EXTENDED TO NOVEMBER 15, 2022

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

For calendar year 2021 or tax year beginning , and ending

Name of foundation

DOW JONES NEWS FUND, INC.

A Employer identification number

13-6021439

Number and street (or P.O. box number if mail is not delivered to street address)

P.O. BOX 300

Room/suite

B Telephone number

609 627 1953

City or town, state or province, country, and ZIP or foreign postal code

PRINCETON, NJ 08543-0300

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶$ 502,907.

J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) (Part I, column (d), must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	467,359.			
	2 Check ▶ ☐ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less: Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	5,234.	0.	0.	STATEMENT 1
	12 **Total.** Add lines 1 through 11	472,593.	0.	0.	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees STMT 2	18,824.	0.	0.	0.
	c Other professional fees STMT 3	540.	0.	0.	0.
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	147.	0.	0.	0.
	22 Printing and publications				
	23 Other expenses STMT 4	126,052.	0.	0.	0.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	145,563.	0.	0.	0.
	25 Contributions, gifts, grants paid	242,187.			242,187.
	26 **Total expenses and disbursements.** Add lines 24 and 25	387,750.	0.	0.	242,187.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	84,843.			
	b **Net investment income** (if negative, enter -0-)		0.		
	c **Adjusted net income** (if negative, enter -0-)			0.	

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	418,064.	502,907.	502,907.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I)	418,064.	502,907.	502,907.
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities** (add lines 17 through 22)	0.	0.	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here** ▶ [X] **and complete lines 24, 25, 29, and 30.**			
	24 Net assets without donor restrictions	65,154.	162,228.	
	25 Net assets with donor restrictions	352,910.	340,679.	
	Foundations that do not follow FASB ASC 958, check here ▶ [ ] **and complete lines 26 through 30.**			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances**	418,064.	502,907.	
	30 **Total liabilities and net assets/fund balances**	418,064.	502,907.	

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Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	418,064.
2 Enter amount from Part I, line 27a	2	84,843.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	502,907.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	502,907.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b	NONE			
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a				
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3	

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)			1	0.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			2	0.
3	Add lines 1 and 2			3	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-			5	0.
6	Credits/Payments:				
a	2021 estimated tax payments and 2020 overpayment credited to 2021	6a	108.		
b	Exempt foreign organizations - tax withheld at source	6b	0.		
c	Tax paid with application for extension of time to file (Form 8868)	6c	0.		
d	Backup withholding erroneously withheld	6d	0.		
7	Total credits and payments. Add lines 6a through 6d			7	108.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached			8	0.
9	**Tax due.** If the total of lines 5 and 8 is more than 7, enter **amount owed** ▶			9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶			10	108.
11	Enter the amount of line 10 to be: **Credited to 2022 estimated tax** ▶ 108. **Refunded** ▶			11	0.

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Part VI-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
	If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ $ 0. (2) On foundation managers. ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T.*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ NJ,DE,NY,CA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G?* If "No," attach explanation SEE STATEMENT 5	8b		X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ WWW.DOWJONESNEWSFUND.ORG

14 The books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 609 627 1953
Located at ▶ 4300 RTE 1 NORTH, MONMOUTH JUNCTION, NJ ZIP+4 ▶ 08852

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

			Yes	No
16	At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	16		X

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Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)		X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1a(5)		X
(6) Agree to pay money or property to a government official? (**Exception**. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(6)		X
b If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
c Organizations relying on a current notice regarding disaster assistance, check here ▶ ☐			
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021?	1d		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021?	2a		X
If "Yes," list the years ▶ _____, _____, _____, _____			
b Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.) N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a		X
b If "Yes," did it have excess business holdings in 2021 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.) N/A	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021?	4b		X

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Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

			Yes	No
5a	During the year, did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		X
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)		X
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		X
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	5a(4)		X
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5a(5)		X
b	If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions N/A	5b		
c	Organizations relying on a current notice regarding disaster assistance, check here ▶ ☐			
d	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A	5d		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a		X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		X
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		X
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	8		X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
SEE STATEMENT 6		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

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Part VII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		

Total number of others receiving over $50,000 for professional services ▶ 0

Part VIII-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 A WEBSITE DEDICATED TO PROVIDNG JOURNALISM CAREER INFORMATION.	0.
2	
3	
4	

Part VIII-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0.

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Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	358,029.
c	Fair market value of all other assets (see instructions)	1c	
d	**Total** (add lines 1a, b, and c)	1d	358,029.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	358,029.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	5,370.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3	5	352,659.
6	**Minimum investment return.** Enter 5% (0.05) of line 5	6	17,633.

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part IX, line 6			1	17,633.
2a	Tax on investment income for 2021 from Part V, line 5	2a			
b	Income tax for 2021. (This does not include the tax from Part V.)	2b			
c	Add lines 2a and 2b			2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	17,633.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	17,633.
6	Deduction from distributable amount (see instructions)			6	0.
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1			7	17,633.

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	242,187.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part XII, line 4	4	242,187.

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				17,633.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016 437,433.				
b From 2017 388,773.				
c From 2018 393,193.				
d From 2019 512,760.				
e From 2020 253,083.				
f **Total** of lines 3a through e	1,985,242.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ $ 242,187.				
a Applied to 2020, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2021 distributable amount				17,633.
e Remaining amount distributed out of corpus	224,554.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,209,796.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2016 not applied on line 5 or line 7	437,433.			
9 **Excess distributions carryover to 2022.** Subtract lines 7 and 8 from line 6a	1,772,363.			
10 Analysis of line 9:				
a Excess from 2017 388,773.				
b Excess from 2018 393,193.				
c Excess from 2019 512,760.				
d Excess from 2020 253,083.				
e Excess from 2021 224,554.				

