DLN: 93493275003369 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable RELIGION NEWS FOUNDATION □ Address change 31-1650883 % LAURA WILSON ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (573) 397-8833 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 6,987,130 Name and address of principal officer H(a) Is this a group return for THOMAS L GALLAGHER ☐Yes **☑**No subordinates? 30 NEFF ANNEX H(b) Are all subordinates COLUMBIA, MO 65211 ☐ Yes ☐No ıncluded? Tax-exempt status **✓** 501(c)(3) ☐ 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► RELIGIONNEWSFOUNDATION ORG L Year of formation 1999 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO ADVANCE THE PUBLIC UNDERSTANDING OF RELIGION AND THE DEVELOPMENT OF RELIGION JOURNALISM Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 12 4 11 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) . . . . 6 11 Total unrelated business revenue from Part VIII, column (C), line 12 7a 5,294 **b** Net unrelated business taxable income from Form 990-T, line 34 -1,907 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 171,289 6,746,927 Ravenua 276,521 204,071 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 5,451 34,766 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 288 453,549 6,985,764 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 6,632 26,250 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,053,210 1,014,601 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 92,570 b Total fundraising expenses (Part IX, column (D), line 25) ▶240,272 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 993,977 1,815,602 2,053,819 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -1,600,270 4,036,741 Assets or displaying Beginning of Current Year **End of Year** 2,003,479 6,200,250 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 125,411 291,669 Net assets or fund balances Subtract line 21 from line 20 . 1,878,068 5,908,581 Signature Block 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 2019-11-15 Signature of officer Sign Here THOMAS L GALLAGHER CEO/PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-11-15 P00482834 Paid self-employed Firm's name ► BKD LLP Firm's EIN ▶ Preparer Use Only Firm's address ▶ 1201 Walnut Suite 1700 Phone no (816) 221-6300 Kansas City, MO 641062246 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page <b>2</b>
Pa	rt III Statement	of Program Service	e Accomplis	hments		
	Check if Sche	edule O contains a respo	onse or note to	any line in this Part III .		🗆
1	Briefly describe the	organization's mission				
<u>TO A</u>	DVANCE THE PUBLIC	UNDERSTANDING OF R	ELIGION AND T	HE DEVELOPMENT OF REI	LIGION JOURNALISM	
2				vices during the year which		
						☐ Yes 🗹 No
2	•	ese new services on Sch		changes in how it conduct	to any program	
3	-		-	changes in how it conduct		☐ Yes ☑ No
						⊥ Yes ⊻ No
4		ese changes on Schedu . ,				1.1
•	Section 501(c)(3) ar		ons are required	to report the amount of	rgest program services, as measu grants and allocations to others, t	
4a	(Code	) (Expenses \$	2,071,463	including grants of \$	26,250 ) (Revenue \$	204,071 )
	See Additional Data					
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
	_					
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
	(994)	, (=nponoco +		monaning grante or ¢	, (	,
- A - J	Other pre	uses (Describe in Celeral	ula O )			
4d	(Expenses \$	ices (Describe in Schedi	ule O) luding grants of	¢	) (Revenue \$	1
4 -	Total program ser			·	) (Nevenue p	,
4e	rotai program ser	vice expenses F	2,071,4	.05		Form <b>990</b> (2018)

Form	990 (2018)			Page <b>3</b>
Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{\mbox{\em 5}}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I "	6		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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥞	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? If "Yes," complete Schedule D, Part IX "	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 2	11f	Yes	
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
	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	Yes	
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
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	Yes	
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?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . .

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

No

20b

21

22

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Par	tiV Checklist of Required Schedules (continued)			
			Yes	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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			

Yes

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84

0

1a

1b

No

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

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

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

13a

14a

14b

15

No

No

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13b

13c

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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 instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Enter the amount of reserves the organization is required to maintain by the states in

orm	1 990 (2018)			Page <b>6</b>
Pai	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	•	onse to i	lines 🗸
Se	ection A. Governing Body and Management			
_			Yes	No
1a	a Enter the number of voting members of the governing body at the end of the tax year	12		
	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			
Ь	Enter the number of voting members included in line 1a, above, who are independent			
_				
2	officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person? .	/Ision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	-		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	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	nore <b>7a</b>	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?	or <b>7</b> b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea the following	r by		
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>renue Code</u>		
10-	Did the average have level shoutone by such as an efficience?	10-	Yes	No
	a Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliat	es, <b>10a</b>		No
11-	and branches to ensure their operations are consistent with the organization's exempt purposes?			
тта	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form?	tne   <b>11</b> a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	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 conflicts?	to <b>12b</b>	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	7 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?	nt		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	a 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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participa in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exer			
	status with respect to such arrangements?	16b		
	ection C. Disclosure			
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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3): only) available for public inspection. Indicate how you made these available. Check all that apply	5		
	Own website  Another's website  Upon request  Other (explain in Schedule O)			
19				
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	τ		
20	policy, and financial statements available to the public during the tax year			

Part VII

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See 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, 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 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 neither the organization no		ganızat	ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related	Position than on the second se	n (do	(C o no ox, u n of or/t	) t cha unle: ficer	eck moss persection and a	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trust⊌€	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) JOHN TURNER	1 0	X						0	0	0
BOARD MEMBER	0 0							-	_	_
(2) KEN CHITWOOD RNF TREASURER AND VICE-CHAIR	2 0	X		×				950	0	0
(3) PETER SMITH BOARD MEMBER	1 0	X						0	0	0
(4) MUHAMMED CHAUDHRY RNF BOARD CHAIR/RNS MEMBER	2 0	Х		X				0	0	0
(5) DEBORAH CALDWELL RNF/RNS BOARD MEMBER	8 5	Х						0	0	0
(6) TOM LEVINSON BOARD MEMBER	10	Х						0	0	0
(7) JERRY PATTENGALE RNF/RNS BOARD MEMBER	1 0	Х						0	0	0
(8) THOMAS L GALLAGHER CEO AND PRESIDENT	40 0	Х		×				120,000	0	42,325
(9) BETSY SHIRLEY	1 0	х						0	0	0
BOARD MEMBER	1 0	^						o de la companya de l	0	
(10) JOHN TERRILL RNF/RNS BOARD MEMBER	10	Х						0	0	0
(11) NICOLE NEROULIAS GUPTE BOARD MEMBER/RNS BOARD CHAIR	2 0	X		×				0	0	0
(12) JUDY GOLUB RNF BOARD MEMBER/RNS TREASURER	10	X		x				0	0	0
(13) ELAINE JUSTICE CHAIR	1 0	Х		x				0	0	0
(14) JAWEED KALEEM BOARD MEMBER	1 0	х						0	0	0
										Form <b>990</b> (2018)

