RNF 10/15/2010 9 54 AM Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2009 Open to Public

_	For the 200	O calendar v	ear, or tax year beginning 07/01/09 and ending 06/30/10		, mapadai
	Check if applica		C Name of organization	D Emplo	oyer identification number
	Address change	use IRS			yer identification number
믐	Audress Grang	label of		 31_	-1650883
Ш	Name change	print or			
	Initial return	type. See	Number and street (or P O box if mail is not delivered to street address) Room/suite		none number 1-891-9001
$\bar{\sqcap}$	Termination	Specific		1	E06 640
\equiv		Instruc		G Gross rece	expts \$ 506,648
닏	Amended return		WESTERVILLE OH 43086	4	
\Box	Application per	_{ding} F Nam	e and address of pnncipal officer	H(a) Is this	a group return for
				affiliate H(b) Are all	
				include	
				If "No,"	* attach a list (see instructions)
<u></u>	Tax-exempt		501(c) (3) 4 (insert no) 4947(a)(1) or 527		
<u>J</u>	Website:	WWW.	RELIGIONWRITERS.COM	H(c) Group	exemption number
<u>K</u>	Type of organi	zation X Co	orporation Trust Association Other ▶ L Year of formation	1999	M State of legal domicile OH
P	art I	Summa	ry		
	1 Bne	fly describe	the organization's mission or most significant activities.		,
_	1	-	CE PUBLIC UNDERSTANDING OF RELIGION IN THE MEDIA		
ž					••
Ta	•	• ••			•
Governance	2 Che	ck this box	If the organization discontinued its operations or disposed of more than 25% of its net ass	ate	
			g members of the governing body (Part VI, line 1a)	3	
ණ ග	_		•		
it.	4.		pendent voting members of the governing body (Part VI, line 1b)	4	
Acțiviți	h		employees (Part V, line 2a)	5	
Š,	6 Tota	il number of	volunteers (estimate if necessary)	6	
>	7a Tota ≯	il gross unre	lated business revenue from Part VIII, column (ORINE (2 FIVE)	7a	
1	b Net	unrelated bu	isiness taxable income from Form 990-T, lline 194	7b	0
	1		d grants (Part VIII, line 1h)	00,035	Current Year
₽ <u>-</u>	8 Con		d grants (Part VIII, line 1h)	00,035	499,732
\$C/Revenue	9 Prog		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 0.40	
8	10 Inve	stment inco	me (Part VIII, column (A), lines 3, 4, and 7d)	240	5,557
Z,	11 Othe	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, loc, and Gaben, UT		
₩ ₩	12 Tota	l revenue –	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	00,275	505,289
	13 Grai	nts and simil	ar amounts paid (Part IX, column (A), lines 1–3)		
	14 Ben	efits paid to	or for members (Part IX, column (A), line 4)		
ñ	15 Sala	ries, other c	ompensation, employee benefits (Part IX, column (A), lines 5–10)	83,051	170,468
enses	16a Prof	essional fun	draising fees (Part IX, column (A), line 11e)		
Ð,	b Tota	ıl fundraisıng	expenses (Part IX, column (D), line 25) ► 5,514		
Exp	17 Othe	er expenses		73,543	341,646
		-		56,594	512,114
			· · · · · · · · · · · · · · · · · · ·	43,681	-6,825
58			Beginning of		End of Year
Net Assets or	20 Tota	ıl assets (Pa		70,666	446,045
ASS	21 Tota	•	· ,	16,593	98,235
Ž	22 Net	assets or fu		54,073	347,810
	art II		ire Block		
ىتىب			lities of perjury, I declare that I have examined this return, including accompanying schedules and statements, a	nd to the best o	of my knowledge
			t is true, conject, and complete Declaration of preparer (other than officer) is based on all information of which i		
Sig	7D	L		1	
He	-		740000		
пе	16	Signat	ure of officer Lehna L- Mason		0/ZMM
			.0-0,70,0	10/1	7/000
_		r ype c	r print name and title		Preparer's identifying number
Da	id	Preparer's	Date Che self-		(see instructions)
Pa		signature	10/15/10 emp	loyed 🕨 🔔	P00062806
	eparer's	Firm's name	Cotterman-Wilson CPAs, Inc.	EIN ▶	<u> </u>
US	e Only	if self-emplo		Phone	
		address, ar			614-781-6174
Mar	the IRS di	scuss this re	eturn with the preparer shown above? (see instructions)		X Yes No
			erwork Reduction Act Notice, see the separate instructions.		Form 990 (2009)
DAA	\				7

