2	e Pu	<u>iblic Visເ</u>	al Render	ObjectId: 2023014593	349300410 - Sul	omission:	2023-05	5-24	TI	[N: 54-1486927			
	0		Re	turn of Organizati	rn of Organization Exempt From Income Tax								
Form	93	90		U	•					2021			
				501(c), 527, or 4947(a)(1) of the second security is not enter social s		-			ns)	2021			
Depart	monto	f the Treesury		Go to <u>www.irs.gov/Form99</u>			•			Open to Public			
		f the Treasury nue Service		<u></u>						Inspection			
A F	or th	ne 2021 c <u>a</u>	lendar year, o	or tax year beginning 07-01	-2021 , and endir	ng 06-30-20	22						
B Che	eck if a	applicable:	C Name of organi	ization 'S ASSOCIATION				D Employer	identif	ication number			
_		change		576506171017				54-14869	27				
	itial re	hange eturn	Doing business	as									
⊖ Fin	al retu	rn/terminated						E Telephone r	umber				
_		ed return tion pending		reet (or P.O. box if mail is not delive VE PO NO 370258	ered to street address)	Room/suite							
	plicat	lon penaing	City or town st	ate or province, country, and ZIP o	r foreign postal code			(740) 263	-7675				
			BROOKLYN, NY					G Gross recei	pts \$ 1	11,811			
		ſ		address of principal officer:		H(a) Is this	a group retu	n for	·			
			CHRISTINE DI 86 WYCKOFF /	PASQUALE AVE PO NO 370258			subor	dinates?		🗌 Yes 🔽 No			
			BROOKLYN, NY			н(b) Are al includ	l subordinates ed?		🗆 Yes 🔲 No			
I Ta	x-exe	mpt status:	501(c)(3)	✓ 501(c) (6) ◀ (insert no.)	□ 4947(a)(1) or □	527		," attach a list	. See i	instructions.			
JW	ebsi	ite: 🕨 www	v.rna.org			H(c) Group	exemption nu	umber	•			
								tion: 1040	Chaba				
K For	m of c	organization:	Corporation	Trust Association O	ther 🕨	L Ye	ear of forma	tion: 1949 I	State	of legal domicile: VA			
P	art I	Sum	narv										
		Briefly des	cribe the organi	zation's mission or most signif									
Ce		PROMOTIN	G WORLDWIDE	EXCELLENCE IN JOURNALISM	ABOUT RELIGION								
Jan													
Governance		Charlethi											
69	_	 2 Check this box ► □ 3 Number of voting members of the governing body (Part VI, line 1a)											
×8	4	Number o	Number of independent voting members of the governing body (Part VI, line 1b)							9			
Activities &	5	Total num	f independent v						3 4	9			
SUV	6	Total num	•		ng body (Part VI, line	e1b)							
A		Total man	ber of individua	voting members of the governi	ng body (Part VI, line	e1b)			4	9			
		Total unre	ber of individua ber of voluntee lated business	voting members of the governi als employed in calendar year 2 rs (estimate if necessary) revenue from Part VIII, column	ng body (Part VI, line 2021 (Part V, line 2a 	1b)) 	 		4 5	9			
	b	Total unre	ber of individua ber of voluntee lated business	voting members of the governi als employed in calendar year 2 rs (estimate if necessary)	ng body (Part VI, line 2021 (Part V, line 2a 	1b)) 	· · · · · · · · · · · · · · · · · · ·		4 5 6	9 0 20 0 0			
		Total unre Net unrela	ber of individua ber of voluntee lated business ated business ta	voting members of the governi als employed in calendar year rs (estimate if necessary) revenue from Part VIII, column axable income from Form 990-	ng body (Part VI, line 2021 (Part V, line 2a (C), line 12 T, Part I, line 11	1b)) 	· · · · · · · · · · · · · · · · · · ·	or Year	4 5 6 7a 7b	9 0 20 0 Current Year			
en	8	Total unre Net unrela Contributi	ber of individua ber of voluntee lated business ated business ta	voting members of the governi als employed in calendar year 2 rs (estimate if necessary) . revenue from Part VIII, column axable income from Form 990- (Part VIII, line 1h)	ng body (Part VI, line 2021 (Part V, line 2a 	1b)) 	· · · · · · · · · · · · · · · · · · ·	or Year	4 5 6 7a 7b	9 0 20 0 Current Year			
venue	8 9	Total unre Net unrela Contributi Program s	ber of individua ber of voluntee lated business ated business ta ons and grants service revenue	voting members of the governi als employed in calendar year 2 rs (estimate if necessary) . revenue from Part VIII, column axable income from Form 990- (Part VIII, line 1h) (Part VIII, line 2g)	ng body (Part VI, line 2021 (Part V, line 2a) 	· 1b)	· · · · · · · · · · · · · · · · · · ·	or Year 80,24	4 5 6 7a 7b 1	9 0 20 0 0 Current Year 0 99,166			
Revenue	8 9 10	Total unre Net unrela Contributi Program s Investme	ber of individua ber of voluntee lated business ated business ta ons and grants service revenue nt income (Part	voting members of the governi als employed in calendar year a rs (estimate if necessary) . revenue from Part VIII, column axable income from Form 990- (Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines 3, 4, an	ng body (Part VI, line 2021 (Part V, line 2a (C), line 12 T, Part I, line 11	· 1b)	· · · · · · · · · · · · · · · · · · ·	or Year 80,24 6,43	4 5 7a 7b 0 1	9 0 20 0 Current Year 0 99,166 2,032			
Revenue	8 9 10 11	Total unre Net unrela Contributi Program s Investme Other rev	ber of individua ber of voluntee lated business ated business ta ons and grants service revenue nt income (Part enue (Part VIII,	voting members of the governi als employed in calendar year 2 rs (estimate if necessary) . revenue from Part VIII, column axable income from Form 990- (Part VIII, line 1h) (Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines 3, 4, an column (A), lines 5, 6d, 8c, 9c	ng body (Part VI, line 2021 (Part V, line 2a (C), line 12 T, Part I, line 11 	· 1b)	· · · · · · · · · · · · · · · · · · ·	or Year 80,24 6,43 7,20	4 5 6 7a 7b 1 1 3	9 9 0 20 0 0 Current Year 0 99,166 2,032 10,613			
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	8 9 10 11 12 13 14	Total unre Net unrela Contributi Program s Investme Other rev Total reve Grants an Benefits p	ber of individua ber of voluntee lated business ated business ta ons and grants service revenue nt income (Part enue (Part VIII, nue—add lines d similar amoun aid to or for me	voting members of the governi als employed in calendar year 2 rs (estimate if necessary) . revenue from Part VIII, column axable income from Form 990- (Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines 3, 4, an column (A), lines 5, 6d, 8c, 9c 8 through 11 (must equal Part nts paid (Part IX, column (A), li embers (Part IX, column (A), li	ng body (Part VI, line 2021 (Part V, line 2a (C), line 12 T, Part I, line 11 d 7d) t VIII, column (A), line ines 1–3)	2 1b)) 	· · · · · · · · · · · · · · · · · · ·	or Year 80,24 6,43 7,20 93,87	4 5 6 7a 7b 1 1 1 3 5 5 0	9 9 0 20 0 Current Year 0 99,166 2,032 10,613 111,811 0 0			
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	8 9 10 11 12 13 14 15 16a	Total unre Net unrela Contributi Program s Investme Other rev Total reve Grants an Benefits p Salaries, a Professio	ber of individua ber of voluntee lated business ated business ta ons and grants service revenue nt income (Part enue (Part VIII, nue—add lines d similar amoun aid to or for me other compensa nal fundraising	voting members of the governi als employed in calendar year 2 rs (estimate if necessary) . revenue from Part VIII, column axable income from Form 990- (Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines 3, 4, an column (A), lines 5, 6d, 8c, 9c 8 through 11 (must equal Part nts paid (Part IX, column (A), li embers (Part IX, column (A), li	ng body (Part VI, line 2021 (Part V, line 2a (C), line 12 T, Part I, line 11 (C), and 11 (C), and 11e) t VIII, column (A), line ines 1–3) (C), column (A), lines	2 1b)) 	· · · · · · · · · · · · · · · · · · ·	• • • Year 80,24 6,43 7,20 93,87 93,87	4 5 6 7a 7b 1 1 1 1 1 3 3 5 5 0 0	9 9 0 20 0 0 Current Year 0 99,166 2,032 10,613 111,811 0 0 0 5,774			