Form	990 (2018)											Page <b>8</b>
Par	t VII Section A. Officers, Direc	tors, Trustees	s, Key	Emp	loye	ees,	and	Higl	hest Compensate	d Employees (co	ntınued)	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	Estima amount of compen from organizat	ated of other sation the
		organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	relat organiz	:ed
					-							
				-	-							
				_	_							
						•	<b>&gt;</b>					
	Total from continuation sheets to P Total (add lines 1b and 1c)	an vii, Section					-		120,950	0		42,325
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos			bove	e) who	rec	eived more than \$1	00,000		
											Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i>									· ′ /	3	No
4	For any individual listed on line 1a, is organization and related organization individual	s greater than s	150,00	0? <i>If</i>	"Yes	5," C	omplet	te So	chedule J for such		<b>1</b> Yes	

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 Nο

# 5

BENESCH FRIEDLANDER COPLAN ARONOF,

1

41 S HIGH 2600 COLUMBUS, OH 43215

Section B. Independent Contractors

compensation from the organization ▶ 1

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

(A)

Name and business address

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

LEGAL

(B)

Description of services

(C)

Compensation

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111,922

	90 (2018)									Page <b>9</b>
Part	VIII Statement of I Check if Schedule		cnonce or	note to any	lina in thi	c Part VIII				
	Check II Schedule	O CONTAINS A FE	sponse or	note to any	(A Total re	)	(B) Related of exempt function revenue	or	(C) Unrelated business	(D) Revenue excluded from tax under sections 512 - 514
ທ	1a Federated campaigns	5 1	а	ı		l.	revenue	<u> </u>		312 314
ants unt	<b>b</b> Membership dues .	. 1	ь	5,094						
֓֞֞֞֟֓֓֓֓֓֓֟֓֓֓֓֓֟֟֓֓֓֓֓֟֓֓֓֓֓֓֓֓֓֓֓֟֓֓֓֓֓֓	<b>c</b> Fundraising events	1	с							
πŞ, A	d Related organizations	s <b>1</b>	d							
5 ≅	e Government grants (con	itributions) 1	e							
Contributions, GIRS, Grants and Other Similar Amounts	f All other contributions, g and similar amounts not above g Noncash contribution	included 1	f	6,741,833						
Jona Jud ()	in lines 1a - 1f \$ h Total. Add lines 1a-1			. •						
<u>،</u> ر				Business		5,746,927			T	
Ę.	<b>2a</b> Subscription Revenue				900099	13	8,181	138,181		
757	<b>b</b> Press Release Income			1	900099	5	2,330	52,330	1	
Program Service Revenue	C CONTRACTUAL INCOME				900099		5,944	5,944		
74	d ADVERTISING				541800		5,294		5,29	4
3,	e				341800					
gran							2,322	2,322	!	
ğ	f All other program serv			2	04,071		•			
	<b>9 Total.</b> Add lines 2a-2f		<b>•</b>		1					
	<b>3</b> Investment income (income similar amounts)		s, interest	, and other		36,132				36,132
	<b>4</b> Income from investmer	nt of tax-exemp	t bond pro	ceeds <b>&gt;</b>		0				
	<b>5</b> Royalties			. •		0				
	6a Gross rents	(ı) Real	(11)	Personal	1					
	<b>b</b> Less rental expenses				1					
	c Rental income or (loss)		0	0	<del>,</del>					
	d Net rental income or			· •	<u> </u>	0				
	<b>7a</b> Gross amount from sales of assets other	(ı) Securities	(11	) Other	-					
	than inventory  b Less cost or									
	other basis and sales expenses			1,366	5					
	C Gain or (loss)			-1,366	5					
	<b>d</b> Net gain or (loss) .			<b>&gt;</b>	<u>]</u>	-1,366				-1,366
할	8a Gross income from fur (not including \$	of	5							
Other Revenue	contributions reported See Part IV, line 18		a	0						
ž.	<b>b</b> Less direct expenses <b>c</b> Net income or (loss) fi		events .	0		0				
the	<b>9a</b> Gross income from ga	ming activities		<u> </u>						
٥	See Part IV, line 19 .		a l	0						
	<b>b</b> Less direct expenses		ь	0						
	<b>c</b> Net income or (loss) fi			. •	_	0				
	<b>10a</b> Gross sales of invento returns and allowance									
	<b>b</b> Less cost of goods so	ld	a b	0	-					
	<b>c</b> Net income or (loss) fi	rom sales of inv	entory .	. >		0				
	Miscellaneous R	Revenue	Busii	ness Code						
	11a									
	b		+							
	с		-							
	d All other revenue . e Total. Add lines 11a-	 11d								
						0				
	12 Total revenue. See I	HISTITUCTIONS .	· · ·	• •		6,985,764		198,777	5,294	34,766 Form <b>990</b> (2018)

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all co	_		. ,	_
Check if Schedule O contains a response or note to any	line in this Part IX .			<u> U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	26,250	26,250		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	206,941	41,388	124,165	41,388
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	582,536	409,308	135,177	38,051
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	225,124	158,179	52,240	14,705
<b>10</b> Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
<b>b</b> Legal	146,636		146,636	
c Accounting	56,083		56,083	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	92,570			92,570
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,143,115	1,058,273	84,102	740
12 Advertising and promotion	80,413	80,413		
13 Office expenses	16,746	11,766	3,886	1,094
14 Information technology	85,236	59,890	19,779	5,567
15 Royalties	0			
<b>16</b> Occupancy	9,774	6,868	2,268	638
<b>17</b> Travel	88,816	46,943		41,873
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
<b>19</b> Conferences, conventions, and meetings	73,645	73,645		
<b>20</b> Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	18,635	13,094	4,324	1,217
23 Insurance	16,807	11,809	3,900	1,098
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)				
a Bad Debt	62,886	61,826	827	233
b _	0			
c _	0			
d _	0			
e All other expenses	16,810	11,811	3,901	1,098

2,949,023

2,071,463

637,288

240,272

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Page **11** 

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30

31

32

33 34 Capital stock or trust principal, or current funds . . .

