Extended to November 17, 2025 Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on the	his form as it may be made public.
Go to www.irs.gov/Form990 for instruct	ions and the latest information.



AF	or th	e 2024 calendar year, or tax year beginning and	lending	_									
B c a	heck if pplicab	e: C Name of organization		D Employer identifi	cation number								
		Address change Trusting News Inc.											
	Name Chang												
X	Initial		r										
	 Final return	5242 Clark Boad	Room/suite #3003	E Telephone numbe 573-673-6867									
	termir ated			G Gross receipts \$	590,529.								
	Amen	ded Gamagata HI 34333		H(a) Is this a group re	eturn								
	Applie tion	F Name and address of principal officer:Joy Mayer		for subordinates									
	pendi	same as C above		H(b) Are all subordinates in	ncluded? Yes No								
ΙT	ax-ex	empt status: 🗴 501(c)(3) 🛄 501(c) () (insert no.) 🛄 4947(a)(1)	or 527	If "No," attach a	list. See instructions								
J۷	Vebsi			H(c) Group exemptio	n number								
ΚF	orm o	organization: 🗴 Corporation 🔄 Trust 🦲 Association 🔄 Other	L Year	of formation: 2024	State of legal domicile: DE								
Pa	nrt I	Summary											
ø	1	Briefly describe the organization's mission or most significant activities: Trusti	ng News i	Improves the									
Activities & Governance		quality of news reporting by studying trust in news and trai	ning and										
ern.	2	Check this box if the organization discontinued its operations or dispo	osed of more	e than 25% of its net as	ssets.								
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			5								
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)			3								
es	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)			1								
iviti	6	Total number of volunteers (estimate if necessary)		1									
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			٥.								
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	٥.								
				Prior Year	Current Year								
ē	8	Contributions and grants (Part VIII, line 1h)			578,194.								
ent	9	Program service revenue (Part VIII, line 2g)			7,773.								
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			4,562.								
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			590,529.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.								
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.								
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			209,571.								
sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.								
Expenses			,111.										
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			104,675.								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			314,246.								
	19	Revenue less expenses. Subtract line 18 from line 12			276,283.								
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year								
sset 3alaı		Total assets (Part X, line 16)			278,444.								
atA		Total liabilities (Part X, line 26)			2,161.								
N ⁿ		Net assets or fund balances. Subtract line 21 from line 20			276,283.								
_	nrt II	Signature Block											
Und	er pena	Ities of periury. I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of m	v knowledge and belief, it is								

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer Date											
Here	/	Executive Director										
	Type or print na	me and title										
	Preparer's name	e	Preparer's signature		Date	Check	PTIN					
Paid	Lois S. Laz	enby	Lois S. Lazenby			self-employed P00295161						
Preparer	Firm's name	Mersereau, Lazenby & Rock	as, LLC			Firm's EIN 58-2115374						
Use Only	Firm's address	3469 Lawrenceville-Suwane	e Rd.									
		Suwanee, GA 30024		Phone no.770-63	14-6800							
May the I	RS discuss this	return with the preparer shown abo	ove? See instructions				X Yes	No				
LHA For	Paperwork Re	duction Act Notice, see the sepa	rate instructions.	432001 12-10-24			Form 99	0 (2024)				