Exp enses Revenue	8 9 10 11 12 13 14 15 16a b	Total unre Net unrela Contributi Program s Investme Other rev Total reve Grants an Benefits p Salaries, a Professio Total fundra	ber of individua ber of voluntee lated business ated business ta ons and grants service revenue nt income (Part enue (Part VIII, nue—add lines d similar amoun aid to or for me other compensa nal fundraising aising expenses (F	voting members of the governi als employed in calendar year 2 rs (estimate if necessary) . revenue from Part VIII, column axable income from Form 990- (Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines 3, 4, an column (A), lines 5, 6d, 8c, 9c 8 through 11 (must equal Part nts paid (Part IX, column (A), I embers (Part IX, column (A), line tion, employee benefits (Part I fees (Part IX, column (A), line	ng body (Part VI, line 2021 (Part V, line 2a) (C), line 12 T, Part I, line 11	2 1b)) 	· · · · · · · · · · · · · · · · · · ·	• • • Year 80,24 6,43 7,20 93,87 93,87	4 5 6 7a 7b 1 1 3 5 0 3 3 3 3 3 3 3 3 3 3	9 9 0 20 0 0 Current Year 0 99,166 2,032 10,613 111,811 0 0 0 5,774			
	8 9 10 11 12 13 14 15 16; b 17	Total unre Net unrela Contributi Program s Investme Other rev Total reve Grants an Benefits p Salaries, a Professio Total fundra Other exp	ber of individua ber of voluntee lated business ated business ta ons and grants service revenue nt income (Part enue (Part VIII, nue—add lines d similar amoun baid to or for me other compensa nal fundraising aising expenses (F enses (Part IX,	voting members of the governi als employed in calendar year 2 rs (estimate if necessary) . revenue from Part VIII, column axable income from Form 990- (Part VIII, line 1h) (Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines 3, 4, an column (A), lines 5, 6d, 8c, 9c 8 through 11 (must equal Part hts paid (Part IX, column (A), I embers (Part IX, column (A), line tition, employee benefits (Part I fees (Part IX, column (A), line Part IX, column (D), line 25) 0	ng body (Part VI, line 2021 (Part V, line 2a 	2 1b)) 	· · · · · · · · · · · · · · · · · · ·	or Year 80,24 6,43 7,20 93,87 57,26	4 5 6 7a 7b 1 1 3 5 0 3 0 2	9 9 0 20 0 0 Current Year 0 99,166 2,032 10,613 111,811 111,811 0 0 5,774 0			
	8 9 10 11 12 13 14 15 16a b 17 18	Total unre Net unrela Contributi Program s Investme Other rev Total reve Grants an Benefits p Salaries, o a Professio Total fundra Other exp Total expe	ber of individua ber of voluntee lated business ated business ta ons and grants service revenue nt income (Part enue (Part VIII, nue—add lines d similar amoun aid to or for me other compenses thal fundraising aising expenses (F enses (Part IX, enses. Add lines	voting members of the governi als employed in calendar year 2 rs (estimate if necessary) . revenue from Part VIII, column axable income from Form 990- (Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines 3, 4, an column (A), lines 5, 6d, 8c, 9c 8 through 11 (must equal Part nts paid (Part IX, column (A), li embers (Part IX, column (A), li tition, employee benefits (Part I fees (Part IX, column (A), line Part IX, column (D), line 25) ▶ <u>0</u> column (A), lines 11a–11d, 11	ng body (Part VI, line 2021 (Part V, line 2a 	2 1b) 	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • •	4 5 6 7a 7b 7b 1 1 1 1 1 1 1 1 1 1 3 3 5 5 1 1 1 1 1 1	9 9 0 20 0 Current Year 0 99,166 2,032 10,613 111,811 0 0 5,774 0 0			
Exp enses	8 9 10 11 12 13 14 15 16a b 17 18	Total unre Net unrela Contributi Program s Investme Other rev Total reve Grants an Benefits p Salaries, o a Professio Total fundra Other exp Total expe	ber of individua ber of voluntee lated business ated business ta ons and grants service revenue nt income (Part enue (Part VIII, nue—add lines d similar amoun aid to or for me other compenses thal fundraising aising expenses (F enses (Part IX, enses. Add lines	voting members of the governi als employed in calendar year 2 rs (estimate if necessary) . revenue from Part VIII, column axable income from Form 990- (Part VIII, line 1h) (Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines 3, 4, an column (A), lines 5, 6d, 8c, 9c 8 through 11 (must equal Part nts paid (Part IX, column (A), line the spaid (Part IX, column (A), line the spaid (Part IX, column (A), line fees (Part IX, column (A), line fees (Part IX, column (A), line Part IX, column (D), line 25) column (A), lines 11a-11d, 11 s 13-17 (must equal Part IX, col	ng body (Part VI, line 2021 (Part V, line 2a 	2 1b)) 	 Pri	• • • • • • • • • • • • • • • • • • •	4 5 6 7a 7b 1 1 1 3 5 0 3 5 0 3 5 0 3 5 0 3 0 1	9 9 0 20 0 0 0 0 0 99,166 2,032 10,613 111,811 0 0 0 5,774 0 0 146,378 152,152			
Exp enses	8 9 10 11 12 13 14 15 16 5 17 18 19	Total unre Net unrela Contributi Program s Investme Other rev Total reve Grants an Benefits p Salaries, a Professio Total fundra Other exp Total expe Revenue l	ber of individua ber of voluntee lated business ated business ated business are ons and grants service revenue nt income (Part enue (Part VIII, nue—add lines d similar amoun add to or for me other compensa nal fundraising aising expenses (P enses (Part IX, enses. Add lines ess expenses. S	voting members of the governi als employed in calendar year is rs (estimate if necessary) . revenue from Part VIII, column axable income from Form 990- (Part VIII, line 1h) (Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines 3, 4, an column (A), lines 5, 6d, 8c, 9c 8 through 11 (must equal Part hts paid (Part IX, column (A), line the paid (Part IX, column (A), line the paid (Part IX, column (A), line embers (Part IX, column (A), line the part IX, column (A), line Part IX, column (D), line 25) ▶0 column (A), lines 11a–11d, 11 a 13–17 (must equal Part IX, co Subtract line 18 from line 12 .	ng body (Part VI, line 2021 (Part V, line 2a) (C), line 12 T, Part I, line 11	2 1b)) 	 Pri	or Year 80,24 6,43 7,20 93,87 57,26 57,26 39,92 97,18 -3,31 of Current Yea	4 5 6 7a 7b 7b <t< td=""><td>9 9 0 20 0 Current Year 0 99,166 2,032 10,613 111,811 0 0 0 5,774 0 146,378 152,152 -40,341 End of Year</td></t<>	9 9 0 20 0 Current Year 0 99,166 2,032 10,613 111,811 0 0 0 5,774 0 146,378 152,152 -40,341 End of Year			
Exp enses	8 9 10 11 12 13 14 15 16 3 9 17 18 19 20	Total unre Net unrela Contributi Program s Investme Other rev Total reve Grants an Benefits p Salaries, o a Professio Total fundra Other exp Total expe Revenue	ber of individua ber of voluntee lated business ated business ta ons and grants service revenue nt income (Part enue (Part VIII, nue—add lines d similar amound to or for me other compensa nal fundraising aising expenses (F enses (Part IX, enses. Add lines ess expenses. S	voting members of the governi als employed in calendar year 2 rs (estimate if necessary) . revenue from Part VIII, column axable income from Form 990- (Part VIII, line 1h) (Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines 3, 4, an column (A), lines 5, 6d, 8c, 9c 8 through 11 (must equal Part hts paid (Part IX, column (A), line the part IX, column (A), line the es (Part IX, column (A), line fees (Part IX, column (A), line Part IX, column (D), line 25) ▶0 column (A), lines 11a–11d, 11 a 13–17 (must equal Part IX, co Subtract line 18 from line 12 .	ng body (Part VI, line 2021 (Part V, line 2a 	2 1b)) 	 Pri	or Year 80,24 6,43 7,20 93,87 57,26 57,26 39,92 97,18 -3,31 of Current Yea 263,42	4 5 6 7a 7b 7b 1 1 3 5 0 3 0 3 0 1	9 9 0 0 0 0 0 0 0 99,166 2,032 10,613 111,811 0 0 0 0 0 0 5,774 0 0 0 146,378 152,152 -40,341 End of Year			
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