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed	Tax year (a) 2021	Prior 3 years (b) 2020	(c) 2019	(d) 2018	(e) Total
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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Part XIV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year-see instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ [X] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA STATE UNIVERSITY 555 N CENTRAL AVE PHOENIX, AZ 85004	N/A	EDUCATIONAL INSTITUTION	INTERNSHIP RESIDENCY PROGRAM	12,435.
INVESTIGATIVE REPORTERS & EDITORS 141 NEFF ANNEX COLUMBIA, MO 65211	N/A	EDUCATIONAL INSTITUTION	INTERNSHIP RESIDENCY PROGRAM	21,560.
TEMPLE UNIVERSITY RESIDENCY 116 RICES MILL ROAD WYNCOTE, PA 19095	NA	EDUCATIONAL INSTITUTION	INTERNSHIP RESIDENCY PROGRAM	12,100.
EMILY ISAACMAN 809 N. WOODLAWN AVENUE BLOOMINGTON, IN 47408	NONE	N/A	COLLEGE SCHOLARSHIP-STOP PAYMENT	-1,500.
EMILY WOLF 4807 ALPINE RIDGE DRIVE COLUMBIA, MO 65202	NONE	N/A	COLLEGE SCHOLARSHIP-STOP PAYMENT	-1,500.
Total SEE CONTINUATION SHEET(S)			▶ **3a**	242,187.
b *Approved for future payment*				
NONE				
Total			▶ **3b**	0.

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Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a BOOK ROYALTIES		5,234.	15		
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		5,234.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)					13 5,234.

(See worksheet in line 13 instructions to verify calculations.)

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Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

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2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ _____ | _____ ▶ TREASURER

Signature of officer or trustee | Date | Title

May the IRS discuss this return with the preparer shown below? See instr. ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ALLAN L. MILLSTEIN, CPA	ALLAN L. MILLSTEI	11/01/22		P00424646

Firm's name ▶ ALLAN L. MILLSTEIN, CPA, PC | Firm's EIN ▶ 06-1135781

Firm's address ▶ 15 MATTHEWS ST. SUITE 204 GOSHEN, NY 10924 | Phone no. 845.294.6906

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HEATHER SCHLITZ 2348 WOODLAWN ROAD NORTHBROOK, IL 60062	NONE	N/A	COLLEGE SCHOLARSHIP-STOP PAYMENT	-1,500.
MADELINE SIMPSON 180 CLAREMONT AVENUE NEW YORK, NY 10027	NONE	N/A	COLLEGE SCHOLARSHIP-STOP PAYMENT	-1,500.
SAMUEL TRILLING 820 WASHINGTON CROSSING ROAD NEWTOWN, PA 18940	NONE	N/A	COLLEGE SCHOLARSHIP-STOP PAYMENT	-1,500.
TIFFANY BUI 9555 JUNEAU LANE N MAPLE GROVE, MN 55369	NONE	N/A	COLLEGE SCHOLARSHIP-STOP PAYMENT	-1,500.
UNIVERSITY OF TEXAS AT AUSTIN BMC 3.338 A 1000 AUSTIN, TX 78712	N/A	EDUCATIONAL INSTITUTION	INTERNSHIP RESIDENCY PROGRAM	19,275.
TEMPLE UNIVERSITY RESIDENCY 116 RICES MILL ROAD WYNCOTE, PA 19095	N/A	EDUCATIONAL INSTITUTION	INTERNSHIP RESIDENCY PROGRAM	6,200.
THE KING'S COLLEGE 56 BROADWAY NEW YORK, NY 10004	N/A	EDUCATIONAL INSTITUTION	INTERNSHIP RESIDENCY PROGRAM	41,747.
NATIONAL ASSOCIATION OF BLACK JOURNALISTS 1100 KNIGHT HALL COLLEGE PARK, MD 20742	N/A	EDUCATIONAL INSTITUTION	DONATION	2,500.
ASIAN AMERICAN JOURNALISTS ASSN 228 VALLEY GLEN LANE MARTINEZ, CA 94553	NONE	EDUCATIONAL INSTITUTION	DONATION	2,500.
NATIONAL ASSOCIATION OF HISPANIC JOURNALISM 1050 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	NONE	EDUCATIONAL INSTITUTION	DONATION	2,500.
Total from continuation sheets				199,092.

