Form **990**

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

<u>A I</u>	For the	2022 calendar year, or tax year beginning and	d ending							
	Check if applicable	C Name of organization		D Employer identific	cation number					
X	Addres	STATES NEWSROOM								
	Name change	ADTZONA MIDDOD		84-2113822						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite							
	Final return/	1414 RALEIGH RD.	919-869-	7788						
_	termin- ated	, , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	23,399,713.					
L	Ameno	CHAPEL HILL, NC 2/31/		H(a) Is this a group re						
	Application pendin	F Name and address of principal officer: CHRISTOFHER FIIZSI	MON	for subordinates	—					
		SAME AS C ABOVE		H(b) Are all subordinates in						
<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions					
_	Vebsit			H(c) Group exemption						
		organization: X Corporation Trust Association Other	L Year	of formation: 2019 N	A State of legal domicile: DC					
Pa	art I	Summary	IDO NIDI	CDOOM DELTE	7D.C. MILLAM					
ø	1	Briefly describe the organization's mission or most significant activities: STAT								
Governance	:	HIGH-QUALITY REPORTING ON THE CRUCIAL IS:								
erū	2	Check this box if the organization discontinued its operations or disposition.	sed of more	1 1	_					
Š	3			3	<u>6</u> 5					
<u>«</u>	1 -	Number of independent voting members of the governing body (Part VI, line 1b)								
es		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			191					
Activities &		Total number of volunteers (estimate if necessary)			5					
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.					
				Prior Year	Current Year					
ě	8	Contributions and grants (Part VIII, line 1h)		21,592,795.	23,316,863.					
ē	9	Program service revenue (Part VIII, line 2g)		0.	0.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.					
_	ייין ייין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42,416.	82,850.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,635,211.	23,399,713.					
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		785,000.	535,000.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,666,791.	13,490,441.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ğ	. b	Total fundraising expenses (Part IX, column (D), line 25) 49,1		0. 500. 460	4 500 145					
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,728,462.	4,709,145.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,180,253.	18,734,586.					
	19	Revenue less expenses. Subtract line 18 from line 12		8,454,958.	4,665,127.					
SOF			Ве	ginning of Current Year	End of Year					
Sset	20	Total assets (Part X, line 16)		13,800,464.	20,477,632.					
T. A.	1	Total liabilities (Part X, line 26)		143,528.	2,155,569.					
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		13,656,936.	18,322,063.					
	art II									
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is					
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparer	nas any knowledge.						
		Signature of officer		l Date						
Sig				Dale						
Her	е	CHRISTOPHER FITZSIMON, PRESIDENT								
		Type or print name and title	T r	Date Check	PTIN					
<u>.</u>		Print/Type preparer's name Preparer's signature		·,						
Paid		SOLOMON MARDAKHAEV SOLOMON MARDAKH	AEV I	.1/09/23 self-employ	P01806552					
-	parer	Firm's name WIPFLI LLP	200	Firm's EIN 3	9-0758449					
Use	Only	Firm's address 170 N. RADNOR-CHESTER RD, SUITE	∠ ∪∪		0 FCF 2020					
_		RADNOR, PA 19087		Phone no. 6 1	0.565.3930 X Yes No					
1/1/2/	/ tha IE	RS discuss this return with the preparer shown above? See instructions			X Yes No					

Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: STATES NEWSROOM IS A NETWORK OF AFFILIATES WHICH CONSIST OF	
	INDEPENDENT PARTNER NEWS SITES. EVERY NEWSROOM IS LED BY A VETERAN	
	LOCAL JOURNALIST WITH DEEP KNOWLEDGE OF THE STATE'S POLITICAL HISTORY	
	AND MEDIA LANDSCAPE WHO OVERSEES A STAFF OF EXPERIENCED CAPITAL	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	_ >
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.)
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$15,325,747 . including grants of \$535,000 .) (Revenue \$\$	_
	STATES NEWSROOM SUPPORTS STATE-LEVEL MEDIA OPERATIONS THAT USE	. ,
	HARD-HITTING REPORTING AND COMMENTARY TO CHANGE THE POLITICAL DEBATE,	_
	SHINING A SPOTLIGHT ON STATE-LEVEL DECISION MAKING AND ITS IMPACT ON	_
	THEIR READERS. STATES NEWSROOM HAS LAUNCHED TWENTY-FOUR NEW STATE NEWS	_
	OUTLETS, INCLUDING A BUREAU IN WASHINGTON, DC. THESE OUTLETS HAVE OVER	_
	130 MILLION PAGE VIEWS, COMBINED AND THEIR CONTENT IS FREQUENTLY CITED	_
	IN MAINSTREAM PUBLICATIONS.	_
	IN MAINSIREAM FUBLICATIONS.	_
		_
		_
		_
		_
		_
4b	(Code:) (Expenses \$.)
		_
		_
		_
		_
		_
		_
		_
4c	/Out. \/ (5	_
40	(Code:) (Expenses \$,)
		-
		_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
-	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 15,325,747.	_

Form 990 (2022) STATES NEWSROOM Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12u		
D	, .	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the appropriation projection of the control of the United Otelson			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		 ^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	l		.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		<u> X</u>
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		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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Part IV	Checklist of Red	uired Schedules	(continued)
		fair ca correaaico	icontinueai

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	X	<u> </u>
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			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		v
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			v
c=	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	30	23	
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			_
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form 990	(2022)	STATES	NEWSROOM			84-2113822	Page 5
Part V	Stat	ements Regarding C	Other IRS Filings	and Tax Compliance	(continued)		

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 191								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year			37					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X					
9									
h	, , , ,								
8									
0	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 49662	9a							
a b									
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b							
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b									
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v					
	excess parachute payment(s) during the year?	15		X					
46	If "Yes," see the instructions and file Form 4720, Schedule N.			v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
4-	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	4-7							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17							
	n res, complete runn 0003.								

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7h helow 84-2113822 Page 6

	to line to the second and second and second and second are second as the second and second and second and second as the second a	-		a INO I	espon	SE					
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	. See II	istructions.			T					
800	Check if Schedule O contains a response or note to any line in this Part VI					LX.					
Sec	tion A. Governing Body and Management					Г					
_		1.		-	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	(4							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b											
2											
	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
				3		<u>X</u>					
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X					
6	Did the organization have members or stockholders?			6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or								
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or								
	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ır by the	following:								
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b		X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at	: the								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X					
Sec	tion B. Policies _{(This Section B} requests information about policies not required by the Internal Re	venue	Code.)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	Х						
b											
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe								
	on Schedule O how this was done			12c	Х						
13	Did the organization have a written whistleblower policy?			13	Х						
14	Did the organization have a written document retention and destruction policy?			14		_X_					
15	Did the process for determining compensation of the following persons include a review and approva	l by inc	lependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			15a		X					
b	Other officers or key employees of the organization			15b		X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a								
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its pa	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's								
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, C	0,C'	Γ,FL,GA,HI	,IL	KS,	KY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar										
	for public inspection. Indicate how you made these available. Check all that apply.			37							
	X Own website Another's website X Upon request Other (explain	on Sc	hedule (0)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finan	cial						
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records								
	BREANNE PORTER - 919-869-7788		:= =: =: =								
	50 F STREET, NW, SUITE 460, WASHINGTON, DC 20001										
232006	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2022)					