					2023-05-24					
Sign	Sig	nature of officer			Date					
Here	СН	RISTINE DIPASQUALE EXECUTIVE DIR	RECTOR							
		pe or print name and title								
	,	Print/Type preparer's name	Preparer's signature	Date	ITTA					
Paid				2023-05-24	Check if P01 self-employed	544850				
Prep		Firm's name 🕨 EASY OFFICE DBA	A JITASA		Firm's EIN > 26-217	⁷ 6601				
Use										
	,	Firm's address 🕨 1120 S ROCKHAM	WAY SUITE 300		Phone no. (208) 287	-4777				
		MERIDIAN, ID 83	3642							
May th	e IRS disc	uss this return with the preparer	shown above? (see instructions)		🗹 Yes 🗌 No	C			
For Pa	perwork	Reduction Act Notice, see the	separate instructions.	Cat.	No. 11282Y	Form 9	90 (2021)			
			Page 2							
Form 9	90 (2021)						Page 2			
Part	III Sta	atement of Program Servio	ce Accomplishments							
		eck if Schedule O contains a resp	onse or note to any line in this I	Part III	<u></u>	<u></u>	. 🗆			
1 [Briefly des	cribe the organization's mission:								
PROMC	DTING WO	RLDWIDE EXCELLENCE IN JOURN	ALISM ABOUT RELIGION							
		ganization undertake any significa	ant program services during the	year which were not li	sted on					
	•	orm 990 or 990-EZ?				🗌 Yes 🚦	🦉 No			
		escribe these new services on Sch								
		ganization cease conducting, or n	nake significant changes in how	it conducts, any progra	am	— ——	•			
	services?									
		-								
		he organization's program service 11(c)(3) and 501(c)(4) organization								
		ue, if any, for each program servi		mount of grants and al	locations to others,	the total expens	ses,			
4a	(Code:) (Expenses \$	49,775 including grants	of \$	0) (Revenue \$	73,820)				
		CE - OUR ANNUAL CONFERENCE IS RN/ DSS THE COUNTRY TO PARTICIPATE IN			OGETHER RELIGION RE	PORTERS AND SC	HOLARS			
-	TROM ACKC		FARLES, GROOF DISCOSSIONS, DIR	INERS, ETC.						
4b	(Code:) (Expenses \$	24,306 including grants	of \$	0) (Revenue \$	19,558)				
-	•	، PPORT AND COMMUNITY BUILDING ،	, 55				D SPECIAL			
		G., "HOW I GOT THE STORY" WEBINAR								
4c	(Code:) (Expenses \$	9,250 including grants	of \$	0) (Revenue \$	5,788)				
		RNA AWARDS FOR RELIGION REPORTI TS AND REPORTERS MAY SUBMIT THE								
		VED BY AN APPOINTED JUDGE, AND W			ION IN THE TEARLY CO	NTEST. ALL SUDMI	5510115			
-										
4d (Other prog	gram services (Describe in Sched	ule O.)							
	(Expenses	\$ 0 inc	luding grants of \$	0) (Revenue	\$	0)				
4e -	Total pro	gram service expenses 🕨	83,331							
						Form 9	90 (2021)			
			Page 3							
E 0	00 (2021)						_			
	90 (2021)		_				Page 3			
Part	IV Ch	ecklist of Required Schedu	ules			Vee	Ne			
						Yes	_			
		anization described in section 501		n a private foundation)	? If "Yes," complete	1	No			
		anization required to complete Sc		force? See instructions		2	No			
	-					_				
		ganization engage in direct or ind office? If "Yes," complete Schedu				es 3	No			
	·						+			
		01(c)(3) organizations. Did th								
6	election in	effect during the tax year? If "Ye	es," complete Schedule C, Part li			4				
5 1	Is the ora	anization a section 501(c)(4), 501	1(c)(5), or 501(c)(6) organizatio	on that receives membe	ership dues,		1			