See Schedule O for Organization Mission Statement Continuation

	n 990 (2024) Trusting News Inc.	99-2546373	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	Trusting News improves the quality of news reporting by studying trust		
	in news and training and coaching journalists to demonstrate		
	credibility and actively earn trust. Their work equips thousands of		
	journalists every year to better fulfill their public service mission		
2	Did the organization undertake any significant program services during the year which were not listed on	the	
	prior Form 990 or 990-EZ?		Yes 🗴 No
	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 ser	vices?	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 service	ces as measured by expe	enses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations		
	revenue if any far each program convice reported		000, and
4a		(Revenue \$	7,773.)
ти	(Code:) (Expenses \$251,134. including grants of \$) Trusting News improves the quality of news reporting by studying trust)
	in news and training and coaching journalists to demonstrate		
	credibility and actively earn trust. Their work equips thousands of		
	journalists every year to better fulfill their public service mission		
	and leads to communities having better access to quality information.		
	and leads to communities naving better access to quarity information.		
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4d	Other program services (Describe on Schedule O.)		
		١	
40)	
<u>4e</u>	Total program service expenses 251,134.		orm 990 (2024)
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Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
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		х
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		x
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
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	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		х
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	990 (2024) Trusting News Inc. 99-25463 t IV Checklist of Required Schedules (continued) 99-25463			25
1 41			Yes	Τ
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		
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		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			-
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
7	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	Ь		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
8	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			ĺ
	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		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			1
	"Yes," complete Schedule L, Part IV	28c		
9	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
80	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		
з	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		
4	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		
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			•
	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		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2			
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	· · · · ·	38	x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	4	1.55	ļ
	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	x	
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-	4		-	
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Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)											
		_	Yes	No								
2a	a 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	1										
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21	x c									
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?											
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	31	,									
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority ove	r, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		a	x								
b	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												
	 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 			X X								
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			-								
Ua				x								
b	any contributions that were not tax deductible as charitable contributions?		<u> </u>									
D	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts											
_	were not tax deductible?	6t	<u>, </u>									
7												
а			-	X								
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?		<u>></u>									
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required											
	to file Form 8282?		;	X								
d	d If "Yes," indicate the number of Forms 8282 filed during the year											
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		;									
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		F									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	required? 7	3									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo	rm 1098-C? 71	1									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the											
	sponsoring organization have excess business holdings at any time during the year?											
9												
а		98	a									
b			,									
10												
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b											
11												
	a Gross income from members or shareholders 11a											
	b Gross income from other sources. (Do not net amounts due or paid to other sources against											
b												
100	amounts due or received from them.) 11b 3 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	-									
			a									
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b											
13												
а	a Is the organization licensed to issue qualified health plans in more than one state?	13	a									
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	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 13b											
	c Enter the amount of reserves on hand 13c											
			-	X								
b	b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14	b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1								
	excess parachute payment(s) during the year?		5	х								
	If "Yes," see the instructions and file Form 4720, Schedule N.											
16			3	х								
	If "Yes," complete Form 4720, Schedule O.											
17												
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	7									
	If "Yes," complete Form 6069.											
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Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 i	-		a "No"	respo	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	O. See ins	structions.			
	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>		X
Sec	tion A. Governing Body and Management					.
		1.1		-	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		2		
	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.					
	Enter the number of voting members included on line 1a, above, who are independent	[1b]		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	•				v
~	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					x
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6 7-	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			7-		x
Ŀ.	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			76		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7b		A
				8a	x	
	The governing body? 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 re			00		
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F			<u> </u>		
					Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such o					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	0			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	on Schedule O how this was done			12c	х	
3	Did the organization have a written whistleblower policy?			13	Х	
4	Did the organization have a written document retention and destruction policy?			14		Х
5	Did the process for determining compensation of the following persons include a review and approv	al by inde	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				
а	The organization's CEO, Executive Director, or top management official			15a	х	
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.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed DE, FL					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T	(section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	o /				
	X Own website Another's website Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of	interest policy, ar	nd finar	ncial	
	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 be	ooks and	records			
	Folded Owl LLC - 405-738-7637					
	2620 NW 15th Street, Oklahoma City, OK 73107			Eorr	990	(200)
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest		
	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		
4- 0			A

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 organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	Ľ		(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	I.		Reportable	Reportable	Estimated
	hours per					compensation	compensation	amount of		
	week	offi	fficer and a director/trustee)		from	from related	other			
	(list any	tor						the	organizations	compensation
	hours for	direc				5		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		yee	mpe		1099-NEC)	,	and related
	below	dual	ution	L_	mplo	est co oyee	Ŀ	,		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Joy Mayer	40.00									
Secretary		x		х				105,000.	0.	0.
(2) Lynn Walsh	40.00									
Director		x						91,493.	0.	Ο.
(3) Reuben Stern	1.00									
Chairman		х		х				0.	0.	Ο.
(4) Richard Griffiths	1.00									
Treasurer		х		х				٥.	0.	٥.
(5) Andrew DeVigal	1.00									
Director		х						٥.	0.	٥.
		1								
										<u> </u>
		1								
		1								
432007 12-10-24	-	-								Form 990 (2024)

