	псотте	laxes
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(1) rederal income taxes		
(2)		
(3)		
(4)		
5)		
6)		
7)		
8)		
(9)		
Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶	11,170
Liphility for upcortain tay positions. In Part VIII, provide the tayt of the featnets to the s	reanization's financial statements that	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

— Page 4 –

Schedule D (Form 990) 2019

Schec	ule D (Form 990) 2019				Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme		•	eturn.	
1	Complete if the organization answered 'Yes' on Form 990, Part Total revenue, gains, and other support per audited financial statements			1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b		_	
c	Recoveries of prior year grants	2c		_	
d	Other (Describe in Part XIII.)			_	
e	Add lines 2a through 2d	<u> </u>		2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			-	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		-	
c	Add lines 4a and 4b			- 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
-	XII Reconciliation of Expenses per Audited Financial Statem				n.
	Complete if the organization answered 'Yes' on Form 990, Part				
1	Total expenses and losses per audited financial statements \ldots			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d	•••		2e	
3	Subtract line 2e from line 1			3	
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	
Par	t XIII Supplemental Information				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			V, line	4; Part X, line 2; Part XI,
	Return Reference		Explanation		

Schedule D (Form 990) 2019

Software ID: Software Version:

efile Public	Visual I	Render	ObjectId: 202013179	34930858	6 - Submission: 2020	-11-12	TIN: 54-1486927
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service			Ipplemental Infor Complete to provide inform Form 990 or 990-EZ or Attack Go to <u>www.irs.gov</u>	OMB No. 1545-0047			
Name of the org RELIGION NEWS A						Employer ide	ntification number
						54-1486927	
Return Reference				Ex	cplanation		
FORM 990, PAGE 6, PART VI, LINE 7A						N ELECT OFFICE	ERS.
FORM 990, PAGE 6, PART VI, LINE 11B	MANAG	GEMENT RE	EVIEWS THE 990 PRIOR TO	FILING			
FORM 990, PAGE 6, PART VI, LINE 15A	THE CO	DO'S SALAF	RY IS DETERMINED AND AP	PROVED BY	THE BOARD OF DIRECT	ORS.	
FORM 990, PAGE 6, PART VI, LINE 19	GOVEF	RNING DOC	UMENTS ARE AVAILABLE U	JPON REQUE	EST		
FORM 990, PART XII			SINESS MANAGER ARE EM THE COO'S & BUSINESS M			IISSOURI. RNA I	REIMBURSES THE
For Paperwork Reduc	ction Act No	otice, see the Ins	structions for Form 990 or 990-EZ.		Cat. No. 51056K	Sc	hedule O (Form 990 or 990-EZ) 2019
Additiona	l Data	a				[Return to Form