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership <u>dues</u>,

	assessments, or similar amounts as defined in Rev. Proc. 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 Schedule D</i> ,Part I.	6		No
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		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>	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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 Schedule D, Parts XI and XII	12a		No
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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	18		No
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		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	21		No
		F	orm 990) (2021)

_____ Page 4 ____

Form 990 (2021)

Page **4**

Pai	t 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L</i> , 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? <i>If "Yes," complete Schedule L, Part II</i>	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 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? <i>If "Yes," complete Schedule L, Part IV</i>	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 line 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? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule R, Part I</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 on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4		Tes	Νο
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No
		F	orm 99	0 (2021)
	Page 5			
- orm	990 (2021)			Page 5
Pa				
	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?	2b		
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	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)?	4a	No
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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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?	7a	No
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	No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
C	bid the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract:	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
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? \ldots .	9b	
10	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.		
	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
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	No
16	If "Yes," see the instructions and file Form 4720, Schedule N. 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
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	
	If "Yes," complete Form 6069.	Foi	rm 990 (2021)
		10	

------ Page 6 ------

	lines 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			
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 9			
	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 9			
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	Did the organization have members or stockholders?	6		No
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	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		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe on 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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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	Yes	
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	Yes	
60	ction C. Disclosure	100	162	
<u>5e</u> 17	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section			
	501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			

Own website Another's website Vpon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 19

20	State the name, address, and telephone number of the	e person who possesses the organization's books and records:
	CHRISTINE DIPASQUALE 20-14 HARMAN ST NO 1R	RIDGEWOOD, NY 11385 (917) 627-9395

• 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, or 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.