7

	Form 990 (2024) Trusting News Inc. 99-25463										373		Pa	age 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) Name and title Average hours per week			Average hours per week Position (do not check more box, unless person officer and a direct						(D) Reportable compensation from	(E) Reportable compensation from related	n	(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	099-MISC/ 99-NEC)			tion e ion ed ons
1b	Subtotal								196,493.		0.			0.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 196,493.		0. 0.			0. 0.
2	Total number of individuals (including but n									,000 of reportable	e			
	compensation from the organization												<u> </u>	1
3	Did the organization list any former officer,			key e	empl	loye	e, oi	r hig	phest compensated emp	ployee on	[Yes	No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for s For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	d otl		the organization		3		x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J f	or si	uch	pers	son .					5		X
1	Complete this table for your five highest co										pens	ation 1	rom	
. <u> </u>	the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	rithir	n the organization's tax (B)	year.		(0		
	Name and business	address	NO	NE				_	Description of s	services	С	ompe	nsatio	n
								_						
								_						
								\neg						
2	Total number of independent contractors (i		ot lii	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation					U					Form	990 (2	2024)

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			2024) Trusting News Inc.				99-2546373	Page 9
Pa	rt \	/11	Statement of Revenue					
			Check if Schedule O contains a respons	e or note to any li				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
lts ts	1	а	Federated campaigns 1a					
aran oun			Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c					
			Related organizations 1d					
			Government grants (contributions) 1e]			
		f	All other contributions, gifts, grants, and					
ibu			similar amounts not included above 1f	578,194.				
ontr of O		g	Noncash contributions included in lines 1a-1f					
<u>a Ö</u>		h	Total. Add lines 1a-1f		578,194.			
				Business Code				
ice	2	а	Training/misc	900099	7,773.	7,773.	,	
ervier		b						
n S /eni		С						
grar Rev		d						
Program Service Revenue		е						
		f	All other program service revenue					
			Total. Add lines 2a-2f		7,773.			
	3		Investment income (including dividends, inte		4,562.			4,562.
			other similar amounts)		4,302.			4,302.
	4 Income from investment of tax-exempt bond pro5 Royalties		-					
	5		(i) Real	(ii) Personal				
	6	а	Gross rents	() 1 0100110.	1			
	Ŭ		Less: rental expenses 6b		1			
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities					
			assets other than inventory 7a					
		b	Less: cost or other basis					
anı			and sales expenses 7b					
evenue		с	Gain or (loss)					
Be		d	Net gain or (loss)					
Other R	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18		-			
			Less: direct expenses 8					
	•		Net income or (loss) from fundraising events					
	Э	a	Gross income from gaming activities. See Part IV, line 19					
		h	Less: direct expenses 9		-			
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
		-	and allowances1)a				
		b)b	-			
			Net income or (loss) from sales of inventory					
s				Business Code				
e Sou	11	а						
lan¢ enu		b						
Miscellaneous Revenue		с						
Mis		d	All other revenue					
		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		590,529.	7,773.	0.	4,562.
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	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon	se or note to any line in .	this Part IX		
	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	196,493.	151,778.	20,460.	24,2
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	13,078.	10,720.	1,082.	1,2
11	Fees for services (nonemployees):				
а	Management				
b	Legal	4,038.		4,038.	
с	Accounting	1,667.		1,667.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	74,876.	73,716.	580.	5
12	Advertising and promotion	1,195.	1,195.		
13	Office expenses	5,192.		5,192.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	13,725.	13,725.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,628.		2,628.	
24	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	Misc	1,354.		1,354.	
b		,		, ,	
c					
d					

d e All other expenses Total functional expenses. Add lines 1 through 24e 314,246 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ______ if following SOP 98-2 (ASC 958-720)

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10 2024.03050 Trusting News Inc.

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Form **990** (2024)

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37,001

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Page 10

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24,255.

1,276.

580.

Form 990 (2024) Part IX Statement of Functional Expenses

Trusting News Inc.

99-2546373

Trusting News Inc.