Total net assets or fund balances

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			757,911	1	303,420
	2	Savings and temporary cash investments .		[	903,715	2	3,397,894
	3	Pledges and grants receivable, net		,	37,892	3	1,483,000
	4	Accounts receivable, net			11,916	4	28,714
	5	Loans and other receivables from current and for trustees, key employees, and highest compensar Part II of Schedule L	nployees Complete	0	5	0	
S	6	Loans and other receivables from other disquality section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	rsons (as defined under (c)(3)(B), and of section 501(c)(9) structions) Complete	0	6	0	
ssets	7	Notes and loans receivable, net	-	0	7	0	
Ass	8	Inventories for sale or use	7,748	8	6,925		
~	9	Prepaid expenses and deferred charges	27,602	9	898,326		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	46,532			
	b	Less accumulated depreciation	<b>10</b> b	17,958	6,109	<b>10</b> c	28,574
	11	Investments—publicly traded securities .			192,114	11	0
	12	Investments—other securities See Part IV, line	11 .		0	12	0
	13	Investments—program-related See Part IV, line	11 .		0	13	0
	14	Intangible assets		[	58,472	14	53,397
	15	Other assets See Part IV, line 11			0	15	0
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	2,003,479	16	6,200,250
	17	Accounts payable and accrued expenses			109,459	17	272,657
	18	Grants payable			0	18	0
	19	Deferred revenue			15,952	19	19,012
	20	Tax-exempt bond liabilities		0	20	0	
S	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D	0	21	0
ilities	22	Loans and other payables to current and former key employees, highest compensated employee					

Investments—program-related See Part IV, line 11	0	13	0
Intangible assets	58,472	14	53,397
Other assets See Part IV, line 11	0	15	0
Total assets.Add lines 1 through 15 (must equal line 34)	2,003,479	16	6,200,250
Accounts payable and accrued expenses	109,459	17	272,657
Grants payable	0	18	0
Deferred revenue	15,952	19	19,012
Tax-exempt bond liabilities	0	20	0
Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	Intangible assets	Intangible assets	Intangible assets       58,472       14         Other assets See Part IV, line 11       0       15         Total assets.Add lines 1 through 15 (must equal line 34)       2,003,479       16         Accounts payable and accrued expenses       109,459       17         Grants payable       0       18         Deferred revenue       15,952       19         Tax-exempt bond liabilities       0       20

persons Complete Part II of Schedule L . . 22 0

0 23 23 Secured mortgages and notes payable to unrelated third parties

0 Unsecured notes and loans payable to unrelated third parties . 24 24

0 0 Other liabilities (including federal income tax, payables to related third parties, 0 25 and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D

125.411 291.669 26 Total liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117 (ASC 958), check here >  $\square$  and

complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 581,302 4.674 27 27

Temporarily restricted net assets 1,296,766 28 28

Net Assets or Fund Balances 5,903,907 29 Permanently restricted net assets 0 29

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

30

31 32

33

34

5,908,581

6,200,250

Form **990** (2018)

1,878,068

2,003,479

Form	990 (2018)				Page <b>12</b>
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6	,985,764
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	,949,023
3	Revenue less expenses Subtract line 2 from line 1	3		4	,036,741
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,878,068
5	Net unrealized gains (losses) on investments	5			-6,228
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		5	,908,581
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<b>✓</b>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ 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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b		

Form **990** (2018)

#### **Additional Data**

Software ID:

Software Version:

**EIN:** 31-1650883

Name: RELIGION NEWS FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a: TO ADVANCE THE PUBLIC UNDERSTANDING OF RELIGION BY MEANS OF, AMONG OTHER THINGS, INFORMATIVE PUBLICATIONS, PROGRAMS, INCLUDING CONFERENCE SEMINARS AND DISCUSSION GROUPS FOR REPORTERS, EDITORS, OTHER MEMBERS OF THE SECULAR NEWS MEDIA AND THE GENERAL PUBLIC

efil	e GR	APHIC pri	1t - DO NO	OT PROCESS	As Filed Data -			DLN: 93	3493275003369
SCI	HFD	ULE A		Public C	harity Status	and Bub	lic Suppe		OMB No 1545-0047
	m 99		Co	mplete if the or	ganization is a section  4947(a)(1) nonexer  Attach to Form 9	on 501(c)(3) or npt charitable t	rganization or trust.		2018
•		f the Treasury		► Go to <u>v</u>	www.irs.gov/Form9	90 for the lates	t information.		Open to Public Inspection
Nam	e of th	<del>nie Service</del> <b>he organiza</b> EWS FOUNDATI						Employer identifica	<u> </u>
\LLIG	TON INC							31-1650883	
	rt I				<b>s</b> (All organizations it is (For lines 1 throu			ee instructions.	
1	n ganiz		•		ociation of churches d	•		AVI	
2		•		,	.)(A)(ii). (Attach Sch			,~,\	
3						•	, ,	::>	
4		·		·	ice organization descri				stortho hoonitalla
•	Ш	name, city,		anization operate	d in conjunction with a	nospital describ	ed in <b>section 1</b>	./U(B)(1)(A)(III). Er	iter the nospital s
5				ed for the benefit lete Part II )	of a college or univers	sity owned or ope	erated by a gove	ernmental unit describ	ped in <b>section 170</b>
6		A federal, s	tate, or loca	l government or	governmental unit des	crıbed ın <b>sectio</b> ı	170(b)(1)(A	)(v).	
7				ormally receives a <b>)(vi).</b> (Complete	substantial part of its Part II )	support from a q	governmental ui	nit or from the genera	ıl public described in
8		A communi	ty trust desc	cribed in <b>section</b>	170(b)(1)(A)(vi) (	Complete Part II	)		
9					scribed in <b>170(b)(1)(</b> e instructions Enter t				ege or university or a
LO		from activit	ies related t income and	o its exempt func	(1) more than 331/3% tions—subject to certa ess taxable income (les nplete Part III )	aın exceptions, a	nd (2) no more	than 331/3% of its su	pport from gross
l1		•			exclusively to test for	public safety Se	e section 509(	(a)(4).	
12	<b>✓</b>	more public	ly supporte	d organizations de	exclusively for the bei escribed in <b>section 50</b> the type of supporting	9(a)(1) or sect	tion 509(a)(2)	. See section 509(a	
a	<b>✓</b>	<b>Type I.</b> A so	supporting on n(s) the pov	rganızatıon opera	ted, supervised, or co opoint or elect a major	ntrolled by its su	pported organiz	ation(s), typically by	
b		Type II. A manageme	supporting nt of the sup	organization supe	ervised or controlled in tion vested in the sam				
С		Type III f	unctionally	integrated. A su	upporting organization ons) You must comp				ted with, its
d		functionally	integrated	The organization	. A supporting organiz generally must satisfy IV, Sections A and	, a distribution re	and the second s	'!	*. *.
e	<b>✓</b>				ed a written determina ntegrated supporting		S that it is a Typ	oe I, Type II, Type III	functionally
f	Enter			d organizations	3 11 3	3		_1	
g					ported organization(s				T
	(i) N	lame of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your governing document?   mo		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			_			Yes	No		
(A) R	ELIGIO	N NEWS ASSO	CIATION	541486927	7	Yes		34,132	С
Гota	I		1					34,132	(
		work Reduc	_	tice, see the In	structions for	Cat No 11285F	- s	ichedule A (Form 99	90 or 990-EZ) 2018