(A) Name and title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t ch unle fice	ss pers r and a	son	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/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations	
(1) CHRISTINE DIPASQUALE EXECUTIVE DIRECTOR				x				5,774	0	0	
(2) BETSY SHIRLEY PRESIDENT	5	х		x				0	0	0	
(3) DAWN ARAUJO HAWKINGS VICE PRESIDENT, MEMBERSHIP CO-CHAIR	5	х		x				0	0	0	
(4) DEEPA BHARATH VICE PRESIDENT, CONFERENCE CO-CHAIR	2	х		x				0	0	0	
(5) KEN CHITWOOD TREASURER, NOMINATING CHAIR	2	х		x				0	0	0	
(6) HOLLY MEYER SECRETARY, MEMBERSHIP CO-CHAIR	2	х		x				0	0	0	
(7) ELAINE JUSTICE BOARD MEMBER	2	х						0	0	0	
(8) PETER SMITH BOARD MEMBER, FORMER PRESIDENT	2	х						0	0	0	
(9) DINA ZINGARO CONFERENCE CO-CHAIR	2			x				0	0	0	
(10) JACK GORDEN CONFERENCE CO-CHAIR	2			x				0	0	0	
	l					 					

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (a) Name and title (b) Average any hours for related organizations beingent to an officer and director/trustee) (c) Total and the analysis of the analysis of the analysis of the analysis of the analysis of the analysis of the analysis of the analysis of the analysis of the analysis of the analysis of the analys							\square							
Page 8 memory contracts and the set of the s													Form 99	0 (202 ⁻
P99 (2021) Particle Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Summe and bite Particle Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Particle Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensation from related organization is both and once hock, unless person is both and once hock more in both and once hock more in both and once hock more in both and once hock more is both and once hock more in both and once hock more is both and once hock													10111 99	0 (202.
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (a) Name and title (b) Week (Bit any hours organization organization below dotted ine;) (c) Postion (in or check, more is both anothox, unless person is both anothox (in the check more is both anothox). (c) Postion (in to check, more from the organization organization organization is both anothox. (c) Postion (in to check, more is both anothox). (c) Postion (in the check more is both anothox).					Pag	e 8								
(A) Name and title (P) Average burs per work (ist organizations below in officer and a organizations below in officer and a organization in a state of the state of the state of the state organization is the state of the state of the state organization is the state of the state of the state of the state organization is the state of the state of the state of the state organization is the state of the state organization is the state of the state organization is the state of the state	m 990 (2021)	· <u>-</u> ·												Page
Name and bite Average hours per wake (ist any hours) organization below manual below into ine of the one officer and a director/trustee) The portable compensation organization (W any any any any any any any any any any	art VII Section A. Officers, Direc	ctors, Trustee	s, Key	y Emp	oloy	ees,	, and	Hig	he	est Compensate	d Employees	(cont	tinued)	
biology of particulations of the second s		Average hours per week (list any hours	thar	n one l s both	do no box, an o	ot ch unle ffice	ss pe r and	rson		Reportable compensation from the organization (W-	Reportable compensatio from related organizations (n d	Estima amount c compen from	ated f other sation the
Total from continuation sheets to Part VII, Section A		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				EC)	relat	ed
Total from continuation sheets to Part VII, Section A												\downarrow		
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Total from continuation sheets to Part VII, Section A					+									
Total from continuation sheets to Part VII, Section A														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Total from continuation sheets to F	Part VII, Section	Α.	•		•				5.774		0		
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Total number of individuals (includin	g but not limited	l to th		ted a	abov	e) wh	o rec	eiv		00,000			
line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?If "Yes," complete Schedule J for such person 5 ection B. Independent Contractors 5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)													Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?If "Yes," complete Schedule J for such person 5 ection B. Independent Contractors 5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)						•			gh	est compensated	employee on	3		No
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?If "Yes," complete Schedule J for such person 5 ection B. Independent Contractors 5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the calendar year ending with or within the organization's tax year. (A) (A) (B) (C)	organization and related organization										n the	4		No
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)												_		No
from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)														
												mpen	isation	
	Name		ess							Desci				

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of	
	compensation from the organization 🕨 0	

					Page 9			
Form 990 (20	21)							Page 9
Part VIII	Statemen	t of	Revenue					rage D
	Check if Sch	edul	e O contains a resp	oonse or note to any	y line in this Part VIII			🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Federate	d campaigns		. 1a					
Contributions Gifts, Grants, and Members OtherAmt Similar AnnoEHtedraisi	ship dues .		1b 1c					
	0	•						
d Related o	organizations 0		1d					
e Governme	nt grants (contri 0	butio	ns) 1e					
	ontributions, gift r amounts not ir							
above	0							
g Noncash c lines 1a -	ontributions incl 1f:\$	uded	in 1g					
	0		<u> </u>					
h Total. Ac	ld lines 1a-1f	•		• ► 0				
				Business Code	73,820	73,820	0	0
2a CONF	ERENCE			900099	73,820	/3,820	U	0
) MEMB	ERSHIP DUES			900099	19,558	19,558	0	0
	ING CONTEST			900099	5,788	5,788	0	0
Servi								
Program								
	her program s	ervio	ce revenue.		0	0	0	0
				99,166				<u> </u>
3 Invest	ment income	(inclu	uding dividends, int	terest, and other	2,032	0	0	2,032
	,		of tax-exempt bon	nd proceeds	0	0	0	0
5 Royalt	ies			•	0	0	0	0
		, ,	(i) Real	(ii) Personal				
6a Gross	s rents	6a						
b Less: exper		6b						
c Renta or (lo	al income oss)	6c	0	0				
d Net	rental income	or (l	oss)	· · · •				
	ſ	, [(i) Securities	(ii) Other	T			
assets	amount sales of other nventory	7a						
h Less:	cost or							