Page **11**

			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	38,882
	2	Savings and temporary cash investments		2	239,562
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		_	
	_	controlled entity or family member of any of these persons		5	
•	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
3 7	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
10	0a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
1	1	Investments - publicly traded securities		11	
12	2	Investments - other securities. See Part IV, line 11		12	
1:	3	Investments - program-related. See Part IV, line 11		13	
14	4	Intangible assets		14	
1	5	Other assets. See Part IV, line 11		15	
10	6	Total assets. Add lines 1 through 15 (must equal line 33)		16	278,444
17	7	Accounts payable and accrued expenses	0.	17	2,161
18	8	Grants payable		18	
19	9	Deferred revenue		19	
20	0	Tax-exempt bond liabilities		20	
2	1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	2	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
i 2:	3	Secured mortgages and notes payable to unrelated third parties		23	
24	4	Unsecured notes and loans payable to unrelated third parties		24	
2	5	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
26	6	Total liabilities. Add lines 17 through 25	0.	26	2,161
		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.			
2	7	Net assets without donor restrictions		27	276,283
28	8	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
29	9	Capital stock or trust principal, or current funds		29	
2 2 2 3 3 3 3	-	Paid-in or capital surplus, or land, building, or equipment fund		30	
3		Retained earnings, endowment, accumulated income, or other funds		31	
3		Total net assets or fund balances		32	276,283
	3	Total liabilities and net assets/fund balances		33	278,444

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Form	990 (2024) Trusting News Inc.	99-2546373		Pa	ge 12		
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		590	,529.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		314	,246.		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			0.		
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		276	,283.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Cash Corual Conter						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.					
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	d 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		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.					
3a	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 requ	ired audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000			

Form **990** (2024)

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

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.

OMB No. 1545-0047	
2024	

Open to Public Inspection

Nan	ne o	of ti	ne organization						Employer	identification number
			Trusti	ng News Inc.	g News Inc.					9-2546373
Pa	rt	I	Reason for Public (Charity Status.	All organizations must c	omplete tl	nis part.) S	See instructior	าร.	
The	org	ani	zation is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)			
1			A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(*	1)(A)(i).		
2			A school described in secti	on 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3			A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).		
4			A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
			city, and state:							
5			An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	unit descrit	ped in
			section 170(b)(1)(A)(iv). (C	omplete Part II.)						
6			A federal, state, or local gov	ernment or governn	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 f	rom a gov	ernmental	unit or from t	he general	public described in
			section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8			A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9			An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
			or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or
			university:							
10			An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from
			activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment
			income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
			See section 509(a)(2). (Cor	mplete Part III.)						
11			An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12			An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e 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 organizatio	n and con	plete lines	s 12e, 12f, an	d 12g.	
а			Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving
			the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting
			organization. You must c	omplete Part IV, Se	ections A and B.					
b			Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	aving
			control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
			organization(s). You mus	t complete Part IV,	Sections A and C.					
с			Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	Ily integrat	ed with,
			its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d			Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	rted organ	ization(s)
			that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
	_		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V .		
е			Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
			functionally integrated, or	Type III non-functio	nally integrated support	ing organi:	zation.			
f			r the number of supported o	•						
g	Ρ		ide the following information		. . ,	(iv) le the even	ningtion lists d			
		(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)
			organization		above (see instructions))	Yes	No			
Tota	ıl									1

Pa	art II Support Schedule for						
	(Complete only if you checked				on failed to qualify	under Part III. If the	organization
_	fails to qualify under the tests	ilisted below, plea	ise complete Part	lll.)			
-	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and	1 /					
	membership fees received. (Do not	(/					
	include any "unusual grants.")	<u>لــــــــــــــــــــــــــــــــــــ</u>				578,194.	578,194.
2	Tax revenues levied for the organ-	1 /					
	ization's benefit and either paid to	(/					
	or expended on its behalf	<u>لــــــــــــــــــــــــــــــــــــ</u>				└────┼	
3	The value of services or facilities	(/					
	furnished by a governmental unit to	1 /					
	the organization without charge	<u>لــــــــــــــــــــــــــــــــــــ</u>			<u> </u>	<u> </u>	
4	Total. Add lines 1 through 3	L/				578,194.	578,194.
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)						366,514.
	Public support. Subtract line 5 from line 4.						211,680.
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	<u> </u>				578,194.	578,194.
8	Gross income from interest,	[/					
	dividends, payments received on	1 /					
	securities loans, rents, royalties,	1 /					
	and income from similar sources	(/				4,562.	4,562.
9	Net income from unrelated business	· · · ·					
	activities, whether or not the	1 /					
	business is regularly carried on	[]					
10	Other income. Do not include gain	· · · · · ·					
	or loss from the sale of capital	1 /					
	assets (Explain in Part VI.)	1 /					
11	Total support. Add lines 7 through 10						582,756.
	Gross receipts from related activities,	, etc. (see instructi	ons)			12	7,773.
	First 5 years. If the Form 990 is for th						
	organization, check this box and stop						x
Sec	ction C. Computation of Publ						
-	Public support percentage for 2024 (I			column (f))		14	%
15	Public support percentage from 2023						%
1 6a	33 1/3% support test - 2024. If the c						and
	stop here. The organization qualifies						
b	33 1/3% support test - 2023. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
-	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances test	-		• • • •	-		
	more, and if the organization meets th						0/0 0.
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						

Schedule A (Form 990) 2024

99-2546373

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Schedule A (Form 990) 2024

Trusting News Inc.