3	ection A. Public Support						
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(4) 2014	(B) 2013	(6) 2010	(4) 2017	(6) 2010	(1) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
5	Public support. Subtract line 5 from						
	line 4						
S	ection B. Total Support						
	Calendar year		(1.)2045	( )2046	(1)2047	( )2040	463.T. I. I
	(or fiscal year beginning in) ▶	<b>(a)</b> 2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	<b>(f)</b> Total
7							
8	Gross income from interest,						
٠	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through						
	10						
12	Gross receipts from related activities, e	c (see instruction	ins)			12	
	, , , , , , , , , , , , , , , , , , ,	•	•				
13	First five years. If the Form 990 is for	the organization	's first, second, th	ırd, fourth, or fıfth	n tax year as a sec	tion 501(c)(3) org	anızatıon,
	check this box and <b>stop here</b>					<u> ▶ [</u>	
S	ection C. Computation of Public	Support Perc	entage				

Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage for 2017 Schedule A, Part II, line 14 15 16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

▶□ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2017. 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 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 h 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

20

P	(Complete only if you cl					l to qualify un	der Part II. If
	the organization fails to						
Se	ection A. Public Support	•		, ,			
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and	(-,	(-,	(-,	(-,	(-,	(1)
1	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						
4	under section 513 Tax revenues levied for the						
7	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	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6)						
Se	ection B. Total Support		I				
	Calendar year	(-) 2014	(I-) 2015	(-) 2016	(4) 2017	(-) 2010	(6) T-1-1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
.0a	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						
С	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 VI )						
13	Total support. (Add lines 9, 10c, 11, and 12)						
۱4	First five years. If the Form 990 is for	the organization	's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3)	organization,
	check this box and <b>stop here</b>						▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
۱6	Public support percentage from 2017 S	chedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investr	nent Income	Percentage				
١7	Investment income percentage for 201			line 13, column (f	))	17	
	Investment income percentage from 20	<b>D17</b> Schedule A,	Part III, line 17	•		18	
18		·					no 17 io not
	331/3% support tests—2018. If the	organization did r	not check the box	on line 14, and lir	ie 15 is more than	i 33 1/3%, and I	ne 17 is not
19a	331/3% support tests—2018. If the	=					• □
	· · ·	stop here. The o	rganızatıon qualıfı	es as a publicly su	ipported organizat	tion	▶ □

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Schedule A (Form 990 or 990-EZ) 2018

Sections A and D, and complete Part V ) Section A. All Supporting Organizations Yes No

Page 4

No

No

No

No

No

No

No

No

No

4b

4c

5a

5b

5c

6

7

8

9a

9b

9с

10a

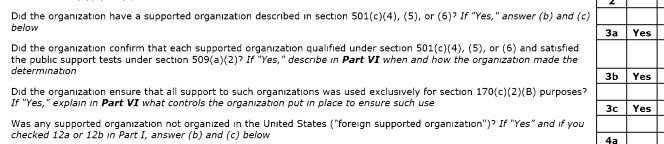
10b

Schedule A (Form 990 or 990-EZ) 2018

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	١ - ١	l	B1

	-, · · · · · · · · · · · · · · · · · · ·			
	describe the designation If historic and continuing relationship, explain	1	Yes	
	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		No
а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	Yes	
h	Did the organization confirm that each supported organization qualified under section 501(c)(4) (5) or (6) and satisfied			

	(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		No
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	Yes	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination	3b	Yes	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			



Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes

Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes."

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

supervised by or in connection with its supported organizations

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

amendment to the organizing document)

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below

6

7

8

10a

)-	Irt IV Supporting Organizations (continued)			age 3
Œ	Supporting Organizations (continued)		Yes	No
	Has the erganization accepted a gift or contribution from any of the following percent?		165	NO
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		No
	A family member of a person described in (a) above?	11b		No
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		No
S	ection B. Type I Supporting Organizations		Yes	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			No
_		1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		No
	organization			
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
	ection 51 Air Type 222 Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
-	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
-	The organization satisfied the Activities Test. Complete line 2 below	10110)		
	b The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		$\vdash$
3	Parent of Supported Organizations Answer (a) and (b) below.			<del>                                     </del>
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	26		-

instructions)

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	itegrat	ed Type III supporting or	ganızatıon (see

Page 6

Schedule A (Form 990 or 990-EZ) (2018)

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

Schedule A (Form 990 or 990-EZ) 2018 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D. lines 5, 6, and 8, and Part V. Section E. lines 2, 5, and 6 Also complete this part for any additional information (See instructions) Facts And Circumstances Test 990 Schedule A. Supplemental Information Return Reference Explanation

# SCHEDULE A, PART IV, SECTION THE ORGANIZATION RETAINS A COPY OF THE IRS DETERMINATION LETTER OF ITS SUPPORTED ORGANIZAT

C SUPPORT TEST SHOWING THAT IT MEETS THE 509(A)(2) TEST

A, LINE 3B ION THE ORGANIZATION ALSO RECEIVED A COPY OF THE SUPPORTED ORGANIZATION'S PRO FORMA PUBLI

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 3C	THE SUPPORTED ORGANIZATION PROVIDES GRANT AND CONTRACTED REVENUE FUNDS TO PAY FOR EDUCATIO NAL SERVICES TRAINING AND EDUCATION IS THE QUALIFIED CHARITABLE PURPOSE OF THE ORGANIZATI ON STIPEND AGREEMENTS ARE SIGNED WITH SUMS DOCUMENTED FOR ALL CONFERENCE SCHOLARSHIP EXPE NSES TO THE SUPPORTED ORGANIZATION