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efile Public Visual Render	ObjectId: 2020	13179349308586	- Submiss	ion: 20	20-11-1	2						1	TIN: 5	4-1486	927	
SCHEDULE R (Form 990)	► Comp	Related Orgolete if the organiza	tion answer Att	ed "Yes" ach to F	on Form orm 990.	990, Part I	V, line 3	3, 34, 35	b, 36, or 3	7.		OMB No. 1545-0047				
Department of the Treasury Internal Revenue Service Name of the organization										warida	ntificati	ion numbe	Inspe	ection		
RELIGION NEWS ASSOCIATION									54-14		nuncau	ion numbe	ſ			
Part I Identification of D	isregarded Entit	ies. Complete if the	e organizatio	on answe	ered "Yes	" on Form 9	90, Pai	t IV, line	33.							
Name, address, and EIN (if	(a) applicable) of disregard	ed entity	!	(b) Primary act	ivity	(c) Legal domici or foreign c	e (state ountry)	(c Total ir			ind-of-year assets Direct co ent			ntrolling		
Part II Identification of Re			Complete if	the orga	nization	answered "	Yes" on	Form 99	0, Part IV,	line 34	becau	se it had o	one or	more		
related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization ()RELIGION NEWS FOUNDATION CT			(b) Primary acti	vity	Legal dor	(c) micile (state In country)		d) ode section	Public ch (if section	(e) arity statu n 501(c)(3		(f) Direct contro entity	olling	(g Section (13) cor entit Yes	512(b) trolled	
(1)RELIGION NEWS FOUNDATION 30 NEFF ANNEX		CH	IARITABLE				С 3		12A						No	
COLUMBIA, MO 65211 31-1650883											N/A					
For Paperwork Reduction Act Noti	ice, see the Instruc	tions for Form 990.			Ca	t. No. 50135)	(S	chedule R	(Form	990) 20	19	
Schedule R (Form 990) 2019		Page 2												Page		
Part III Identification of Re						e organizati	on ansv	vered "Ye	s" on Forr	n 990,	Part IV,	line 34, b	ecause		: 2	
one or more related o Name, add related	rganizations treate (a) dress, and EIN of d organization	ed as a partnersnip	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controllir entity		inant elated, ited,	(f) Share of total income	(g) Share of end-of-year assets	(h Dispropr r allocat	tionate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1	(j) General managi partne	or Perce	k) ntage ership	
				foreign country)		under se 512-5						Form 1065)				
										Yes	No		Yes N			
Part IV Identification of Re								ation ans	wered "Ye	s" on F	orm 99	0, Part IV,	line 34	1		
because it had one or (a) Name, address, and EIN of related organization			s a corporat		ust durir		g Type	e)	(f) Share of tota income	I Share	(g) of end-of- year	(h) itage	(i) Section (13) cor	512(b)	
. Sated organization			(stat	e or foreigi ountry)	1	entry		rust)	income		ssets		Þ	Yes		
							-					+				

Dage 2

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 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? a Receipt of (i) interest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity	or 36.	1a 1b 1c 1d	Pa Yes	nge 3
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	or 36.	1b 1c 1d	Yes	
1 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? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s)	· · · · · · · · · · · · · · · · · ·	1b 1c 1d	Yes	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s)	· · · · · · · · · · · · · · · · · · ·	1b 1c 1d		No
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s)	· · · · · · · · · · · · · · · · · · ·	1b 1c 1d		Ne
c Gift, grant, or capital contribution from related organization(s)	· · · · · · · · · · · · · · · · · · ·	1c 1d		
	· · · · · · · · · · · · · · · · · · ·	1d		No
d Loans or loan guarantees to or for related organization(s)				No
		1e		No
e Loans or loan guarantees by related organization(s)				No
f Dividends from related organization(s)		1f		No
g Sale of assets to related organization(s)		1g		No
h Purchase of assets from related organization(s)		1h		No
i Exchange of assets with related organization(s)		1i		No
j Lease of facilities, equipment, or other assets to related organization(s)		1j		No
k Lease of facilities, equipment, or other assets from related organization(s)		1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)		11	Yes	1
m Performance of services or membership or fundraising solicitations by related organization(s)		1m	Yes	1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n		No
o Sharing of paid employees with related organization(s)		10		No
p Reimbursement paid to related organization(s) for expenses		1p		No
q Reimbursement paid by related organization(s) for expenses		1q	Yes	
				1
r Other transfer of cash or property to related organization(s)		1r		No
s Other transfer of cash or property from related organization(s)		1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and trans				
(a) (b) (c)	(d)			
Name of related organization Transaction Amount involved type (a-s)	Method of determining an	nount ii	nvolved	t
Page 4	Schedule R (F	orm 9	90) 2	2019
rage 4				
Schedule R (Form 990) 2019			Pa	age 4
Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, lin				
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (mea was not a related organization. See instructions regarding exclusion for certain investment partnerships.	sured by total assets or gro	oss rev	/enue]) that
(a) (b) (c) (d) (e) (f) (g) (h) Name, address, and EIN of entity Primary activity Legal Predominant Are all partners Share of Share of Ibsproprit Income section total end-of-year allocatic	onate Code V-UBI Gen	(j) eral or aging		(k) rcentag wnership

 Name, address, and EIN of entity
 Primary activity
 Legal omnice (state or (related, contry))
 Are all partners section or (related, contry))
 Share of (related, contry)
 Code (related, contry)

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Part VII Supplemental Information Provide additional information for		edule R (s	ee instruction	c)								
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