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Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SAMUEL L ADAMS EMERGING VOICES IN JOURNALISM PO BOX 928 LAWRENCE, KS 66044	NONE	EDUCATIONAL INSTITUTION	DONATION	15,000.
SIGMA DELTA CHI FOUNDATION 3909 MERIDAN ST INDIANAPOLIS, IN 46208	NONE	EDUCATIONAL INSTITUTION	DONATION	2,500.
NATIVE AMERICAN JOURNALIST ASSOC 395 W LINDSEY ST NORMAN, OK 73019	NONE	EDUCATIONAL INSTITUTION	DONATION	1,500.
NATIONAL LESBIAN & GAY JOURNALIST ASSOC 2120 L STREET NW WASHINGTON, DC 20037	NONE	EDUCATIONAL INSTITUTION	DONATION	1,500.
IDA B WELLS SOCIETY FOR INVESTIGATIVE REPORTING CARROLL HALL, CAMPUS BOX 3365 CHAPEL HILL, NC 27599	NONE	EDUCATIONAL INSTITUTION	DONATION	2,500.
MAYNARD INSTITUTE 1400 65TH ST EMERYVILLE, CA 94608	NONE	EDUCATIONAL INSTITUTION	DONATION	2,500.
STUDENT PRESS LAW CENTER 1608 RHODE ISLAND AVE NW WASHINGTON, DC 20036	NONE	EDUCATIONAL INSTITUTION	DONATION	2,000.
NEXT GENERATION RADIO 1111 NORTH CAPITOL ST NE WASHINGTON, DC 20002	NONE	EDUCATIONAL INSTITUTION	DONATION	2,000.
JANEA WILSON 1575 DEWEY AVE EVANSTON, IL 60201	NONE	N/A	REIMBURSE SUPPLIES	153.
MARIANA LABBATE 133 W 82ND ST NEW YORK, NY 10024	NONE	N/A	REIMBURSE SUPPLIES	100.
Total from continuation sheets				

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Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JASMINE FRANKLIN 18621 LEXINGTON AVE HOMEWOOD, IL 60430	NONE	N/A	REIMBURSE SUPPLIES	130.
PAIGE BARNES 5 N WABASH AVE CHICAGO, IL 60602	NONE	N/A	REIMBURSE SUPPLIES	27.
JANEA WILSON 1575 DEWEY AVE EVANSTON, IL 60201	NONE	N/A	REIMBURSE SUPPLIES	119.
MARIANA LABBATE 133 W 82ND ST NEW YORK, NY 10024	NONE	N/A	REIMBURSE SUPPLIES	20.
JOSHUA KIM 3632 BREITWUESER LANE NAPERVILLE, IL 60564	NONE	N/A	RENT/LIVING COST FOR SUMMER	2,000.
LAUREL DEPPEN 1802 SPRINGHILL CT LOUISVILLE, KY 40223	NONE	N/A	RENT COST FOR SUMMER	2,000.
CDW DIRECT LLC-HANNAH GREEN PO BOX 75723 CHICAGO, IL 60675	NONE	N/A	REIMBURSE SUPPLIES	1,587.
ELLA FELDMAN 2110 RIO GRANDE ST AUSTIN, TX 78705	NONE	N/A	RENT COST FOR SUMMER	750.
JANAT BATRA 708 SPRING ST NW ATLANTA, GA 30308	NONE	N/A	REIMBURSE SUPPLIES	2,000.
CDW DIRECT LLC-JASMINE FRANKLIN PO BOX 75723 CHICAGO, IL 60675	NONE	N/A	REIMBURSE SUPPLIES	125.
Total from continuation sheets				

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Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MARG AT BROOKHAVEN-RODERICK DIAMOND 133 LINCOLN CT AVE NE ATLANTA, GA 30329	NONE	N/A	RENT COST	1,691.
JIN NI 529 G ST SOUTHEAST WASHINGTON, DC 20003	NONE	N/A	REIMBURSE SUPPLIES	91.
ELLA FELDMAN 2110 RIO GRANDE ST AUSTIN, TX 78705	NONE	N/A	RENT COST FOR SUMMER	750.
JASMINE FRANKLIN 18621 LEXINGTON AVE HOMEWOOD, IL 60430	NONE	N/A	REIMBURSE SUPPLIES	133.
SHIP SMART INC-DJ SHAW 783 RIO DEL MAR BLVD APTOS, CA 95003	NONE	N/A	SHIPPING PACKAGES FOR MOVE	1,981.
ISAIAH PETERS 10600 BLOOMFIELD DR ORLANDO, FL 32825	NONE	N/A	REIMBURSE SUPPLIES	288.
JIN NI 507 BORDEN RD LEXINGTON, VA 24450	NONE	N/A	REIMBURSE SUPPLIES	165.
RODERICK DIAMOND 6782 POPPY HILL LANE CHARLOTTE, NC 28226	NONE	N/A	REIMBURSE SUPPLIES	260.
MOLLY WEISNER 5915 LEGACY CIRCLE CHARLOTTE, NC 28277	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
JILLIAN ATELSEK 12102 RENNER ROAD KEYMAR, MD 21757	NONE	N/A	COLLEGE SCHOLARSHIP	1,000.
Total from continuation sheets				

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Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JIN FENG 129 2ND AVE NEW YORK, NY 10003	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
JORDAN BROWN 69298 DONACHIE ROAD BALTIMORE, MD 21239	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
ASHLEE GRATZINGER 1805 LARKINS WAY PITTSBURGH, PA 15203	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
KAYLA GUILLIAMS 9 AUDLEY LANE CHAPEL HILL, NC 27517	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
MARY HENNIGAN 1809 N POINTER LANE FAYETTEVILLE, AR 72701	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
RACHEL HUNT 10 FRATERNITY ROW COLLEGE PARK, MD 20740	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
JOSHUA KIM 3632 BREITWUESER LANE NAPERVILLE, IL 60564	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
KAYLEE PIPPINS 405 WINDJAMMER LN AZLE, TX 76020	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
JONAS DOMINGUEZ 1521 THOMAS AVE W ST PAUL, MN 55104	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
ALEXANDER HARRING 420 ROLAND ROAD GROSSE POINTE FARMS, MI 48236	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
Total from continuation sheets				