4b (Code) (Expenses \$			ınclu	iding gra	ants of \$) (Revenue \$	
								•		
	•		•				•		•	
	•	•	•	•	•	•				•
	•	•	• •		• •		••			
	••	•					•	•	•	• •
	• • • • • • • • • • • • • • • • • • • •				•	•				•
•	••			•				• •	•	
								•	••	
				•						
	•									

including grants of \$

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 443,087

) (Revenue \$

4c (Code:

)(Expenses \$

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

31-1650883 Part IV **Checklist of Required Schedules** Yes Νo Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete X Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," X complete Schedule D. Part I. 6 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," 9 X 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or X quasi-endowments? If "Yes," complete Schedule D, Part V 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 X VII, VIII, IX, or X as applicable 11 • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets related 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. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI, XII, and XIII. 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? No X If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services X on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III 19

20

19? Note. All Form 990 filers are required to complete Schedule O

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 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 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X 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 X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? X If "Yes," complete Schedule L, Part III 27 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) X 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, X Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X organization? If "Yes," complete Schedule R, Part V, line 2 36 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, X Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

Form 990 (2009)

X

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009) RELIGION NEWSWRITERS FOUNDATION Page 5 Statements Regarding Other IRS Filings and Tax Compliance No Yes 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3h 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, secunties account, or other financial X account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations, Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

~ '() Form 990 (2009) RELIGION NEWSWRITERS FOUNDATION

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	<u></u>		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	1		
	renue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	1		
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	1		
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u></u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	<u> </u>		
	nse to conflicts?	12b		X
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	·		
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	1.55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	, va		
~	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
10				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
T. 77	organization. ► DEBRA MASON P.O. BOX 2037		1 ^	001
WE	STERVILLE OH 43086-2037 614	<u> </u>	<u> </u>	OOT

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons

Check this box if the organization	did not compen-	sate a	any d	urre	nt of	ficer,	dire	ctor, or trustee		, <u></u>		
(A) Name and Title	(B)		(C) Position (check all that apply)					(D)	(E)	(F) Estimated		
Name and Tiue	Average hours per week	ndividual trustee or director		Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
KEVIN ECKSTROM TRUSTEE		x						0	0	O		
CATHY LYNN GROSSM TRUSTEE	AN	x						0	0	0		
STEVE BUTTRY TRUSTEE		x						0	0	0		
ANSLEY ROAN TRUSTEE		x						0	0	0		
DEBRA L MASON EXEC DIR		<u> </u>		x				37,201	7,250	3,552		
STEVE MAYNARD PRESIDENT				х				0	0	(
ROBERT MONG SECOND VP				x				0	0			
JEFF SHELER TREASURER				x				0	0			
ANN RODGERS												
SECOND VP ABE LEVY				х 				0	0	(
SECRETARY				X				0	0	0		

Part '			tees	, Ke			yees	, and	d Highest Compensated E		T
	(A) Name and Title	(B) Average hours per		_	chec	-	hat ap		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
						-					
						 -					
											-
											,
	•										
	·										
	otal		••••					<u> </u>	37,201	7,250	3,552
	otal number of individuals (inc portable compensation from t			_	ose	listed	abo	ve)	who received more than \$1	00,000 in	
3 Di	d the organization list any for	mer officer direc	tor o	e terr	ctoo	kov	omn	lovo	o or highest companyated	-	Yes No
er	nployee on line 1a? If "Yes," o	complete Schedu	le J 1	for su	uch i	ndıvı	dual		•		3 X
th	or any individual listed on line e organization and related org dividual										4 X
5 Di	d any person listed on line 1a ervices rendered to the organi									•	
	n B. Independent Contracto		ZOITI)	леце	Scri	eaul	e J 10	n su	ch person		5 X
	omplete this table for your five		sate	d ind	lepe	nder	nt cor	trac	tors that received more than	n \$100,000 of	- · · · · · · · · · · · · · · · · · · ·
	Name and	(A) business address							Descript	(B) ion of services	(C) Compensation
	-										
		· · · · · · · · · · · · · · · · · · ·							·		
	otal number of independent co	•	-				to the	ose	listed above) who received		
DAA	ore than \$100,000 in compen	sauon nom the o	gan	ızauc	JI						Form 990 (2009)