990 Schedule A, Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

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

(Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

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

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

DLN: 93493275003369 OMB No 1545-0047

Inspection

	IGION NEWS FOUNDATION			Employe	ridentification	пишьег
				31-16508		
Pa	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar	Funds or	Account	ts.	
	Complete if the organization answered "Y	es" on Form 990, Part IV, line (a) Donor advised funds		/b\E	unds and other	accounts
	Total number at end of year	(a) Donor advised funds	5	(0)	unus and other	accounts
	Aggregate value of contributions to (during year)					
•	Aggregate value of grants from (during year)					
,	Aggregate value at end of year					
	,			6	kl	
•	Did the organization inform all donors and donor advis organization's property, subject to the organization's e		n donor adv	isea runas		Yes 🗌 No
•	Did the organization inform all grantees, donors, and or charitable purposes and not for the benefit of the dono private benefit?				npermissible	Yes 🗌 No
Pa	rt II Conservation Easements. Complete if t	he organization answered "Yes	s" on Form	990, Par	t IV, lıne 7.	
	Purpose(s) of conservation easements held by the orga	nızatıon (check all that apply)				
	$\square$ Preservation of land for public use (e g , recreation	n or education)	ation of an h	ıstorıcally	important land	area
	Protection of natural habitat	☐ Preserva	ation of a ce	rtified hist	oric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution	n in the form		ervation	of the Year
а	Total number of conservation easements			2a	na at the Ena (	or the real
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified histor	ric structure included in (a)		2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register	ured after 7/25/06, and not on a h	istoric	2d		
3	Number of conservation easements modified, transferr tax year ▶	ed, released, extinguished, or term	ninated by th	ne organiza	ation during the	
ļ	Number of states where property subject to conservati	on easement is located <b>&gt;</b>				
;	Does the organization have a written policy regarding and enforcement of the conservation easements it hold		, handling of	violations	,	□ No
•	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and e	enforcing cor	servation	easements durir	ng the year
,	Amount of expenses incurred in monitoring, inspecting  \$ \\$	, handling of violations, and enforc	ing conserva	ation easer	ments during the	e year
3	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)( $\mu$ )?	) above satisfy the requirements of	f section 170	0(h)(4)(B)	(ı) <b>Yes</b>	□ No
)	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's fina				
ar	Organizations Maintaining Collections Complete if the organization answered "Y			r Similaı	r Assets.	
.a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo provide, in Part XIII, the text of the footnote to its final	16 (ASC 958), not to report in its r public exhibition, education, or re	evenue states search in fu			
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pul following amounts relating to these items					
(	i) Revenue included on Form 990, Part VIII, line 1			<b>▶</b> 9	\$	
(i	i)Assets included in Form 990, Part X			<b>▶</b> 9	<del></del>	
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS				·	
а	Revenue included on Form 990, Part VIII, line 1	( = = = = / , . z.ug 15 1656 16		<b>▶</b> :	\$	
L	Assets included in Form 990, Part V					

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Mainta	ining Col	lections of .	Art, Histo	rical T	reas	ures, or	Other	Similar A	ssets	(continued)	
3		g the organization's acquisitions (check all that apply)	n, accessior	n, and other re	ecords, chec	k any of	the fo	ollowing t	hat are a	significant i	use of it	s collection	
а		Public exhibition			d		Loan	n or excha	ange proc	ırams			
b	П	Calcalante variable			e	П	Othe	ar.					
С		Scholarly research						-					
	Dro.	Preservation for future gene ide a description of the organ		actions and o	valain haw t	hav furt	.har +h		ation's o	compt purpo			
4	Part		ization's con	ections and ex	xpiaiii iiow i	.ney run	iner un	e organiz	ation's e	kempt purpo	ise III		
5		ng the year, did the organizat ts to be sold to raise funds ra	ther than to	be maintaine						ular	□ <b>Y</b>	es 🗆 I	No
Pa	rt IV	Escrow and Custodia Complete if the organiz X, line 21.			on Form 99	90, Pari	: IV,	ine 9, or	reporte	ed an amou	ınt on	Form 990	, Part
1a		e organization an agent, trus ded on Form 990, Part X?	tee, custodia	an or other int	ermediary f	or contr	ibution	ns or othe	er assets	not	□ <b>Y</b>	es 🗌 I	No
b	If "Y	es," explain the arrangement	ın Part XIII	and complete	the followi	ng table				A	mount		_
c	Begır	nning balance						[	1c				_
d	Addıt	tions during the year							1d				_
е	Dıstr	ibutions during the year							1e				_
f	Endır	ng balance							1f				_
2a	Did t	he organization include an ar	nount on Fo	rm 990, Part >	K, line 21, fo	or escro	v or cu	ustodial a	ccount lia	ability?	□ Y	es 🗌 I	Vo
b	If "Ye	es," explain the arrangement	ın Part XIII	Check here if	f the explan	ation ha	s beer	provided	d in Part :	XIII			
Pa	rt V	<b>Endowment Funds.</b> C	omplete ıf	the organiza	ation answ	ered "Y	'es" o						
	_			(a)Current y	ear (b	)Prior yea	ar	(c)Two ye	ears back	(d)Three yea	ars back	(e)Four year	ars back
	-	ning of year balance											
		butions	d										
		vestment earnings, gains, and	a losses										
		s or scholarships											
е		expenditures for facilities rograms											
f	Admın	istrative expenses	•										
g	End of	year balance											
2	Provi	de the estimated percentage	of the curre	ent year end b	alance (line	1g, colu	ımn (a	a)) held a	s				
а	Boar	d designated or quasi-endowi	ment 🟲										
b	Perm	nanent endowment 🟲											
С	Temp	porarily restricted endowmen	t 🕨										
		percentages on lines 2a, 2b, a		•									
3a	orgai	here endowment funds not ir nization by	n the posses	sion of the or <u>c</u>	ganızatıon tl	nat are h	neld ar	nd admini	stered fo	r the	_	Yes	No
	• •	nrelated organizations										a(i)	<del>                                     </del>
ь		related organizations     .     . es" on 3a(ii), are the related i	organization		uured on Sc	hedule F					-	a(ii) 3b	+
4		ribe in Part XIII the intended	-					•			L	36	<u></u>
Pa	rt VI	Land, Buildings, and											
		Complete if the organiz	ation answ	ered "Yes" o									
	Descr	ription of property (	a) Cost or oth (Investme		<b>b)</b> Cost or oth	er basıs ı	(other)	(c) Acc	umulated o	lepreciation		(d) Book val	ue
1a	Land												
b	Buildir	ngs											
c	Leasel	hold improvements											
d	Equipr	ment					46,532	:		17,958			28,574
e	Other						0			0			0
Tota	I. Add	lines 1a through 1e (Column	(d) must e	qual Form 990	, Part X, co	lumn (B	), line	10(c)).		<b>&gt;</b>			28,574