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						
	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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support			•	•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	nization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2024 (line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2023					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)24 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2024. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	ind stop here. The	organization qual	ifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2023. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in	structions	
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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

| 10b | | Schedule A (Form 990) 2024

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.)

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		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c 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		

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

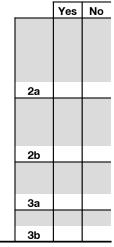
Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions).
- a 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.*
- **c** The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.
 17



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Schedule A (Form 990) 2024 30229 1

Yes

1

2

No

No

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng organ	120110113	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
ect	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		
3	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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		
;	Subtract line 2 from line 1d.	3		
ŀ	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
;	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
;	Multiply line 5 by 0.035.	6		
,	Recoveries of prior-year distributions	7		
}	Minimum Asset Amount (add line 7 to line 6)	8		
ct	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		
;	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
;	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2024

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g Organizations (continue)	d)	

Fai	i v Type in Non-Functionally integrated 509	(a)(b) Supporting Orga	anizations (continue	<u>ed)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	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	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ection E - Distribution Allocations (see instructions) (i) (ii) Pre-2024			s	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				
а	From 2019				
b	From 2020				
с	From 2021				
d	From 2022				
е	From 2023				
f	Total of lines 3a through 3e				
g	Applied to under distributions of prior years				
h	Applied to 2024 distributable amount				
i	Carryover from 2019 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2024 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2020				
b	Excess from 2021				
С	Excess from 2022				
d	Excess from 2023				
e	Excess from 2024				

Schedule A (Form 990) 2024

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Part VI Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li	mation. Provide the explanations required by Part II, line 10; Part 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sec nes 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, 3; and Part V, Section E, lines 2, 5, and 6. Also complete this part f	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section C, ′, line 1; Part V, Section B, line 1e; Part V,
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SCHEDULE O (Form 990)	Complete to provide infor	rmation to Form 990 or 990 mation for responses to specific questions on	-EZ	OMB No. 1545-0047
(Rev. December 2024) Department of the Treasury Internal Revenue Service	Attach t	or to provide any additional information. To Form 990 or Form 990-EZ. 1990 for instructions and the latest information.		Open to Public Inspection
Name of the organization				r identification number
	Trusting News Inc.		99-25	46373
	Line 1, Description of Organiz			
	ts to demonstrate credibility			
	equips thousands of journalist			
	c service mission and leads t	o communities having		
better access to qu	aality information.			
	, Line 1, Description of Organ			
and leads to commun	nities having better access to	quality information.		
Form 990, Part VI,	Section B, line 11b:			
A copy of the Form	990 will be mailed to each me	mber of the governing body		
for their review.				
,	Section B, Line 12c:			
	loses any potential conflict o			
that any future por	cential conflicts will be disc	losed immediately.		
,	Section B, Line 15a: and reviewed executive salari	og from gompereblo		
	and reviewed executive salari			
organizations.				
Form 990, Part VI,	Section C, Line 19:			
The organization's	governing documents, conflict	of interest policy and		
financial statement	ts are available to the full b	oard of directors and may		
be shared with any	member of the public who inqu	ires.		
	Line 11g, Other Fees:			
Project Management				
Program service exp	penses	56,808.		
Management and gene		580.		
Fundraising expense	25	580.		
Total expenses		57,968.		
Ignite HR Solutions		2 01 2		
Program service exp		3,213.		
Management and gene		0.		
Fundraising expense	:8	0.		
Total expenses		3,213.		
University of Minne	esota Foundation:			
	penses	13,695.		
Program service exp	011000			
		0.		
Program service exp	eral expenses	0.		
Program service exp Management and gene	eral expenses			

Schedule O (Form 990) (Rev. 12-2024)

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