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Pa	rt V	# Staten	<u>nent of Reve</u>	nue						
4							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
g s	12	Federated carr	nnaigne	1a				10101100		012, 010, 01014
ant				1b						
ge		Membership di	• • •							
fts,	C.	Fundraising ev		1c						
<u>gë</u>	đ	Related organi	-	1d	-					
Sim	9	Government grants ((contributions)	1e					·	
atio er	f	All other contribution								
들		and similar amounts	not included above	1f	. <u> </u>	499,732				
g	g	Noncash contribution	ns included in lines 1a-	1f	\$		Ì		:	
Ç.e	h	Total. Add line	s 1a-1f			•	499,732			
Program Service Revenue Contributions, gifts, grants			-			Busn. Code			-	
le)	2a									
Re	b		• •							
<u>ic</u>	С		• •							
ē	ď			•						
S	e		••	•					•	
gra		All other progra	am service rever							· · · · · · · · · · · · · · · · · · ·
P.O	'			iue					•	<u> </u>
_	- 3					.				
	3		ome (including d	iviaeno	is, interes	st, and	c 11c			C 11C
		other similar amounts) Income from investment of tax-exempt bond pro				6,116			6,116	
	4		ivestment of tax-	exemp	t bona pro	oceeas 🕨				
	5	Royalties								
			(ı) Real		(11)	Personal				
	6a	Gross Rents							-	
	ь	Less rental exps			 					
	С	Rental inc or (loss)								
	d	Net rental inco								
	'a	sales of assets	(i) Secunties	3	(11)	Other				
		other than inventory			<u> </u>	800			:	
	b	Less cost or other								
		basıs & sales exps				1,359				
	С	Gain or (loss)			<u> </u>	-559				
	d	Net gain or (los			· · ·	<u> </u>	-559	-559		
	8a		om fundraising even	nts						
립		(not including \$								
ě		of contributions re	eported on line 1c)							
2		See Part IV, line	18	а						
Other Revenue	b	Less direct ex	penses	b						
0	С	Net income or	(loss) from fundr	aising	events	•				
			om gaming activities	- 1						
		See Part IV, line	19	а						`
	b	Less direct ex	penses	ь						
	С	Net income or	(loss) from gamı	ng acti	vities	. •				
		Gross sales of								
		returns and allo	•	а						
	b	Less. cost of g	oods sold	ь						
		_	(loss) from sales	of inv	entory	•				
			ellaneous Revenue			Busn Code				
	11a						İ			
	b	•	•				-			
	c	• •								
	d	All other revenue	 ue							
	e	Total. Add line				—				
	12		e. See instruction	is.	•		505,289	-559	0	6,116
-							,			

- 1

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	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			expenses	general expenses	expenses
•	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			****	
2	the U.S. See Part IV, line 22		Ē		
3	Grants and other assistance to governments,			***** ***** ***** ***** ***** *****	+
•	organizations, and individuals outside the				
	U S. See Part IV, lines 15 and 16		į.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				<u></u>
	trustees, and key employees	37,201	27,028	6,757	3,41
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	102,069	81,145	20,924	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	12,656	9,872	2,531	253
9	Other employee benefits	8,165	6,369	1,633	163
10	Payroll taxes	10,377	8,093	2,076	208
11	Fees for services (non-employees):				
а	Management				
b	Legal	549		549	
С	Accounting	9,450		9,450	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties _				· · · · · · · · · · · · · · · · · · ·
16	Occupancy .	6,000	4,680	1,200	120
17	Travel .	66,523	66,361		162
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,000	5,000		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,191	2,489	638	64
23	Insurance				·i
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				<u></u>
а	Education Stipends	71,383	71,383		
b	Correspondents	60,302	60,302		
C	Website Development	22,309	22,309		
d	Printing & Publications -	17,732	17,732		
e	Promotion/Advertising	15,461	15,461	10 000	4 4 4 4
- f	All other expenses	63,746	44,863	17,755	1,128
25	Total functional expenses. Add lines 1 through 24f	512,114	443,087	63,513	5,51
26	Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
AA	fundraising solicitation		l		Form 990 (2009