See Form 990, Part X, Inse 12.	
(2) Closely-held equity interests (3) Other (A)  (B)  (C)  (D)  (E)  (F)  (G)  (H)  Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, I  (a) Description of investment (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV,	(c) Method of valuation
BB CC DD EE FF GG HH Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, I (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description  (b) Description (c) Description (d) Description (e) Description (f) Description (a) Description	(c) Method of valuation
CC) D) E) F) Go H)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, I  (a) Description of investment (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, III (a) Description  (1) (2) (3)	(c) Method of valuation
E)  F)  G)  H)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII  Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV,  (a) Description of investment  (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX  Other Assets. Complete if the organization answered 'Yes' on Form 990, Part X, col (B) line 13)  (a) Description  1)  2)  3)  4)	(c) Method of valuation
F)  G)  H)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII  Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV,  (a) Description of investment  (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (77)  (8)  Part IX  Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX, col (B) line 13)  Part IX  Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX, col (B) line 13)  (a) Description  (b) Description  (c) Description	(c) Method of valuation
F) G) H)  Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )  Part VIII  Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, I  (a) Description of investment  (b) Book value  (1)  2)  33  44  55  66  77  88  99  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX  Other Assets. Complete if the organization answered 'Yes' on Form 990, P  (a) Description  1)  2)  3) 4)	(c) Method of valuation
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12 )  Part VIII  Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, I  (a) Description of investment  (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX  Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV,	(c) Method of valuation
H)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12 )  Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, I  (a) Description of investment (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX, col (B) Description  (a) Description  (b) Book value  (c)  (a) Description	(c) Method of valuation
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )  Part VIII  Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, I  (a) Description of investment  (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX  Other Assets. Complete if the organization answered 'Yes' on Form 990, Part X, Description  (a) Description  (b) Book value  (b) Book value  (b) Book value  (c)  (a) Description	(c) Method of valuation
Tinvestments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, (a) Description of investment (b) Book value (b) Book value (c)  (a) Description of investment (b) Book value (c)  (b) Book value (c)  (c)  (d)  (e)  (f)  (g)  (g)  (g)  (o)  (o)  (o)  (o)  (o	(c) Method of valuation
Complete if the organization answered 'Yes' on Form 990, Part IV, I (a) Description of investment (b) Book value (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX  Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX (a) Description (1)  (2)  (3)	(c) Method of valuation
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3)	
(3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX (a) Description (1) (2) (3)	
3)  (4)  (5)  (6)  (7)  (8)  (9)  (otal. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX Other Assets.	
5)  66)  77)  88)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part X (a) Description  1)  2)  3)  4)	
5)  60  (7)  88  90  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part X (a) Description  1)  2)  3)  4)	
6)  7)  8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P  (a) Description  1)  2)  3)  4)	
8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part X (a) Description  1)  2)  3)  4)	
8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX  (a) Description  1)  2)  3)  4)	
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX (a) Description  1)  2)  3)  4)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P  (a) Description  (1)  (2)  (3)	
Other Assets. Complete if the organization answered 'Yes' on Form 990, P  (a) Description  (1)  (2)  (3)	
(a) Description (1) (2) (3)	art IV line 11d See Form 990 Part V line 15
(2) (3) (4)	(b) Book value
<ul><li>3)</li><li>4)</li></ul>	
4)	
5)	
6)	
7)	
8)	
9) Fatal (Calumn (h) must asual Form 200, Bout V, sal (B) (no. 15.)	
<b>Part X</b> Other Liabilities. Complete if the organization answered 'Yes' on F	· · · · · · · ▶  orm 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.  (a) Description of liability (b) I	Book value
1) Federal income taxes	0
2)	
3)	
4)	
5)	
6)	
7)	
8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	
<ol><li>Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the corganization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the</li></ol>	0

Part XI

2

3

4

b

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b

c

Part XIII

5

а

Schedule D (Form 990) 2018

1

3

40

3

4c

5

-6,228

Page 4

23,623

6,985,764

6,985,764

2,949,023

2.949.023

Schedule D (Form 990) 2018

#### 2b b Donated services and use of facilities . . . . 29,851 2c d 2d Add lines 2a through 2d . . . . . . e 2e

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

**Supplemental Information** 

Add lines **4a** and **4b** . . . . . . . . . . . . . . .

Other (Describe in Part XIII ) . . . . . .

Add lines **4a** and **4b** . . . . . . . . . . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

4a

4h

4h

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 2,978,874 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 29.851 2a 2b Prior year adjustments . . . . . . 2c c Other (Describe in Part XIII ) . . 2d d Add lines 2a through 2d . . 2e 29,851 e

3 Subtract line 2e from line 1 . . . . . 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a

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

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

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

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

### Additional Data

Software ID:

Software Version: EIN: 31-1650883

Name: RELIGION NEWS FOUNDATION

# Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITION S TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

(Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information Name of the organization **Employer identification number** RELIGION NEWS FOUNDATION 31-1650883 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants ✓ Internet and email solicitations ✓ Solicitation of government grants Phone solicitations ✓ Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes □ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No FUNDRAISING JOHNSON GROSSNICKLE No 28,570 FUNDRAISING JOHN PINNA 64,000 Nο Total 92,570 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing Cat No 50083H For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2018

**Supplemental Information Regarding** 

DLN: 93493275003369 OMB No 1545-0047

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE G

che	dule G (Form 990 or 990-EZ) 2018					F	Page <b>3</b>
1	Does the organization conduct gaming	activities with nonmember	rs?		☐Yes	□No	
2	Is the organization a grantor, beneficia formed to administer charitable gaming		a member of a partnership or other entity		□Yes	_	
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	anization's gaming/special events books and r	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from wh	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming reamount of gaming revenue retained by		ganization <b>&gt;</b> \$ and ti	he			
c	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ►						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ► \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable d	listributions from the gaming proceeds to		Yes	Пио	
b			outed to other exempt organizations or spent		□ 162		
Par	t IV Supplemental Informatio	n. Provide the explana	tions required by Part I, line 2b, column				
		oc, 10, and 170, as app	olicable. Also provide any additional info	rmation	i. See ins	truction	<u>.                                    </u>
	Return Reference	1	Explanation				