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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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organizat		orga	niza			nper	sate		irector, or trustee.	-
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position do not check more than one					Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week	-	T an	Tid a director/trastee/			<u> </u>	from	from related	other
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	3e or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		oyee	n be		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) CHRISTOPHER FITZSIMON	40.00	1							_	
PRESIDENT & DIRECTOR		Х		X		<u> </u>		204,353.	0.	17,059.
(2) ANDREA VERYKOUKIS	40.00	1							_	
NEWSROOM DEPUTY DIRECTOR						X		117,057.	0.	36,899.
(3) JANE NORMAN	40.00	1							_	
DC BUREAU CHIEF						X		126,467.	0.	25,315.
(4) JOHN MICEK	40.00	1						110 110		
PA EDITOR-IN-CHIEF	40.00					X		110,149.	0.	36,692.
(5) DARRELL EHRLICK	40.00	4				,,		115 006		00 201
MT EDITOR IN CHIEF	40.00	<u> </u>				X		115,096.	0.	28,391.
(6) BREANNE PORTER	40.00	-				7.		105 756	_	14 050
OPERATIONS DIRECTOR	1 00		_			X		105,756.	0.	14,059.
(7) ADAM SEARING	1.00	.,							_	_
TREASURER & DIRECTOR (8) KATHY BEST	1 00	Х				-		0.	0.	0.
(8) KATHY BEST DIRECTOR	1.00	х						0.	0.	0.
(9) JARVIS DEBERRY	1.00	Α				\vdash		· ·	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(10) DAVID HUDSON	1.00	25						•	0.	<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
(11) CYNTHIA JANOVY	1.00	† 								
DIRECTOR		х						0.	0.	0.
									<u> </u>	
		1								
		1								
		1								
		L	L	L	L	L				
										E 000 (2000)

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)		
(A)	(B)	(C)						(D)	(E)	(F)	
Name and title	Average	(do		Posi		l than c	nne	Reportable	Reportable	Estimat	ed
	hours per	box,	unles	s per	son i	s both	an an	compensation	compensation	amount	of
	week		cer an	a a a	director/trustee)			from	from related	other	
	(list any	rector						the	organizations	compensa	
	hours for related	or di	ee			sated		organization	(W-2/1099-MISC/	from th	
	organizations	ustee	trust		e e	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organiza and relat	
	below	ual tr	tional		ploye	st con yee	L	1099-NEC)		organizat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizat	10113
			_		×	1 0					
4h Codested								778,878.	0.	158,4	15
1b Subtotal								770,070.	0.	130,4	0.
c Total from continuation sheets to Part VI								778,878.	0.	158,4	
d Total (add lines 1b and 1c)									-	130,4	1).
compensation from the organization	or minied to the	USE	note	u aŭ	ove	, wil	o re	oerved more man \$100,	ooo oi reportable		11
										Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	higl	nest compensated empl	oyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual									3	Х

4 X 5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PRECISION STRATEGIES, LLC, 901 NEW YORK	STRATEGIC	
AVE. NW, SUITE 530, WASHINGTON, DC 20001	COMMUNICATIONS AND M	464,000.
CAPITOL OPERATIONS, LLC	FINANCE, HR AND	
5706 NEVADA AVE NW, WASHINGTON, DC 20015	OPERATIONS	420,000.
THE TEXAS TRIBUNE, 919 CONGRESS AVE., 6TH		
FLOOR, AUSTIN, TX 78701	CONTENT PRODUCER	225,000.
STAGWELL MEDIA, LP, 1150 18TH ST, NW,	STRATEGIC	
SUITE 800, WASHINGTON, DC 20036	COMMUNICATIONS AND P	177,500.
CROWELL MORING, LLP, 1001 PENNSYLVANIA		
AVE, NW, WASHINGTON, DC 20004	LEGAL & COMPLIANCE	157,721.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 6		