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Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ZOE PIERCE 336 MOUNTAIN ROAD WEST HARTFORD, CT 06107	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
MARISSA GARCIA 190 PLEASANT GROVE ROAD ITHACA, NY 14850	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
MARISSA PIESCIA 6 CRESTVIEW LN LAKE BARRINGTON, IL 60010	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
HANNAH GREEN 79 BROOK ST BROOKLINE, MA 02445	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
KRYSTAL HUR 2420 WESTBROOKE CIRCLE N ANN ARBOR, MI 48105	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
JADA HOFFMAN 6557 UNIVERSITY AVE CHICAGO, IL 60637	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
EMILY EDDINS 4520 CR 032 JASPER, TX 75951	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
JENNIFER KWON 1932 HEARST AVE BERKELEY, CA 94709	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
GABRIELLA RUIZ 6515 OCEAN DR CORPUS CHRISTI, TX 78412	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
LUCY PETERSON 927 LOUISIANA ST LAWRENCE, KS 66044	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
Total from continuation sheets				

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Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CLAEIGH BARTASH 2954 NORTHAMPTON ST NW WASHINGTON, DC 20015	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
RODERICK DIAMOND 6782 POPPY HILL LANE CHARLOTTE, NC 28226	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
DYRIKE SHAW 50 MAC DONOUGH ST BROOKLYN, NY 11216	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
TAYLOR WASHINGTON 77 PAIMETTO PALM COURT BLYTHEWOOD, SC 29016	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
DONNA EDWARDS 2005 OAKHOLLOW DR NORMAN, OK 73071	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
AVA KIAN 3817 BEARD AVE S MINNEAPOLIS, MN 55410	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
SLONE TERRANELLA 130 NORTH HAAVEN ST NOVI, MI 48377	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
NATALIA JARAMILLO 10670 BANNAN ST ORLANDO, FL 32832	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
ERIN BURNETT 12 DEERSTREAM CT OWINGS MILLS, MD 21117	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
CHRISTINE SANCHEZ 1913 JUAREZ AVE ZAPATA, TX 78076	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
Total from continuation sheets				

COPY

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LAUREL DEPPEN 1802 SPRINGHILL CT LOUISVILLE, KY 40223	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
JANAT BATRA 5351 MEDLOCK CORNERS DR NORCROSS, GA 30092	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
ALICIA DIAZ 1000 LAKE SHORE PLAZA CHICAGO, IL 60611	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
JULIA INGRAM 225 RECTOR PLACE NEW YORK, NY 10280	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
CAM RODRIGUEZ 785 HARTFORD LANE BOLINGBROOK, IL 60440	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
ANITA RAMASWAMY 336 E 55TH ST NEW YORK, NY 10022	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
LILLY CHANDLER 1009 KIMBRO ST TAYLOR, TX 76574	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
RINA TOECHINSKY 5 MARIGOLD COURT SILVER SPRING, MD 20906	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
ETHAN WU 2331 PEZ VELA PL GOLD RIVER, CA 95670	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
JIN NI 507 BORDEN ROAD LEXINGTON, VA 24450	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
Total from continuation sheets				

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Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JAMES DUFFY 18853 SIERRA MADRE AVE GLENDORA, CA 91741	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
EMMA DOOLING 110 S WILLIAM ST COLUMBIA, SC 29201	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
JEMMA STEPHENSON 833 PRISCILLA LANE CHESAPEAKE, VA 23322	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
LYDIA YOU 3490 FIRST CAMPUS CENTER PRINCETON, NJ 08544	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
CHERYN HONG 431 SUMARK WAY ANN ARBOR, MI 48103	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
LAURYN AZU 135 WEST GILMAN MADISON, WI 53703	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
ALIYAH WALKER 27 MAGNOLIA AVE NORWALK, CT 06850	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
HECTOR GARCIA DE LEON 342 ISLAND VIEW CIRCLE ORANGE PARK, FL 32073	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
MEGAN MENCHACA 8200 PACIFIC ST FRISCO, TX 75035	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
KORIE DEAN PO BOX 119 EFLAND , NC 27243	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
Total from continuation sheets				

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Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ABIGAIL RUSS 14978 DUFIEF DRIVE NORTH POTOMAC, MD 20878	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
KATHERINE VAN DYKE 5415 N HOLLYWOOD AVE MILWAUKEE, WI 53217	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
ELLEN HINE 3719 WYOMING ST KANSAS CITY, MO 64111	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
SABRINA PASCUA 1725 OXFORD ST BERKELEY, CA 94709	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
PETER BUFFO 3106 D 14TH ST TACOMA, WA 98405	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
JASON SANCHEZ 11514 POTTER STREET NORWALK, CA 90650	NONE	N/A	COLLEGE SCHOLARSHIP	1,500.
Total from continuation sheets				

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Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

DOW JONES NEWS FUND, INC.

Employer identification number

13-6021439

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization: DOW JONES NEWS FUND, INC.

Employer identification number: 13-6021439

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN CITY BUSINESS JOURNALS 120 WEST MOREHEAD ST., STE 400 CHARLOTTE, NC 28202	$ 17,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	DOW JONES FOUNDATION P.O. BOX 300 PRINCETON, NJ 08543	$ 340,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	ROBERT WOOD JOHNSON FOUNDATION 50 COLLEGE ROAD EAST PRINCETON, NJ 08540	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	GANNETT PO BOX 750 FISHERS, IN 46088	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

COPY

Name of organization: DOW JONES NEWS FUND, INC.