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493275003369 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ► Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number RELIGION NEWS FOUNDATION 31-1650883 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

lattend

Schedule I (Form 990) 2018

efil	e GRAPHIC pr	int - DO NOT PROCESS As File	d Dat	a -	DLN: 93	49327	75003	369
	edule J	Comper	ısat	ion Information	0	MB No	1545-0	3047
•	m 990)	Com  ► Complete if the organization  ► ∴	pens ansv Attacl	Trustees, Key Employees, and Higl ated Employees vered "Yes" on Form 990, Part IV, n to Form 990. r instructions and the latest inforn	line 23.	<b>2</b> (		
•	tment of the Treasury al Revenue Service	P do to <u>www.ns.gov/10/ms</u>	<u>50</u> 101	mstructions and the latest mion	lation.		ectio	
	me of the organiza				Employer identifica	tion nu	ımber	
KEL.	IGION NEWS FOUND	DATION			31-1650883			
Pa	rt I Questi	ons Regarding Compensation						
							Yes	No
1a		opiate box(es) if the organization provided ection A, line 1a Complete Part III to prov						
	_	s or charter travel		Housing allowance or residence for p	personal use			İ
		companions	빌	Payments for business use of persor				
		nification and gross-up payments	片	Health or social club dues or initiation				
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chaufi	eur, chef)			
b		xes in line 1a are checked, did the organiz all of the expenses described above? If "No			ent or reimbursement	1b		
2		ation require substantiation prior to reimbu				2		
	directors, truste	es, officers, including the CEO/Executive [	recto	r, regarding the items checked in line	la <sup>2</sup>			
3	organization's C	If any, of the following the filing organizat EO/Executive Director Check all that appled ad organization to establish compensation	y Do	not check any boxes for methods				
		or gameation to cottagnon compensation	J. U					
		ation committee		Written employment contract				
		ent compensation consultant	<b>✓</b>	Compensation survey or study				
	☐ Form 990	of other organizations	¥	Approval by the board or compensat	ion committee			
4	During the year, related organiza	, did any person listed on Form 990, Part v stion	/II, Se	ection A, line 1a, with respect to the fi	ing organization or a			
а	Receive a sever	ance payment or change-of-control payme	nt?			4a		No
b	Participate in, o	r receive payment from, a supplemental n	onqua	lified retirement plan?		4b		No
c	•	r receive payment from, an equity-based o		<del>-</del>		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and provide t	he ap	plicable amounts for each item in Part	III			İ
	Only 501/c)/3	), 501(c)(4), and 501(c)(29) organiza	tions	must complete lines 5-9				İ
5		ed on Form 990, Part VII, Section A, line 1		•				
_		ontingent on the revenues of	-,	энэ эгдагидааган рау эт ассгас ант,				
а	The organization	n <sup>?</sup>				5a		No
b	Any related orga	anization?				5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A, line 1 ontingent on the net earnings of	a, dıd	the organization pay or accrue any				
а	The organization	1 <sup>?</sup>				6a		No
b	Any related orga					6b		No
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A, line 1 escribed in lines 5 and 6? If "Yes," describ			l	7		No
8		nts reported on Form 990, Part VII, paid on its contract exception described in Regul			scribe	8		No
9	If "Yes" on line 8 53 4958-6(c)?	8, did the organization also follow the rebu	ıttable	presumption procedure described in	Regulations section	9		No
For I	Danarwark Badu	uction Act Notice, see the Instructions	for E	orm 990 Cat No. 5	0053T Schedule		, 000)	2018

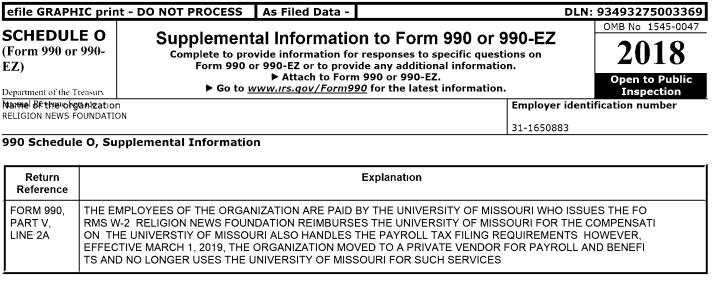
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

e con Do no	npensation must be repor ot list any individuals that	ted on Schedule J, report are not listed on Form 9	compensation from the a	organization on row (i) ar	d from related organizati	ons, described in the	it individual
	(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS  (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	( <b>E)</b> Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
(i)	120,000	0	0 0	13,764 	28,561 	162,325 	0
(")			<u> </u>	-	<u> </u>	-	-
	e con Do no ns (B	e compensation must be repor Do not list any individuals that ns (B)(i)-(iii) for each listed in  (B) Breakdown  (i) Base compensation	e compensation must be reported on Schedule J, report Do not list any individuals that are not listed on Form 9 ns (B)(i)-(iii) for each listed individual must equal the to  (B) Breakdown of W-2 and/or 1099-MIS  (i) Base compensation (ii) Bonus & incentive compensation  (i) 120,000 0	compensation must be reported on Schedule J, report compensation from the or Do not list any individuals that are not listed on Form 990, Part VII ns (B)(I)-(III) for each listed individual must equal the total amount of Form 990,  (B) Breakdown of W-2 and/or 1099-MISC compensation  (i) Base (ii) Bonus & Incentive compensation reportable compensation  (i) 120,000 0 0	compensation must be reported on Schedule J, report compensation from the organization on row (i) and Do not list any individuals that are not listed on Form 990, Part VII no (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line (B) Breakdown of W-2 and/or 1099-MISC compensation  (i) Base (ii) Bonus & incentive compensation  (iii) Other reportable compensation  (ii) 120,000  0  13,764	compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organization on the organization on row (ii) and from related organization on the compensation on the compensat	(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation (ii) Boundary compensation (iii) Boundary compensation (iii) Boundary compensation (iii) Boundary compensation (iiii) Compensation (iiiii)   Compensation (iiiiiiiii) Compensation (iiiiiiiiiiiii) Compensation (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii

Schedule J (Form 990) 2018	Page 3
Part III Supplemental Inform	nation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation

ICEO MUST BE FIRST APPROVED BY THE RELIGION NEWS FOUNDATION BOARD, THEN PASSED ALONG TO MU HR

2018 Schedule



Return Explanation

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

Return Explanation

FORM 990,
PART VI,
SECTION A,
NDUCT PREJUDICIAL TO THE BEST INTEREST OF RELIGION NEWS FOUNDATION
LINE 7B

Return Explanation
Reference

FORM 990,	AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE FORM 990 THE FORM 990 IS THEN REV
PART VI,	I IEWED BY THE FINANCE DIRECTOR AND CEO ANY QUESTIONS OR CONCERNS MANAGEMENT HAS ARE ADDRES
SECTION B,	SED AND ANY CORRECTIONS OR CLARIFICATIONS ARE MADE BEFORE FILING A COPY OF THE FORM 990 I
LINE 11B	S PROVIDED TO THE BOARD OF DIRECTORS REFORE THE FORM IS FILED.