Form 990 (2022) STATES :
Part VIII Statement of Revenue

			Check if Schedule O	onta	ains a r	espons	se o	r note to any lin	e in this Part VIII			
								· · · · · · · · · · · · · · · · · · ·	(A)	(B)	(C)	(D)
									Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
										function revenue	business revenue	sections 512 - 514
တ တ	1	а	Federated campaigns			1a						
ant	•		Membership dues			1b						
ទ្ធ			Fundraising events			1c						
ifts, r A		d Related organizations 1d										
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contri			1e						
Sin			All other contributions, gifts,									
et j		•	similar amounts not included			1f		23,316,863.				
S		~	Noncash contributions included in			1g \$		1,750.				
n o		g h	Total. Add lines 1a-1f	iiies ii	a-11 [igηΨ			23,316,863.			
<u> </u>			Total: Add lines fa fi					Business Code				
•	2	e a					t					
Ş.	_	b.					-					
Ser		C										
m Ver		d										
gra Re		e					-					
Program Service Revenue			All other program service	rever	1116		-					
		' a	T				_					
	3		Investment income (includ									
	Ĭ		•									
	4	/										
	5		Royalties		•		•					
	_					Real	Ī	(ii) Personal				
	6	a	Gross rents	6a								
	_		Less: rental expenses	6b								
		c	Rental income or (loss)	6c								
			Net rental income or (loss)									
	7		Gross amount from sales of		(i) Se	curitie	s	(ii) Other				
	•	_	assets other than inventory	7a	.,			. ,				
		b	Less: cost or other basis									
<u>e</u>		-	and sales expenses	7b								
enr		С	Gain or (loss)	7c								
3eV			Net gain or (loss)									
her Revenue	8		Gross income from fundraising									
oth	_		including \$	•	•	- 1						
			contributions reported on			- 1						
			Part IV, line 18			- 1	8a					
		b					8b					
			Net income or (loss) from									
	9		Gross income from gamin			Г						
			Part IV, line 19				9a					
		b	Less: direct expenses				9b					
			Net income or (loss) from									
	10		Gross sales of inventory, I			г						
			and allowances			- 1	10a					
		b	Less: cost of goods sold				I0b					
			Net income or (loss) from			_						
,							Ī	Business Code				
ous e	11	а	MISCELLANEOUS REVENU	JE			_ [900099	82,850.			82,850.
ane		b					_ [
Sell		С					_					
Miscellaneous Revenue		d	All other revenue				[
_		е	Total. Add lines 11a-11d						82,850.			
	12	?	Total revenue. See instruction	ns					23,399,713.	0.	0.	82,850.

232009 12-13-22

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	535,000.	535,000.		
	Grants and other assistance to domestic	333,000.	333,000.		
2					
,	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	221 412		210 556	1 05
	trustees, and key employees	221,412.		219,556.	1,85
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,510,499.	8,538,419.	960,792.	11,288
8	Pension plan accruals and contributions (include				_
	section 401(k) and 403(b) employer contributions)	246,318.	224,468.	21,605.	24! 2,998 84
9	Other employee benefits	2,757,722.	2,476,688.	278,036.	2,99
0	Payroll taxes	754,490.	674,587.	79,057.	84
1	Fees for services (nonemployees):				
а	Management	448,708.	35,106.	413,602.	
b	Legal	229,857.	17,983.	211,874.	
С	Accounting	17,577.	1,375.	16,202.	
d	Lobbying	, -	,	, ,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	1 408 131.	1,174,348.	233,783.	
	Advertising and promotion	658,520.	658,520.	233,703.	
12		397,102.	209,974.	187,128.	
13	Office expenses	296,973.	3,716.	293,257.	
14	Information technology	230,313.	3,710.	293,231.	
15	Royalties	708,046.	610 E24	00 E12	
16	Occupancy	•	618,534.	89,512.	
17	Travel	185,581.	116,852.	68,729.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4.6.6.0.0.0	40.000	455 000	
19	Conferences, conventions, and meetings	166,973.	10,993.	155,980.	
20	Interest				
21	Payments to affiliates	_		_	
22	Depreciation, depletion, and amortization	33,238.	26,531.	6,707.	
3	Insurance	85,953.		85,953.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	FEES	68,477.	22.	36,528.	31,92
b		, -	-	, -	,
c					
d					
e	All other expenses	4,009.	2,631.	1,378.	
	Total functional expenses. Add lines 1 through 24e	18,734,586.	15,325,747.	3,359,679.	49,160
<u>5</u>	Joint costs. Complete this line only if the organization	<u> </u>		3,333,013.	47,10t
6					
	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 (20