other basis and sales expenses	7b					
	7c 0					
c Gain or (loss) d Net gain or (loss)		0				
a Gross income from fu (not including \$ contributions reporte See Part IV, line 18 b Less: direct exper	andraising events 0 of d on line 1c). • • • • nses • • • ss) from fundraising even gaming activities.					
b Less: direct exper c Net income or (los	nses 9b ss) from gaming activitie	s				
10a Gross sales of inverse of the second se	ances 10a					
	L L					
	ss) from sales of invento ous Revenue	Business Code				
11a _{PRESS} RELEASE		900099	4,250	4,250	0	0
b OTHER MISCELLA	NEOUS REVENUE	900099	1,430	1,430	0	0
с						
d All other revenue			4,933	4,933	0	0
e Total. Add lines 1	1a-11d		10,613			
12 Total revenue. S	See instructions	⊾ 🗖	10,015			
		F	111,811	109,779	0	2,032

Page 10 ------

Form 990 (2021)

Page **10**

Р	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	complete all columns.	All other organization	ons must complete co	olumn (A).
	Check if Schedule O contains a response or note to an	•	2	•	🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	5,774			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				

а	Management			l	l
b	Legal	4,356			
с	Accounting	3,739			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,131			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	70,419			
12	Advertising and promotion				
13	Office expenses	9,410			
14	Information technology				
15	Royalties				
16	Occupancy	140			
17	Travel	40,834			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	8,389			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,308			
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 DUES AND SUBSCRIPTIONS	4,130			
I	b BANK CHARGES AND PROCESSING FEES	2,522			
ļ	c				
Ċ	d				
Ċ	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	152,152	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).				

_____ Page 11 -

Forn	n 990	(2021)			Page 11
Part X		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part IX $\ .$			🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	79,934	1	94,616
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,570	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		6	
\$	7	Notes and loans receivable, net		7	
set	8	Inventories for sale or use		8	
d S.	9	Prepaid expenses and deferred charges	13,983	9	5,157
	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 .	166,935	11	147,164
	I				

	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)	263,422	16	246,937
	17	Accounts payable and accrued expenses	35,501	17	1,185
Liabilities	18	Grants payable		18	
	19	Deferred revenue	451	19	451
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	
Ĵ	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		25	
	26	Total liabilities. Add lines 17 through 25	35,952	26	1,636
Fund Balances	27	Organizations that follow FASB ASC 958, check here Solution and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	227,470	27	245,301
ä	28	Net assets with donor restrictions	0	28	0
or Fund	29	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
	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	227,470	32	245,301
Net	33	Total liabilities and net assets/fund balances	263,422	33	246,937
59551	1				Form 990 (2021)

Page 12 ------

Form 990 (2021)		Page 12
Part 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	111,811
2 Total expenses (must equal Part IX, column (A), line 25)	2	152,152
3 Revenue less expenses. Subtract line 2 from line 1	3	-40,341
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	227,470
5 Net unrealized gains (losses) on investments	5	-11,440
6 Donated services and use of facilities	6	0
7 Investment expenses	7	0
8 Prior period adjustments	8	0
9 Other changes in net assets or fund balances (explain in Schedule O)	9	69,612
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	245,301
Part XII Financial Statements and Reporting		

	Check if Schedul	e O contains a response or not	te to any line in this Part XII			
					Yes	No
	Accounting method used	to prepare the Form 990:	🗌 Cash 🗹 Accrual 🗌 Other			
	If the organization chang Schedule O.	ed its method of accounting fr	rom a prior year or checked "Other," explain on			
2a	Were the organization's f	inancial statements compiled	or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box belo separate basis, consolida		ncial statements for the year were compiled or reviewed on a			
	Separate basis	Consolidated basis	$igodoldsymbol{\square}$ Both consolidated and separate basis			
b	Were the organization's f	inancial statements audited by	y an independent accountant?	2b		No

	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis		
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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.	Зb	
		Form	n 990 (2021)

Additional Data

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Software ID: 21013178 **Software Version:** v1.00

Form 990, Special Condition Description:

Special Condition Description

efil	e Public Visual	Render	ObjectId: 2023014593	49300410 - Submission: 20	23-05-24	TIN: 54-1486927
SCI	HEDULE C		Political Campaig	gn and Lobbying Act	ivities	OMB No. 1545-0047
	n 990)	For Or	ganizations Exempt From In	come Tax Under section 501((c) and section 527	2021
	ment of the Treasury I Revenue Service			ibed below. ►Attach to Form 99 for instructions and the latest		Open to Public Inspection
S S If the S If the (Pro) Nar	ection 501(c)(3) org Section 501(c) (othe Section 527 organiz organization ans Section 501(c)(3) of Section 501(c)(3) of organization ans (y Tax) (see separ Section 501(c)(4), (ne of the organization	ganization: er than sec zations: Cc swered "Yo rganizatior rganizatior rganizatior swered "Yo rate instru 5), or (6) o cion	s: Complete Parts I-A and B. Do r ction 501(c)(3)) organizations: Co omplete Part I-A only. es" on Form 990, Part IV, Line 4 ns that have filed Form 5768 (elec ns that have NOT filed Form 5768 es" on Form 990, Part IV, Line 5	b , or Form 990-EZ, Part V, line 46 (not complete Part I-C. mplete Parts I-A and C below. Do no c , or Form 990-EZ, Part VI, line 47 tion under section 501(h)): Comple the (election under section 501(h)): Comple the (Proxy Tax) (see separate instruc	ot complete Part I-B. (Lobbying Activities) te Part II-A. Do not cor omplete Part II-B. Do n ctions) or Form 990-E	, then nplete Part II-B. ot complete Part II-A.
REL	IGION NEWS ASSOCIA	ATION			54-1486927	
Par	t I-A Complet	te if the	organization is exempt un	der section 501(c) or is a se	ection 527 organiz	ation.
1	"political campaig	n activities	s."	political campaign activities in Part		
2 3						<u> </u>
			organization is exempt un	ions		
1			- ·	ion under section 4955		
2			, ,	managers under section 4955	······ • •	;
3		•		m 4720 for this year?		
4a	-					Yes No
						🗌 Yes 🗌 No
b Dari	If "Yes," describe			der section 501(c), except s	section $501(c)(3)$	
1				n for section 527 exempt function a		5
2	Enter the amount	t of the filir	ng organization's funds contribute	to other organizations for section	527 exempt	;
3	Total exempt fund	ction exper	nditures. Add lines 1 and 2. Enter	here and on Form 1120-POL, line 1		
4	Did the filing orga	anization fi	ile Form 1120-POL for this year?	?		Yes No
5	organization mad of political contrib	le payment outions rec	ts. For each organization listed, en eived that were promptly and dire	ber (EIN) of all section 527 political her the amount paid from the filing ectly delivered to a separate politica e is needed, provide information in	g organization's funds. al organization, such as	n the filing Also enter the amount
(a)	Name		(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
1						
2						
3						
4						
5						
6						
For Pa	aperwork Reduction	n Act Notice	e, see the instructions for Form 990	D. Cat. No. 5	50084S Sch	edule C (Form 990) 2021

Schedule C (Form 990) 2021

	Section SOT(11)).			
A	Check b if the filing organization belongs to an expenses, and share of excess lobbying	affiliated group (and list in Part IV each affiliated g expenditures).	l group member's nam	e, address, EIN,
В	Check \blacktriangleright if the filing organization checked box h	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 opinio	on (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)		
с	Total lobbying expenditures (add lines 1a and 1b)			
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1c and	i 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 -	Э		
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 a 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 Expenditu	res During 4-	Year Averagii	ng Period		
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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					
					Schodulo C (I	Form 990) 2021

Schedule C (Form 990) 2021

Page 3

Schedule C (Form 990) 2021 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Part II-B 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: Volunteers? а 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 nublished or broadcast statements?

-	rubications, or published or broadcase statements.		I			
f	Grants to other organizations for lobbying purposes?					
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), c	r secti	on		
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	res	No No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2	Yes	NU
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		-	3	163	No
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			-		
Fai	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	III-A	, line 3	8, is	501(0)(0)
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?	4				
5	Taxable amount of lobbying and political expenditures. See Instructions	5				
Pa	art IV Supplemental Information					
	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); ructions), and Part II-B, line 1. Also, complete this part for any additional information.	Part II-	A, lines	1 an	d 2 (se	e
	Return Reference Explanation					
		Sched				

Additional Data

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efile Public	Visual	Render	ObjectI	(d: 2023	0145934	493004	110 - S	ubmissi	on: 2023	-05-24		TIN: 54-1486927 OMB No. 1545-0047
SCHEDUL (Form 990) Department of the Tre nternal Revenue Ser	easury	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.							2021 Open to Public Inspection			
Name of the org RELIGION NEWS A										Employer i 54-1486927		cation number
Return Reference							Explan	ation				
Form 990, Part VI, Section A, Line 7a	ASSOC	CIATION M	IEMBERS EL	LECT BOA	ARD MEME	BERS. TI	HE BOA	RD MEMI	BERS THE	N ELECT OFFI	ICERS.	
Form 990, Part VI, Section B, Line 11b	MANAG	GEMENT F	REVIEWS TH	1E 990 PR	RIOR TO FI	ILING						
Form 990, Part VI, Section B, Line 12c	A COM	IITTEE OF	THE BOARI	D OF DIRE	ECTORS R	REVIEW	S ALL P	OTENTIAI	CONFLIC	TS OF INTERI	EST AT	LEAST ANNUALLY.
Form 990, Part VI, Section B, Line 15	THE O	FFICERS'	SALARY IS I	DETERMI	NED AND	APPRO	VED BY	THE BOA	RD OF DIF	RECTORS.		
Form 990, Part VI, Section C, Line 19	GOVEF	RNING DC	CUMENTS A	ARE AVAIL	LABLE UP	ON REQ	UEST					
Form 990, Part IX, Line 11g	OTHEF	R PROFES	SIONAL SEF	RVICE EXI	PENSES							
Form 990, Part XI, Line 9	BALAN	ICE ADJUS	STMENT FR	om Jan -	MAY 2021	1						
or Paperwork Redu	uction Act No	otice, see the	Instructions for	Form 990 or 9	990-EZ.		Cat.	No. 5105	6K			Schedule O (Form 990) 202
Addition	al Data	а									F	leturn to Form