Employer identification number: 13-6021439

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

COPY

Name of organization

DOW JONES NEWS FUND, INC.

Employer identification number

13-6021439

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

COPY

FORM 990-PF OTHER INCOME STATEMENT 1

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
BOOK ROYALTIES	5,234.	0.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	5,234.	0.	0.

FORM 990-PF ACCOUNTING FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AUDITING & ACCOUNTING SERVICES	18,824.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	18,824.	0.	0.	0.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EDUCATIONAL CONSULTING	540.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	540.	0.	0.	0.

FORM 990-PF OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MISC EXPENSES	857.	0.	0.	0.
POSTAGE	245.	0.	0.	0.
BANK AND CREDIT CARD FEES	4,988.	0.	0.	0.
HIGH SCHOOL PROGRAMS OPERATING COSTS	76,947.	0.	0.	0.
COLLEGE PROGRAM OPERATING COST	43,015.	0.	0.	0.
	126,052.	0.	0.	0.

COPY

TO FORM 990-PF, PG 1, LN 23

FORM 990-PF EXPLANATION CONCERNING PART VI-A, LINE 8B STATEMENT 5

EXPLANATION

STATE OF DELAWARE DOESN'T HAVE A FILING REQUIREMENT.

FORM 990-PF PART VII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RICHARD J LEVINE 108 PARKSIDE DRIVE PRINCETON, NJ 08540	DIRECTOR 1.00	0.	0.	0.
GAIL GRIFFIN 903 GREENLEIGH ROAD BALTIMORE, MD 21212	DIRECTOR 1.00	0.	0.	0.
THOMAS E ENGLEMAN 284 WESTMINSTER LANE SOUDERTON, PA 18964	DIRECTOR 1.00	0.	0.	0.
LAURENCE G O'DONNELL 396 FOREST AVE APT 1234 PARAMUS, NJ 07652	DIRECTOR 1.00	0.	0.	0.
DR RUSTY TODD 2704 BENBROOK DRIVE AUSTIN, TX 78757	DIRECTOR 1.00	0.	0.	0.
DR REGINALD OWENS PO BOX 1163 GRAMBLING, LA 71245	DIRECTOR 1.00	0.	0.	0.
ANNA SEDGLEY 5 LEWIS CUBITT WALK LONDON, UNITED KINGDOM	DIRECTOR 1.00	0.	0.	0.
DIANA MITSU KLOS 45425 PERSIMMON LANE STERLING, VA 20165	SECRETARY 2.00	0.	0.	0.

COPY

GARRY D. HOWARD 12517 TANNERS COURT CHARLOTTE, NC 28262	DIRECTOR 1.00	0.	0.	0.
PAUL SCHMIDT 412 BARRACK HILL ROAD RIDGEFIELD, CT 06877	TREASURER 2.00	0.	0.	0.
DENISE JESTER 321 FOUNTAYNE LANE LAWRENCEVILLE, NJ 08648	FINANCE MANAGER 40.00	0.	0.	0.
LASHARAH S. BUNTING 1111 BRICKELL BAY DRIVE MIAMI, FL 33131	DIRECTOR 1.00	0.	0.	0.
KAREN MILLER PENSIERO 10 CAMBRIDGE ROAD VERONA, NJ 07044	DIRECTOR 1.00	0.	0.	0.
BRENT W JONES 440 WEST 34TH ST, 9H NEW YORK, NY 10001	PRESDIENT 13.00	0.	0.	0.
SHIRLEY CARSWELL 6300 RIDGE RUN CT GLENN DALE, MD 20769	EXECUTIVE DIRECTOR 40.00	0.	0.	0.
HEATHER TAYLOR 108 PARKER ROAD SOUTH PLAINSBORO, NJ 08536	PROGRAMMING MANAGER 40.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		0.	0.	0.

COPY

Form **8868**
(Rev. January 2022)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
File by the due date for filing your return. See instructions.	DOW JONES NEWS FUND, INC.	13-6021439
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PRINCETON, NJ 08543-0300	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ▶ THE ORGANIZATION 4300 RTE 1 NORTH - MONMOUTH JUNCTION, NJ 08852

Telephone No. ▶ 609 627 1953 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year 2021 or
▶ ☐ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	108.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2022)

COPY

STATE OF CALIFORNIA
RRF-1
(Rev. 02/2021)

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916)210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE
(For Registry Use Only)

DOW JONES NEWS FUND, INC.
Name of Organization

List all DBAs and names the organization uses or has used

P.O. BOX 300
Address (Number and Street)

PRINCETON, NJ 08543-0300
City or Town, State, and ZIP Code

609 627 1953
Telephone Number

DENISE.JESTER@DOWJONES.COM
E-mail Address

Check if:
☐ Change of address
☐ Amended report

State Charity Registration Number CT 0266583

Corporation or Organization No.