Form 990 (2022)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			13,570,028.	1	6,906,127.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	1,344.	3	11,347,223.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of the	nese perso	ns		5	
	6	Loans and other receivables from other disqu	alified pers	sons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sect	ion 4958(c)(3)(B)		6	
ठ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
As	9	Donate Salar and the salar and			79,513.	9	68,655.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	247,000.			
	b	Less: accumulated depreciation	105,467.	10c	185,386.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		44,112.	15	1,970,241.	
	16	Total assets. Add lines 1 through 15 (must e			13,800,464.	16	20,477,632.
	17	Accounts payable and accrued expenses	125,429.	17	161,609.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
ia p		controlled entity or family member of any of the		·····		22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	-		18,099.	05	1,993,960.
	06	of Schedule D			143,528.	25 26	2,155,569.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c	hook horo	X	143,320.	20	2,133,307.
S		and complete lines 27, 28, 32, and 33.	Heck Here				
ü	27	• , , ,			13,632,733.	27	17,622,275.
ala	28				24,203.	28	699,788.
<u> </u>	20	Organizations that do not follow FASB ASC		ck here	21,203.	20	033,7001
臣		and complete lines 29 through 33.	7 930, Cile				
<u></u>	29	Capital stock or trust principal, or current fundament	de			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
18S(31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32			r other funds	13,656,936.	32	18,322,063.
Z	33	Total liabilities and net assets/fund balances			13,800,464.	33	20,477,632.
	100	Total habilities and net assets/fully palatices				55	Form 990 (2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,39		
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,73		
3	Revenue less expenses. Subtract line 2 from line 1	3	4,66		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,65	6,9	36.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	18,32	2,0	63.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on 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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Employer identification number

OMB No. 1545-0047

			ES NEWSROOM					8	4-2113822		
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	See instructions.				
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	າ 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii)	. Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental unit	describe	ed in		
		section 170(b)(1)(A)(iv). (0	Complete Part II.)								
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the g	eneral p	oublic described in		
			section 170(b)(1)(A)(vi). (Complete Part II.)								
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9		An agricultural research org				ed in conju	unction with a lan	d-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the	college	or		
		university:									
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership f	ees, and	d gross receipts from		
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its su	ipport fi	rom gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organi	zation a	fter June 30, 1975.		
		See section 509(a)(2). (Co	mplete Part III.)								
11		An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).				
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to carry	out the	purposes of one or		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509	(a)(3). 🤇	Check the box on		
		lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and 12	g.			
а	ı L		anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typic	ally by	giving		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustees o	of the su	pporting		
	_	organization. You must o	-								
b	.		anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s)	, by hav	ring		
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage t	he supp	ported		
	_	organization(s). You mus	t complete Part IV,	Sections A and C.							
C	;						-	ntegrate	d with,		
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ections A,	D, and E.				
C	i		/ integrated. A supp	porting organization oper	ated in co	nnection v	vith its supported	organiz	zation(s)		
		that is not functionally int	-		•		•	attentiv	reness		
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
e	•	Check this box if the orga					Type I, Type II, T	ype III			
		functionally integrated, or		nally integrated supportir	ng organiz	ation.					
		er the number of supported of	•								
		vide the following information (i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of mo	netany	(vi) Amount of other		
	`	organization	(,	(described on lines 1-10	in your governi	ng document?	support (see instru	-	support (see instructions)		
				above (see instructions))	165	INO		-			
Tota	al										