Part X' **Balance Sheet** (A) (B) Beginning of year End of year 152,843 Cash—non-interest bearing 1 698,230 365,812 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 8,465 58,906 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 4,607 14,674 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 77,769 other basis. Complete Part VI of Schedule D 10a 71.116 6.521 6,653 b Less accumulated depreciation 10b Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 870,666 446,045 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 4,158 28,338 17 Accounts payable and accrued expenses 18 Grants payable 18 504,757 69,800 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 7,678 25 Other liabilities. Complete Part X of Schedule D 25 97 516,593 98,235 26 Total liabilities. Add lines 17 through 25 26 **Net Assets or Fund Balances** Organizations that follow SFAS 117, check here > |X| and complete lines 27 through 29, and lines 33 and 34. 354,073 27 Unrestricted net assets 27 347,810 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 354,073 347,810 Total net assets or fund balances 870,666 446,045 Total liabilities and net assets/fund balances

Form 990 (2009)

Form	990 (2009) RELIGION NEWSWRITERS FOUNDATION 31-1650883		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		•	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	<u> </u>
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		X
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.		Ĭ.	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both		ŧ	
	Separate basis Consolidated basis Both consolidated and separate basis		ŧ	
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		X
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	36		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

RELIGION NEWSWRITERS FOUNDATION

Employer identification number

31-1650883 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ĸ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III–Functionally integrated b | Type II X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support col (i) of your (i) organized in the above or IRC section. governing document? support? (see instructions)) Yes Yes Yes No No RELIGION NEWSWRITERS ASSOCIATION 501 (b) (6) 54-1486927 X X X 443,087 Schedule A (Form 990 or 990-EZ) 2009 RELIGION NEWSWRITERS FOUNDATION 31-1650883 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carned on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

18

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

	_	
(Complete only if	vou checked the ho	x on line 9 of Part I.)
(COMPLETE OFFICE	YOU CHICCICU HIC DO	A OII IIIIC 3 OI I AIL I.

Sec	tion A. Public Support		<u> </u>				
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					:	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			ļ			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
þ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		 			 	
C	Add lines 7a and 7b				<u> </u>		
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support	T	1	T			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	-		 			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	▶ □
Sec	tion C. Computation of Public Su		tage		•	_	
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f))		15	%
16	Public support percentage from 2008 Sche	• • •	•		• 	16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2009 (lin	ne 10c, column (f)	divided by line 13, o	column (f))		17	%
18	Investment income percentage from 2008 \$	Schedule A, Part II	I, line 17			18	%
19a	33 1/3 % support tests—2009. If the organ	nization did not che	eck the box on line	14, and line 15 is m	nore than 33 1/3 %	and line	
	17 is not more than 33 1/3 %, check this bo	ox and stop here.	The organization qu	alifies as a publicly	supported organiz	zation	▶ [
b	33 1/3 % support tests—2008. If the organ	nization did not che	eck a box on line 14	or line 19a, and lir	ne 16 is more than	33 1/3 %, and	_
	line 18 is not more than 33 1/3 %, check the	is box and stop he	re. The organizatio	n qualifies as a pul	olicly supported org	ganızation	▶ □
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	b, check this box a	and see instructions	S	.