Federal Employer ID No. 13-6021439

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than $50,000	$25	Between $250,001 and $1 million	$100	Between $20,000,001 and $100 million	$800
Between $50,000 and $100,000	$50	Between $1,000,001 and $5 million	$200	Between $100,000,001 and $500 million	$1,000
Between $100,001 and $250,000	$75	Between $5,000,001 and $20 million	$400	Greater than $500 million	$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2021 **ending** 12/31/2021 **) list:**

Total Revenue (including noncash contributions) $ 472,593 **Noncash Contributions $** 0 **Total Assets $** 502,907

Program Expenses $ 242,187 **Total Expenses $** 387,750

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

		Yes	No
1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4.	During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5.	During this reporting period, did the organization receive any governmental funding?		X
6.	During this reporting period, did the organization hold a raffle for charitable purposes?		X
7.	Does the organization conduct a vehicle donation program?		X
8.	Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9.	At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

PAUL W.SCHMIDT	TREASURER	
Signature of Authorized Agent / Printed Name	Title	Date

COPY

New Jersey Office of the Attorney General
Division of Consumer Affairs Office of Consumer Protection
Charities Registration Section 124 Halsey Street, 7th Floor, P.O. Box 45021 Newark, NJ 07101 (973) 504-6215

RETURN MUST BE FILED ONLINE.

This form cannot be paper filed - this copy is for informational purposes only.

Form CRI-400

(Revised April 2008)

Application for an Extension of Time to File the Annual Renewal Registration Statement and Financial Report for a Charitable Organization

All questions must be answered.

Important: Effective July 9, 2006, changes were made to the Charitable Registration and Investigation Act.
Carefully review the attached instructions before completing and submitting this form.

Short-form filers, which take in $10,000 or less per year in gross contributions, will no longer be granted an extension of time to file their renewal registration, pursuant to changes in the Charitable Registration and Investigation Act effective July 9, 2006, for fiscal years ending January 31, 2006, and after. *Please Note: Extensions of time to file cannot be granted for Initial Registrations.*

COPY

Date fiscal year ends: 12/31/21 **Date of this application:** _____ **N.J. Charities Registration Number: CH-** 0990600-05

Charity's Full Legal Name: DOW JONES NEWS FUND, INC.

Other Names Used (d.b.a.) _____

Mailing Address:

P.O. BOX 300, PRINCETON, NJ 08543-0300
In care of: Address City State ZIP Code

Street Address:

Street Address City State ZIP Code

☐ **Check this box to flag a change of address or other vital information.**

Contact Person: _____ **Phone Number:** _____ (include area code)

E-mail: DENISE.JESTER@DOWJONES.COM **Federal Tax ID (EIN):** 13-6021439

Web site: WWW.DOWJONESNEWSFUND.ORG Fax Number: 609 520 5477 (include area code)

1. A six-month extension of time to file the Renewal Statement and Financial Report(s), for the fiscal year-end shown above, is hereby requested for the following reason(s):

2. Has the organization filed all renewal registration statements for years prior to the fiscal year ending on the date shown on the first page of this application? [X] Yes [ ] No
If "No," please stop: if any prior years' filings are delinquent, the extension request will be denied. Please bring the renewal registration filings for all previous years up to date before submitting a request for an extension on a more current year.

3. Has the organization submitted all previous years' registration fees and/or penalties owed to the Charities Registration Section of the Division of Consumer Affairs? [X] Yes [ ] No

4. Has the organization previously filed an initial registration with the Charities Registration Section? [X] Yes [ ] No
If "No," please stop: You must immediately file an initial registration for which an extension of time to file cannot be granted.

5. Final Check List - please review and check off each of the five items below as they are confirmed and accomplished.

- [X] I have read the instructions for the extension of time to file the Registration Statement and Financial Report(s).
- [X] All of the questions on this application have been answered.
- [X] The charity has filed all previous renewal registrations and required documents.
- [X] The charity has paid all previous years' fees and penalties owed to the Division.
- [ ] Payment of the registration fee due for the fiscal year being requested on this application is enclosed and has been made payable to the "New Jersey Division of Consumer Affairs."

We hereby certify that all of the above statements are true. I further certify that the organization has filed all previous years' reports, has paid all fines and penalties owed to the Division, and that this extension request contains true and accurate information. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Title TREASURER Date _____

Signature _____ Title PRESIDENT Date _____

This form must be signed by at least one (1) officer of the charity.

COPY

Should you have questions regarding charities registration in New Jersey, please visit our Web site at http://www.njconsumeraffairs.gov/ocp/charities.htm where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.

New Jersey Office of the Attorney General
Division of Consumer Affairs Office of Consumer Protection
Charities Registration Section 124 Halsey Street, 7th Floor, P.O. Box 45021 Newark, NJ 07101 (973) 504-6215

RETURN MUST BE FILED ONLINE.

This form cannot be paper filed - this copy is for informational purposes only.

Form CRI-300R
Long-Form Renewal Registration/Verification Statement

(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 12/31/2021 (month day year)

2. Federal ID Number (EIN) 13-6021439 2a. N.J. Charities Registration Number: CH- 0990600-05

3. **Full legal name of the registering organization:** DOW JONES NEWS FUND, INC.
In care of: (if necessary, otherwise leave this line blank)

4. **Mailing Address:** P.O. BOX 300, PRINCETON, NJ 08543-0300 (Street Address / City / State / ZIP Code) ☐ **Change of Address**

NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization 4300 RTE 1 N SOUTH BRUNSWICK, NJ 08852 (Street Address / City / State / ZIP Code)
☐ **Same as Mailing Address**

6. Does the organization have any offices in New Jersey in addition to the one listed above? ☐ Yes ☒ No
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.
THE ORGANIZATION 4300 RTE 1 NORTH, MONMOUTH JUNCTION, NJ 08852 (Contact person / Street address / City / State / ZIP Code)