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		6982113.	9976227.	21592795.	23316863.	61867998.
2	Tax revenues levied for the organ-						
	ization'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	Total. Add lines 1 through 3		6982113.	9976227.	21592795.	23316863.	61867998.
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)						
6	Public support. Subtract line 5 from line 4.						61867998.
	ction B. Total Support						<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(4) 2010	6982113.	9976227.	21592795.	23316863.	61867998.
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ů	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)				42,416.	82 850.	125,266.
11	Total support. Add lines 7 through 10				12,1100	02/0301	61993264.
	Gross receipts from related activities,	etc (see instruction	nne)			12	023332011
	First 5 years. If the Form 990 is for the	="		ourth or fifth tax			
10	organization, check this box and stor	•			•	. , . ,	X
Sec	etion C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021					15	/ 0 %
	33 1/3% support test - 2022. If the o						
100	stop here. The organization qualifies				14 10 00 17070 OI III		
h	33 1/3% support test - 2021. If the o		•				
	and stop here. The organization qual						
17:	10% -facts-and-circumstances test						
.,,	and if the organization meets the fact						
	meets the facts-and-circumstances te					_	
L	10% -facts-and-circumstances test	ū	•	•		I7a and line 15 is	
	more, and if the organization meets the	-					10/0 01
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-	•	• • •		
10	Trivate loundation. If the organization	n did fiot crieck a l	55A 011 III 16 15, 16a	i, 100, 17a, 01 17k	, oriect trils bux a		(Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from :					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
0-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
- Fla		
5b		
5c		
6		
7		
8		
9a		
01 .		
9b		
9с		
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10a		
461		
10b	n 990)	2022

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rai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (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			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the si	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ed)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.		8		
9_	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ection E - Distribution Allocations (see instructions) (i) Excess Distributions Underdistribution Pre-2022				(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>i</u> _	Carryover from 2017 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021 Excess from 2022				
_	LAUGGG HUIII ZUZZ				

Schedule A (Form 990) 2022

SCHEDULE D (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 instructions and the latest information.

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization STATES NEWSROOM

84-2113822

Par	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or	r Accounts. Complete if the
	organization answered 100 or 1 or 1000, 1 are 10, into	(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advised	funds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose cor	nferring
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the organization	anization answered "Y	es" on Form 990, Par	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)		
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contril	oution in the form of	a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic structure	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and i	not on a	
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or	terminated by the or	ganization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period	• • •	ction, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	and enforcing conserv	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and o	nforcing concentration	n cocomonto during the year
′	Amount of expenses incurred in monitoring, inspecting, name	ing or violations, and e	Thoreing conservation	n easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremen	nts of section 170(h)(4)(B)(i)
Ŭ	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservatio			
•	balance sheet, and include, if applicable, the text of the footnot		·	
	organization's accounting for conservation easements.	9-		
Par	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its re	venue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education	n, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	e statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in further	ance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea	sures, or other similar	assets for financial ga	ain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to thes	e items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022

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Par	t III Organizations Maintaining Col	llections of Art	t, Hist	orical Tre	asures, o	r Other	Simila	Asset	S (contin	ued)	ige –
`	Using the organization's acquisition, accession								(000000		
	collection items (check all that apply):	,	•	,	Ü		,				
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е									
С	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explain	how th	ey further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or r	•		•	•						
	to be sold to raise funds rather than to be main	tained as part of th	ne orgar	nization's co	llection?			[Yes		No
Par	t IV Escrow and Custodial Arrange	ements. Comple	te if the	organizatio	n answered	"Yes" on I	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodian	or other intermedi	ary for o	contribution	s or other ass	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII an										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Form								Yes		No
b	If "Yes," explain the arrangement in Part XIII. C										
Par	t V Endowment Funds. Complete if t	he organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 10	0.				
		(a) Current year	(b) F	rior year	(c) Two yea	rs back ((d) Three y	ears back	(e) Four	years l	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the currer	nt year end balance	e (line 1ç	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment%										
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.									
За	Are there endowment funds not in the possess	ion of the organiza	tion tha	t are held ar	nd administer	ed for the	9		-		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the or		vment f	unds.							
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered '	'Yes" on Form 990	, Part IV	/, line 11a. S	See Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or of		` ,	or other	(c) Ac	cumulate	ed	(d) Bool	k value	÷
		basis (investm	nent)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			24	7,000.		61,6	14.	185	5,38	<u> 36.</u>
	Other							_			
Total	. Add lines 1a through 1e. (Column (d) must eau	ual Form 990. Part	X. colun	nn (B). line 1	0c.)				185	5,38	36.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022	STATES NEWSROOM	84-2113822	Page 3
Part VII Investments -	- Other Securities.		

Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (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, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col (h) must equal Form 990 Part Y col (R) line 13)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value		
(1) SECURITY DEPOSIT	71,140.		
(2) RIGHT-OF-USE LEASE ASSETS - OPERATING	1,899,101.		
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
<u>(9)</u>			
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	1,970,241.		

Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED EXPENSES	40,709
(3) OPERATING LEASE OBLIGATIONS	1,953,251
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	1,993,960

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

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022
Open to Public

Inspection

Name of the organization **Employer identification number** STATES NEWSROOM 84-2113822 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 the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) NORTH CAROLINA JUSTICE CENTER SUBGRANT TO SPONSOR P.O. BOX 28068 ACTIVITIES CARRIED OUT BY 56-1348186 501(C)(3) 0 THE ORGANIZATION RALEIGH, NC 276118068 310,000. MAINE PEOPLE'S RESOURCE CENTER SUBGRANT TO SPONSOR 565 CONGRESS ST., SUITE 200 ACTIVITIES CARRIED OUT BY PORTLAND, ME 04101 22-2586108 501(C)(3) THE ORGANIZATION 225,000. 0. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

84-2113822 STATES NEWSROOM Schedule I (Form 990) 2022 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: STATES NEWSROOMS HAS REPORTING REQUIREMENTS FOR GRANTS, REQUIRES THAT FUNDS ARE USED FOR CHARITABLE PURPOSES AS SET FORTH IN SECTION 5013 OF THE INTERNAL REVENUE CODE AND MAY REQUEST TO MONITOR AND EVALUATE OPERATIONS UNDER THE GRANT, INCLUDING ON-SITE VISITS AND/OR DISCUSSIONS WITH GRANTEE

232102 10-31-22 Schedule I (Form 990) 2022

PERSONNEL.

35

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

STATES NEWSROOM

Part I Questions Regarding Compensation

 $\label{eq:employer} Employer\ identification\ number \\ 84-2113822$

	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х Х Х
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?			
С	c Participate in or receive payment from an equity-based compensation arrangement?			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			77
а	The organization?	6a		_ <u>X</u> _
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHRISTOPHER FITZSIMON	(i)	204,353.	0.	0.	6,173.	10,886.	221,412.	0.
PRESIDENT & DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANDREA VERYKOUKIS	(i)	117,057.	0.	0.	3,512.	33,387.	153,956.	0.
NEWSROOM DEPUTY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JANE NORMAN	(i)	126,467.	0.	0.	3,794.	21,521.	151,782.	0.
DC BUREAU CHIEF	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** 84-2113822 STATES NEWSROOM FORM 990, ITEM C, DOING BUSINESS AS: FLORIDA PHOENIX GEORGIA RECORDER IOWA CAPITAL DISPATCH MICHIGAN ADVANCE MINNESOTA REFORMER NEVADA CURRENT OHIO CAPITAL JOURNAL PENNSYLVANIA CAPITAL-STAR VIRGINIA MERCURY WISCONSIN EXAMINER COLORADO NEWSLINE IDAHO CAPITAL SUN