Schedule A (Form 990 or 990-EZ) 2009 RELIGION NEWSWRITERS FOUNDATION Page 4 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes." to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 Open to Public

▶ Attach to Form 990. ▶ See separate instructions. Name of the organization Employer identification number RELIGION NEWSWRITERS FOUNDATION 31-1650883 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. (b) Cost or other Description of investment (a) Cost or other basis (c) Accumulated (d) Book value (investment) basis (other) depreciation 1a Land **b** Buildings c Leasehold improvements 77,769 71,116 d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2009

6,653

Schedule D (Form 990) 2009 RELIGION NEWSWRITERS 1	FOUNDATION	31-1620883	Page 3
Part VII Investments—Other Securities. See Form 990), Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method o	f valuation.
(including name of security)		Cost or end-of-year	ar market value
Financial derivatives			
Closely-held equity interests			
Other			
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments—Program Related. See Form 99	0 Part X line 13	<u> </u>	
(a) Description of investment type	(b) Book value	(c) Method o	f valuation
(a) Decempes of information () po	(5) 550% 14:55	Cost or end-of-ye	
	 	<u> </u>	- 4-
	 		
		<u> </u>	
 			
			<u> </u>
		<u> </u>	
			iwiwiwi
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description			(b) Book value
······································			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X Other Liabilities. See Form 990, Part X, line 25	5.		
1 (a) Description of liability	(b) Amount		
Federal income taxes			
Schiska Flexible Benefits	127		
MISCELLANEOUS			
Anthem Dependent W/H			
Advance From Related Party			
Mason Flexible Benefits	-30		
	 		
			
	1		
	 	1	
	-		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	97	<u> </u>	<u> </u>
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organize	zation's financial statements	that reports the	
organization's liability for uncertain tax positions under FIN 48.			

Sche	dule D (Form 990) 2009 RELIGION NEWSWRITERS FOUNDATION 31-165088	3	Page 4
Pa	rt Xi Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	505,289
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	512,114
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-6,825
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	560
9	Total adjustments (net). Add lines 4 through 8	9	560
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-6,265
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements	1	505,847
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b	1	
C	Recovenes of pnor year grants 2c		
d	Other (Describe in Part XIV) 2d 558	1	
	Add lines 2a through 2d	2e	558
3	Subtract line 2e from line 1	3	505,289
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		333/233
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
•	Add lines 4a and 4b	4c	
5	•	5	505,289
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per R		303,203
<u>F.9</u>	Total expenses and losses per audited financial statements	4	512,112
2			J12,112
	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 2a		
d L	• • • • • • • • • • • • • • • • • • • •		
0	Prior year adjustments 2b	1	
С	Other losses 2c	ļ	
а	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	2е	512,112
3	Subtract line 2e from line 1	3	312,112
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	 	
	Other (Describe in Part XIV)		•
	Add lines 4a and 4b	4c	2
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	512,114
	rt XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b		
and 2	b, Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete		
	art to provide any additional information		
_P	art XI, Line 8 - Reconcilation of Changes - Other		
B	OOK/TAX DIFFERENCE LOSS ON DISPOSAL \$		558
	on, the difference host on distribute		232
_R	OUNDING \$		2
		- - -	
_Pa	art XII, Line 2d - Revenue Amounts Included in Financials -	Othe	<u>r </u>
_=	OOK/TAX DIFFERENCE_LOSS ON_DISPOSAL \$		<u>558</u>

Schedule D (Form 990)	2009	REL	IGI	ON I	NEWS	WRI	TERS	FC	UND	ATI	ON			31-	165	088	33				Pa	ge 5
Part XIV	Supp	lemen	tal Infe	orma	tion	(contir	nued)					-											
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SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public

OMB No 1545-0047

Internal Revenue Service
Name of the organization

Employer identification number

RELIGION NEWSWRITERS FOUNDATION 31-1650883

Form 990, Part VI, Line 7a - Election of Members and Their Rights
YES

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
DISCLOSURE FORM FILED ANNUALLY. ALSO REQUIRED TO DISCLOSE AS THEY ARISE AT
BOARD MEETINGS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
Starting salary as established with a Board Source comparison of average
salary for association nonprofits with a budget size of \$500,000-\$1,000,000
as reported by BoardSource. Middle of the average range was selected. The
board approved all base salaries. The same process was used to determine
salary for key employees, based on their job title (bookkeeper, associate
director/marketing director). Raises have occurred irregularly, usually
based on when funds were available an the length of time between raises.
For example, 5% raises have been granted when no raise was given for more
than two years. All raises were given equally to all staff.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Starting salary as established with a Board Source comparison of average salary for association nonprofits with a budget size of \$500,000-\$1,000,000 as reported by BoardSource. Middle of the average range was selected. The