609 627 1953 (Telephone number (include area code)) 609 627 5477 (Fax number (include area code))

7. Organization's contact information:
609 627 1953 (Telephone number (include area code)) 609 520 5477 (Fax number (include area code))

DENISE.JESTER@DOWJONES.COM (E-mail address) WWW.DOWJONESNEWSFUND.ORG (Web site)

8. Type of organization (check one):

☒ Nonprofit corporation ☐ Foundation ☐ Individual ☐ Association ☐ Society
☐ Partnership ☐ Trust ☐ Other (Specify)

COPY

9. Where and when was the organization legally established? Date: 12/24/1958 State: DE
As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? ☐ Yes ☒ No
If "Yes," indicate all of the other names used:

11. Does the organization intend to solicit contributions from the general public? ☒ Yes ☐ No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions? ☒ Yes ☐ No
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.
NEW YORK
CALIFORNIA

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? ☐ Yes ☒ No
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.
THE ORGANIZATION IS DEDICATED TO THE ENCOURAGEMENT AND EDUCATION OF HIGH SCHOOL AND COLLEGE STUDENTS INTERESTED IN PURSUING CAREERS IN JOURNALISM.

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration. SEE STATEMENT 1

15. Does the organization use an independent paid fund-raiser or fund-raising counsel? ☐ Yes ☒ No
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? ☐ Yes ☒ No
If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported? ☐ Yes ☒ No
If "Yes," please explain:

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? ☒ Yes ☐ No
a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. ☐ Yes ☒ No
b. Has a tax exemption been granted under another I.R.S. code? ☐ Yes ☒ No
If "Yes," advise which one:
c. Has an I.R.S. tax exemption been refused, changed or revoked? ☐ Yes ☒ No
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

COPY

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? ☐ Yes ☒ No
If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.

19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? ☐ Yes ☒ No
If "Yes," please attach to this registration the relevant document.

20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? ☐ Yes ☒ No
If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.

21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction. ☐ Yes ☒ No

22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. ☐ Yes ☒ No
If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

COPY

23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
SEE STATEMENT 2				

CRI-300R Long-Form Registration Renewal Financial Statement

Note: *If the financial value of a line item = 0, place a zero in the space provided.*
Please report all figures as GROSS, not NET.

Full legal name and street address of the organization

Full legal name: DOW JONES NEWS FUND, INC.

Fiscal year-end being reported: 12/31/2021 (month day year) Federal ID Number (EIN) 13-6021439

Mailing address:
P.O. BOX 300, PRINCETON, NJ 08543-0300
Mailing Address | P.O. Box Number or Suite | City | State | ZIP Code

Street address of the registering organization: 4300 RTE 1 N SOUTH BRUNSWICK,NJ 08852
Street Address | City | State | ZIP Code

New Jersey Charities Registration number: CH 0990600-05 -00 Telephone number: 609 627 1953 *(include area code)*

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of $500,000. **Note:** If the organization received gross revenue of less than $500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

☐ In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

COPY

A. Receipts

Line A1a.	Direct Public Support received from the following sources:		
(1)	Direct mail		127,359.
(2)	Telephone solicitation		0.
(3)	Commercial co-venture		0.
(4)	Gross receipts from fund-raising events		0.
(5)	Canisters, counter cards, door to door etc		0.
(6)	Corporations and other businesses		0.
(7)	Foundations and trusts		340,000.
(8)	Donated land, buildings, property, equipment and materials		0.
(9)	Legacies and bequests		0.
(10)	Membership dues solely resulting from solicitations		0.
(11)	Other support (specify)		0.
Line A1b.	Total Direct Public Support (add lines A1a(1) through A1a(11))		467,359.
Line A1c.	Indirect Public Support received from the following sources:		
(1)	Federated fund-raising organization		0.
(2)	From an affiliated organization		0.
(3)	From another fund-raising organization		0.
Line A1d.	Total Indirect Public Support (add lines A1c(1) thru A1c(3))		0.
Line A1e.	**Total Gross Contributions** (add lines A1b and A1d)		467,359.

Line A2.	Government grants including purchase of service contracts (specify agency)		
	a. _____		0.
	b. _____		0.
	c. _____		0.
	d. _____		0.
Line A2e.	*Total Government Grants* (add lines 2a thru 2d)		0.
Line A3.	Other Support		
	a. Bona fide membership		0.
	b. Program service revenue		0.
	c. Professional services rendered by volunteers		0.
	d. Miscellaneous income (specify)	SEE STATEMENT 3	5,234.
Line A3e.	*Total Other Support* (add the total of lines A3a thru A3d)		5,234.
Line A4.	**Total Gross Revenue** (add lines A1e, A2e and A3e)		472,593.

B. Expenses

Line B1.	Program expenses	362,297.
Line B2.	Management and general expenses	25,453.
Line B3.	Fund-raising expenses	0.
Line B4.	Payments to state/national affiliates (if applicable)	0.
Line B5.	**Total Expenses** (add the totals of line B1 thru B4)	387,750.

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4)	84,843.

D. Fund Balance

Line D1.	Net assets or fund balances at beginning of year	418,064.
Line D2.	Other changes in net assets or fund balances (attach explanation)	0.
Line D3.	Net assets or fund balances at end of year (Combine line C, D1 and D2)	502,907.

COPY

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than $10,000. Further information for charity registrants may be found on our Web site: http://www.njconsumeraffairs.gov/ocp/charities.htm.