Software ID: 21013178 **Software Version:** v1.00

efile Public Visual Rende	r ObjectId: 20	2301459	3493004	10 - Sut	mission: 20	23-05-2	.4								FIN: 5 4	-1480	5927	
SCHEDULE R	Related Organizations and Unrelated Partnerships													OMB No. 1545-0047				
(Form 990)	•			-	swered "Yes'					-					20	21		
(,	PC				Attach to F	orm 990.					0, OF 37.						-	
Department of the Treasury Internal Revenue Service		-	10 to <u>ww</u>	<u>v.irs.gov/</u>	<u>Form990</u> for i	nstructio	ns and t	ne lates	t inform	ation.				0	pen to Inspe		C	
Name of the organization RELIGION NEWS ASSOCIATION											Employe	r ident	ificatio	n numbe	er			
											54-14869	27						
Part I Identification	of Disregarded E	ntities. Co	mplete if	the organ	nization answ	ered "Yes	s" on Fo	rm 990,	, Part IV,	line 33.				-				
Name, address, and E	(a) IN (if applicable) of disre	egarded entity			(b) Primary ac	tivity		(c) omicile (st		(d) Total incom	e End	(e) -of-year	assets		(f) Direct con			
							or fore	ign counti	ry)						entit	Ý		
Part II Identification o	f Related Tax-Exe	empt Orga	anization	is. Compl	ete if the orga	anization	answer	ed "Yes	" on Forr	n 990, F	art IV, lir	ie 34 b	ecause	e it had o	one or r	nore		
	pt organizations du (a)				(b)		c)		(d)		(e)		1	(f)		()		
Name, address, and E	EIN of related organizatio	'n		Prima	ary activity	Legal don	nicile (state n country)	e Exem	npt Code se	ction P	ublic charity section 501	status (c)(3))	Di	rect contro entity	olling	Section (13) co	512(b)	
														,		ent Yes	ity? No	
(1)RELIGION NEWS FOUNDATION 30 NEFF ANNEX				CHRITABLE			ОН	501c3	3	12	3		NOT AP	PLICABLE			No	
COLUMBIA, MO 65211																		
31-1650883				+														
For Paperwork Reduction Act	Notice, see the Ins	tructions f	or Form 9	90.		Ca	it. No. 50	135Y					Sch	edule R	(Form 9	90) 20	021	
			- Page	2							_							
			ruge	2														
Schedule R (Form 990) 2021						1.1				1 11 1 1 1		00 D		24			e 2	
Part III Identification or one or more relat	ed organizations tr						e organ	Ization	answere	a res c	on Form S	90, Pa	rt IV, II	ne 34, i	ecause	it nau		
Name, addre	a) ss, and EIN of		(b) Primary	(c) Legal	(d) Direct	(e Predom	ninant	(f) Share of	(g) Share of	Disp	(h) roprtionate		(i) le V-UBI	(Gene	j) ral or	Perce	k) ntage	
related or	ganization		activity	domicil (state d	e controlling or entity	income(unrela	ated,	total income	end-of- year	all	ocations?	bo	nount in x 20 of		aging ner?	owne	ership	
				foreigr country			d from tax sections		assets				edule K-1 m 1065)					
						512-5	,14)			Yes	No			Yes	No			
										_								
	f Related Organiz									answer	ed "Yes"	on For	m 990,	Part IV,	line 34			
(a)	e or more related	- (b))	u as d CO	(c)	((d)	(e)	(f)	(g)		1)	1)		(i)		
Name, address, and EIN related organization	of	Primary a	activity		Legal Iomicile	Direct o	ontrolling ntity	Type of (C cor	entity Sh p, S	are of tota income	I Share of of-ye	end- ar	Percel	ntage		n 512(b) olled ent		
					e or foreign ountry)			cor or tru			asse	us			Yes		No	
		I	I			1		1	I		I	I			1	I		

•	•	•	•	Schedule R	(Form 990) 2021

Page 3						
chedule R (Form 990) 2021					Pag	je 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes	s" on Form 990, Pai	rt IV, line 34, 35b	, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related of	organizations listed in	Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b		No
c Gift, grant, or capital contribution from related organization(s)				1c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		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	
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
${\boldsymbol o}$ Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1p		No
${\bm q}$ Reimbursement paid by related organization(s) for expenses				1q	Yes	
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	e, including covered re	elationships and trar	saction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount inv	volved	

Schedule R (Form 990) 2021

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. (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) (c) Legal domicile (state or foreign country) (e) Are all partners section 501(c)(3) organizations? (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (b) Primary activity (h) Disproprtionate allocations? (j) General or managing partner? (k) Percentage ownership (a) Name, address, and EIN of entity (f) Share of total income (g) Share of end-of-year assets Yes No Yes No Yes No

------ Page 4 ---

Schedule R (Form 990) 2021

Page 4

								Sch	edule R (Form 99	90) 2021
		Page 5									
hedule R (Form 990) 2021											Page 5
Part VII Supplemental Info	mation										ruge J
Provide additional inform	nation for responses to	questions on Sch	edule R. See in	structions.							
Return Reference					E	planation					
									Schedul	e R (Forn	n 990) 202
Additional Data									R	eturn to	o Form