KANSAS REFLECTOR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization STATES NEWSROOM	Employer identification number 84-2113822
LOUISIANA ILLUMINATOR	
MISSOURI INDEPENDENT	
DAILY MONTANAN	
TENNESSEE LOOKOUT	
NEW HAMPSHIRE BULLETIN	
OREGON CAPITAL CHRONICLE	
SOURCE NEW MEXICO	
NEBRASKA EXAMINER	
NEW JERSEY MONITOR	
NEWS FROM THE STATES	
ALABAMA REFLECTOR	
ALASKA BEACON	
ARKANSAS ADVOCATE	
INDIANA CAPITAL CHRONICLE 232212 10-28-22	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 84-2113822 STATES NEWSROOM KENTUCKY LANTERN MAINE MORNING STAR NC NEWSLINE / NORTH CAROLINA NEWSLINE SOUTH DAKOTA SEARCHLIGHT OKLAHOMA VOICE RHODE ISLAND CURRENT WASHINGTON STATE STANDARD WEST VIRGINIA WATCH FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ESSENTIAL TO THE HEALTH OF OUR DEMOCRACY. STATES NEWSROOM JOURNALISTS

ARE COMMITTED TO CENTERING REAL PEOPLE IN PUBLIC POLICY DEBATES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: REPORTERS. THE WASHINGTON DC BUREAU REPORTS ON CONGRESSIONAL DELEGATES AND KEY SUPREME COURT AND ADMINISTRATIVE DECISIONS THAT AFFECT THE STATES. STATES NEWSROOM BELIEVES THAT NO MATTER WHO YOU ARE OR WHERE YOU LIVE, YOU NEED ACCESS TO HIGH-QUALITY, NON-PARTISAN REPORTING ON THE CRUCIAL ISSUES OF OUR TIME. STATES NEWSROOM PROVIDES LEADING REPORTERS AND EDITORS WITH THE RESOURCES THEY NEED TO COVER THEIR

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization Employer identification number STATES NEWSROOM 84-2113822

COMMUNITIES.

FORM 990, PART VI, SECTION A, LINE 8B:

THE EXECUTIVE COMMITTEES DO NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE
GOVERNING BOARD. INFORMATION DISCUSSED AT THE EXECUTIVE MEETINGS IS
PRESENTED TO THE BOARD OF DIRECTORS AND APPROVAL IS OBTAINED IF NEEDED.

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

EACH BOARD MEMBER WILL RECEIVE AN ELECTRONIC COPY OF THE FORM 990, PRIOR TO SUBMISSION. THEY WILL HAVE ONE WEEK TO REVIEW AND ASK ANY QUESTIONS.

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

THERE IS A CONFLICT OF INTEREST POLICY THAT APPLIES TO OFFICERS AND

DIRECTORS AND A SEPARATE CONFLICT OF INTEREST POLICY FOR EMPLOYEES. AT THE

DIRECTOR AND OFFICER LEVEL THE OTHER MEMBERS OF THE BOARD DETERMINE WHETHER

A CONFLICT EXISTS AND REVIEW THE CONFLICTS. THE DIRECTOR OR OFFICER WITH

THE CONFLICT MAY NOT PARTICIPATE IN THE DISCUSSION AND VOTE ON THE

TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

EMPLOYEES SHOULD DISLOSE, IN WRITING, ANY POTENTIAL CONFLICT OF INTEREST

WITH THEIR SUPERVISOR. THE CONFLICT OF INTEREST MUST ALSO BE REPORTED TO

HR. EMPLOYEES SHOULD ACT IN THE BEST INTEREST OF STATES NEWSROOM AND ITS

PROJECTS.

FORM 990, PART VI, SECTION B, LINE 15:

TYPICALLY, THE PRESIDENT RECEIVES THE SAME COLA INCREASE THAT THE REST OF

THE STAFF DO, AND THIS INCREASE IS REVIEWED AND APPROVED BY THE BOARD OF

DIRECTORS.

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** STATES NEWSROOM 84-2113822 FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK, AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, ME, MD, MI, MN, MS, NC, ND, NH, NJ, NM, NY, NV OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV,ID,IN,IA,LA,MO,MT,NE,SD FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST AS DEEMED APPROPRIATE BY THE BOARD OF DIRECTORS AND MANAGEMENT. FORM 990, PART XII, LINE 2C THE BOARD OF DIRECTORS SELECTED THE AUDIT COMMITTEE BY UNANIMOUS VOTE.