Name of the organization

RELIGION NEWSWRITERS FOUNDATION

Employer identification number 31–1650883

board approved all base salaries. The same process was used to determine salary for key employees, based on their job title (bookkeeper, associate director/marketing director). Raises have occurred irregularly, usually based on when funds were available an the length of time between raises. For example, 5% raises have been granted when no raise was given for more than two years. All raises were given equally to all staff.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service
Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

▶ See separate instructions.

2009: OMB No 1545-0047

Open to Public Inspection

Employer Identification number 31-1650883

	RELIGION NEWSWRITERS FOUNDATION				31-1650883	0883
Part I	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	irganization answe	red "Yes" to Form (990, Part IV, line 33	(1)	
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	•					
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	omplete if the orga g the tax year.)	nization answered	"Yes" to Form 990,	Part IV, line 34 be	cause it
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
RELIGION NE P.O. BOX 20 WESTERVILLE	ON NEWSWRITERS ASSOCIATION OX 2037 VILLE OH 43086	EX IN REL	ΨΛ	9 ၁	118	N/A

Schedule R (Form 990) 2009

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

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Schedule R	Schedule R (Form 990) 2009 RELIGION NEWSWRITERS FOUNDATION 31-1650883 Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)	RS FOUNDATIONS TAXABLE AS OTGANIZATIONS TO STANDARD STANDARD TO STANDARD STANDARD TO STANDARD	con s a Partne eated as	31-1650883 ership (Comple a partnership	883 mplete if the organic during the t	janization answ ax year.)	ered "Yes" to For	rm 990, Pa	rt IV, line 34	Page 2
	(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(9) Share of end-of-year assets	(h) Dispro- portionate alloc ?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
										<u>-</u>
	· :									
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ons Taxable as elated organiza	s a Corpo ations trea	ration or T	rust (Complete or tri	if the organizatust during the ta	ion answered "Yox year.)	es" to Forn	າ 990, Part IV,	
_	(a) Name, address, and EIN of related organization	(b) Primary activity	Legal (str	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) of Percentage sssets ownership	lage thip
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DAA			-) 	Schedule R (Form 990) 2009	0) 2009

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Page 3

Schedule R (Form 990) 2009 RELIGION NEWSWRITERS FOUNDATION 31-1650883	0883	Page 3	96
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34,	ion answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)		• •
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	읟
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?	e related organizations listed in Parts II–IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	×
b Gift, grant, or capital contribution to other organization(s)		1b	×
c Gift, grant, or capital contribution from other organization(s)		10	×
d Loans or loan guarantees to or for other organization(s)		19	×
e Loans or loan guarantees by other organization(s)		16	×
f Sale of assets to other organization(s)		11	×
g Purchase of assets from other organization(s)		19	×
			×
i Lease of facilities, equipment, or other assets to other organization(s)		=	×
			1
Lease of facilities, equipment, or other assets from other organization(s)			×
k Performance of services or membership or fundraising solicitations for other organization(s)		*	×
I Performance of services or membership or fundraising solicitations by other organization(s)		\dashv	×
m Sharing of facılıtıes, equipment, maılıng lısts, or other assets	•	1m X	
n Sharing of paid employees		T X	
 Reimbursement paid to other organization for expenses 			×
b Reimbursement baid by other organization for expenses			×
q Other transfer of cash or property to other organization(s)	:	19	×
r Other transfer of cash or property from other organization(s)		11	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet	on who must complete this line, including covered relationships and transaction thresholds.		-
(a) Name of other organization	(b) Transaction	(c) Amount Involved	
	(ype (a-r)		
(1) RELIGION NEWSWRITERS ASSOCIATION	u	55,4	49
(2) RELIGION NEWSWRITERS ASSOCIATION	Ħ	9'9	00′
(3)			
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Part VI

31-1650883 Schedule R (Form 990) 2009 RELIGION NEWSWRITERS FOUNDATION Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Page 4

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.