Long-Form Renewal Registration Statement
Form CRI-300RC
Confidential Information

Organization's Name: DOW JONES NEWS FUND, INC.

N.J. Charities Registration Number: CH- 0990600-05 -00 Federal ID Number (EIN) 13-6021439

Fiscal Year-End being reported: 12/31/2021 (month day year)

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

    a. each other? ☐ Yes ☒ No
    b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? ☐ Yes ☒ No
    c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? ☐ Yes ☒ No
    d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.

25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? ☐ Yes ☒ No
    If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

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We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Name PAUL W.SCHMIDT Title TREASURER Date _____

Signature _____ Name BRENT W. JONES Title PRESIDENT Date _____

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed with Form CRI-300R.

FORM CRI-300R SPECIFIC PROGRAMS AND CHARITABLE PURPOSES STATEMENT 1
PAGE 2, LINE 14A

PROGRAMS/CHARITABLE PURPOSE

ALREADY EXISTS-HIGH SCHOOL JOURNALISM TEACHER AWARD PROGRAM
-TO RECOGNIZE HIGH SCHOOL JOURNALISM TEACHERS WHO HAVE MADE AN
-OUTSTANDING CONTRIBUTION TO TEACHING JOURNALISM.
ALREADY EXISTS-HIGH SCHOOL JOURNALISM WORKSHOPS
-TO ENCOURAGE HIGH SCHOOL STUDENTS TO CONSIDER CAREERS IN
-JOURNALISM BY PROVIDING AN OPPORTUNITY TO WORK WITH
-PROFESSIONAL JOURNALISTS AND INSTRUCTORS.
ALREADY EXISTS-COLLEGE STUDENT JOURNALISM PROGRAMS
-TO FUND VARIOUS EDITING AND REPORTING PROGRAMS TO ENCOURAGE
-COLLEGE STUDENTS TO PURSUE CAREERS IN JOURNALISM
ALREADY EXISTS-COLLEGE SCHOLARSHIPS
-TO PROVIDE SCHOLARSHIPS TO SELECT COLLEGE BOUND HIGH SCHOOL
-STUDENTS WHO SUCCESSFULLY COMPLETE THE WORKSHOPS AND TO
-ALL COLLEGE STUDENTS WHO SUCCESSFULLY COMPLETE AN INTERNSHIP
-PROGRAM.
ALREADY EXISTS-FACULTY TRAINING PROGRAMS
-TO FUND MUTLIMEDIA TRAINING PROGRAMS FOR COLLEGE PROFESSORS
-WITH THE ULTIMATE AIM OF RECRUITING MORE STUDENTS WITH THESE
-SKILLS.

COPY

FORM CRI-300R LIST OF OFFICERS, DIRECTORS, TRUSTEES AND FIVE MOST HIGHLY PAID EMPLOYEES STATEMENT 2

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
RICHARD J LEVINE	DIRECTOR	

ADDRESS
108 PARKSIDE DRIVE

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
GAIL GRIFFIN	DIRECTOR	

ADDRESS
903 GREENLEIGH ROAD

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
THOMAS E ENGLEMAN	DIRECTOR	

ADDRESS
284 WESTMINSTER LANE

SALARY
0.

COPY

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
LAURENCE G O'DONNELL	DIRECTOR	

ADDRESS
396 FOREST AVE APT 1234

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
DR RUSTY TODD	DIRECTOR	

ADDRESS
2704 BENBROOK DRIVE

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
DR REGINALD OWENS	DIRECTOR	

ADDRESS
PO BOX 1163

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ANNA SEDGLEY	DIRECTOR	

ADDRESS
5 LEWIS CUBITT WALK

SALARY
0.

COPY

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
DIANA MITSU KLOS	SECRETARY	

ADDRESS

45425 PERSIMMON LANE

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
GARRY D. HOWARD	DIRECTOR	

ADDRESS

12517 TANNERS COURT

SALARY

0.

COPY

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
PAUL SCHMIDT	TREASURER	

ADDRESS

412 BARRACK HILL ROAD

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
DENISE JESTER	FINANCE MANAGER	

ADDRESS

321 FOUNTAYNE LANE

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
LASHARAH S. BUNTING	DIRECTOR	

ADDRESS
1111 BRICKELL BAY DRIVE

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
KAREN MILLER PENSIERO	DIRECTOR	

ADDRESS
10 CAMBRIDGE ROAD

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
BRENT W JONES	PRESDIENT	

ADDRESS
440 WEST 34TH ST, 9H

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SHIRLEY CARSWELL	EXECUTIVE DIRECTOR	

ADDRESS
6300 RIDGE RUN CT

SALARY
0.

COPY

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
HEATHER TAYLOR	PROGRAMMING MANAGER	

ADDRESS

108 PARKER ROAD SOUTH

SALARY

0.

FORM CRI-300 MISCELLANEOUS INCOME STATEMENT 3

DESCRIPTION	AMOUNT
BOOK ROYALTIES	5,234.
TOTAL INCLUDED ON FORM CRI-300, PAGE 5, LINE A3D	5,234.

COPY

Certification

Form CRI-150I, CRI-300R, CRI-200

This Registration Form **must** be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.

First Authorization:

I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ *Name* PAUL W.SCHMIDT *Title* TREASURER *Date* _____

COPY

Second Authorization:

I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ *Name* BRENT W. JONES *Title* PRESIDENT *Date* _____