Return Explanation

FORM 990,
PART VI,
SECTION B,
LINE 12C
BOARD OR COMMITTEE MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTER
BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS IF A CONFLICT D
OES EXIST, THE PERSON IS REQUIRED TO LEAVE THE MEETING DURING THE DISCUSSION AND VOTE ON T
HE TRANSACTION OR ARRANGEMENT

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A & 15B	ALL SALARIES AND ANY WAGE INCREASES ARE DONE IN ACCORDANCE WITH GUIDELINES ESTABLISHED BY THE UNIVERSITY OF MISSOURI (MU), WHICH ADMINISTERS THE FOUNDATION'S PERSONNEL AND HUMAN RE SOURCES SERVICES THROUGH AN AFFILIATION AGREEMENT ANY REQUESTED CHANGES FOR THE CEO MUST BE FIRST APPROVED BY THE RELIGION NEWS FOUNDATION BOARD, THEN PASSED ALONG TO MU HR ALL O THER STAFF WAGE DECISIONS ARE MADE BY THE CEO ONCE A CHANGE IS DECIDED, IT MUST BE SUBMIT TED TO MU HR IT THEN GOES THROUGH A RIGOROUS REVIEW PROCESS MU HR HAS A COMPLETE JOB COD E CATALOG OF VARIOUS POSITIONS AND WAGE CATEGORIES BASED ON MARKET RESEARCH MU HR HAS PERFORMED

Return
Reference

Explanation

Explanation

FORM 990
ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

LINE 19

FORM 990, ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST
PART VI,
SECTION C,

Explanation Return Reference

FORM 990. COMPENSATION FOR KEN CHITWOOD WAS FOR A FREELANCE PIECE PURCHASED BY RNS AT THE FREELANCE PART VII. RATE

LINE 1A

990 Schedule O, Supplemental Information

Return Explanation
Reference

LINE 11G

FORM 990 DESCRIPTION COLLABORATION SERVICES TOTAL FEES 176463
PART IX

Return Explanation

FORM 990 DESCRIPTION CONTRACTED JOURNALISTS TOTAL FEES 312456
PART IX
LINE 11G

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990
PART IX
LINE 11G

DESCRIPTION STRINGERS TOTAL FEES 193133

Return Explanation

FORM 990 DESCRIPTION CONSULTING FEES TOTAL FEES 328175
PART IX
LINE 11G

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990
PART IX
LINE 11G

DESCRIPTION COLUMNISTS TOTAL FEES 61500

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990
PART IX
LINE 11G

DESCRIPTION WIRE SERVICE TOTAL FEES 33559

Return Explanation
Reference

LINE 11G

FORM 990 DESCRIPTION OTHER CONSULTING FEES TOTAL FEES 37829
PART IX

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493275003369 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization RELIGION NEWS FOUNDATION 31-1650883 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary activity		(c) Legal domicile (st or foreign counti	tate ry)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity		
(1) RELIGION NEWS SERVICES LLC 30 NEFF ANNEX COLUMBIA, MO 65211	CHARITABLE		ОН		461,335	69,128	RNF		
									_
									-
					<u> </u>				-
							<u> </u>		-
Part II Identification of Related Tax-Exempt Organizations (	Complete If the orga	nızat	ion answered '	"Yes"	on Form 990,	Part IV, line 34 b	ecause it had one or	more	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Lega or fo	(c) al domicile (state foreign country)	Exem	(d) npt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) cor enti	ntrolled ity?
(1)RELIGION NEWS ASSOCIATION 30 NEFF ANNEX	MBRSHP ORG		VA	501(C	2)(6)		NA	Yes	No No
COLUMBIA, MO 65211 54-1486927		<u> </u>							
		<u> </u>							
		<u> </u>		_					
		_							
		<u> </u>							
				_				+	
		Щ	C   N   F012	<u> </u>			61.11.875	000) 20	

(a) Name, address, and EIN of related organization	fress, and EIN of		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)		(g) Share of end-of-year assets	( <b>I</b> Disprop alloca	rtionate	(i) Code V-UB amount in b 20 of Schedule K- (Form 1065	I Gen ox mar par	(j) eral or naging tner?	(k) Percent owners
					314)			Yes	No		Yes N	No	
											+		
												1	l
											+	-	
Identification of Related Organiza because it had one or more related or						zation ansv	wered "Yes	" on Fo	orm 99	90, Part I\	/, line	÷ 34	
Identification of Related Organiza because it had one or more related or  (a)  Name, address, and EIN of related organization		corporation doing (state of		st during th	(d) controlling Tyentity	(e)	wered "Yes  (f) Share of total income	Share	(g) of end- year assets	of- Pero	/, line (h) tentage tership	5 (	(I) Section 51 13) contr entity
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Pero	(h)	5 (	ection 5: 13) contr
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Pero	(h)	5 (	ection 5: 13) contr entity
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Pero	(h)	5 (	ection 5 13) conti entity
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Pero	(h)	5 (	ection 5 13) cont entity
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Pero	(h)	5 (	ection 5 13) cont entity

(d) Method of determining amount involved

Schedule R (Form 990) 2018

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part 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					
	$\overline{}$	-					

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	П		
а	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)	<b>1</b> b		No
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No

Ь	Gift, grant, or capital contribution to related organization(s)	1b	No
С	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
е	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)	<b>1</b> g	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

d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	<b>1</b> f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	<b>1</b> i		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
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
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
О	Sharing of paid employees with related organization(s)	10		No
	Describe was not and to related assessment (a) for sure	1	Vac	

	Dividends from related digalization(s)	11		
g	Sale of assets to related organization(s)	<b>1</b> g		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
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
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
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

(b) Transaction type (a-s)

(c) Amount involved

(a) Name of related organization

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•								•	Schedul	e R (Form	1 99	0) 2018