(a) (b) (c)	(q)	(c)	(G)		£		3	
Name, address, and EIN Of enury	Frimary activity	Legal domicile (state or foreign country)	Are all parmers section 501(c)(3) organizations?	s Snare of end-of-year assets	Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	- -
			Yes No		Yes No		Yes No	ا ،
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F 1 4 > Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Identifying number

31-1650883

(99) ► See separate instructions. Name(s) shown on return

RELIGION NEWSWRITERS FOUNDATION

► Attach to your tax return.

Attachment Sequence No

	less or activity to which this form relates ndirect Depreciat:	ion				-				
	ert Election To Exper		erty Under Se	ction	179					
	Note: If you have a				efore you	com	<u>plete Pa</u>	rt I.		
1	Maximum amount. See the instruct			ses					1	250,000
2	Total cost of section 179 property p	•	•						2	
3	Threshold cost of section 179 prop			struction	s)				3_	800,000
4	Reduction in limitation. Subtract lin								4	
5	Dollar limitation for tax year Subtract lin		less, enter -0- If mar						5	
6	(a) Description	n of property		(b) Cost	t (business use	only)	(c) E	lected cost		
				ļ						
				<u> </u>						
7	Listed property. Enter the amount t					_7_				
8	Total elected cost of section 179 pr			s 6 and 7	•				8	
9	Tentative deduction. Enter the sma								9	
10	Carryover of disallowed deduction	•							10	
11	Business income limitation. Enter t				-	ee ins	tructions)		11	
12	Section 179 expense deduction A	•			: 11		,		12	
13	Carryover of disallowed deduction e: Do not use Part II or Part III below				<u> </u>	13	L			
,,,,,,,,				!-4!	(D	4 !!		<u></u>	.4	(0:
							ude liste	a prope	rty.) (See instr.)
14	Special depreciation allowance for		ier than listed prop	erty) pia	cea in servici	е				
4 6	during the tax year (see instruction	•	•			•			14	· · · · · · · · · · · · · · · · · · ·
15	Property subject to section 168(f)(1	•	•			• • •			15	2 057
16	Other depreciation (including ACR MACRS Depreciat		ida liatad pran	orb () (Coo inota	otion	- 1		16	2,857
	art III MACRS Depreciat	ion (Do not incid		erty.) (See msuu	iction	15.)			
17	MACES deductions for appete place	and in annual in the via							47	0
17 18	MACRS deductions for assets place	_				• - -	.		17	L
10	If you are electing to group any assets p Section B—	-Assets Placed in Se							stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only—see instruc	eciation ent use	(d) Recovery		Convention	(f) Meth		(g) Depreciation deduction
19a	3-year property		only coo mod do	201.07						· · · · · · · · · · · · · · · · · · ·
b	5-year property									 =
C	7-year property		4	,664	7.0		HY	s/	L	333
d	10-year property									
е	15-year property			-						
f	20-year property									
д	25-year property		1		25 yrs			S/L		
h	Residential rental				27 5 yrs		ММ	S/L		
	property				27 5 yrs		MM	S/L		
i	Nonresidential real				39 yrs		MM	S/L		,
	property						MM	S/L		
	Section C—A	ssets Placed in Serv	rice During 2009 1	Tax Year	Using the A	Alterna	ative Depre	ciation S	ystem	
20a	Class life							S/L		
b	12-year	1			12 yrs.			S/L		
	40-year			•	40 yrs		ММ	S/L		
	art IV Summary (See ins	structions.)	-				-			<u> </u>
21	Listed property Enter amount from								21	
22	Total. Add amounts from line 12, li	•	es 19 and 20 in co	lumn (a)	, and line 21.	Enter	here			
	and on the appropriate lines of you	-							22	3,190
23	For assets shown above and place	· ·	· •			Ĺ				-
	portion of the basis attributable to s	-	· · · · · · · · · · · · · · · · · · ·			23				