

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE INT'L CENTER FOR JOURNALISTS, INC. Doing business as		D Employer identification number 11-2724905
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 750 17TH STREET, NW 300		E Telephone number (202) 737-3700
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006		G Gross receipts \$ 26,414,160.
	F Name and address of principal officer: SHARON MOSHAVI SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.ICFJ.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1984
M State of legal domicile: MA			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	56
	6 Total number of volunteers (estimate if necessary)	6	27
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,800.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	21,495,185.	24,753,679.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	96,044.	75,677.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	319,242.	594,041.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-312,909.	-316,583.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,597,562.	25,106,814.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	8,506,090.	8,090,606.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,927,482.	3,897,491.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	48,750.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,754,825.	4,979,366.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,188,397.	17,016,213.
19 Revenue less expenses. Subtract line 18 from line 12	2,409,165.	8,090,601.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	27,677,539.	35,656,295.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,647,352.	825,783.
		26,030,187.	34,830,512.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	MARIO SCHERHAUFER, VP, FINANCE & ADMINISTRATION	11/11/2021			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	RICHARD J. LOCASTRO, CPA	<i>Richard J. Locastro</i>	11/09/2021	<input type="checkbox"/>	P00288314
	Firm's name	Firm's EIN	Phone no.		
GELMAN, ROSENBERG & FREEDMAN	52-1392008	(301) 951-9090			
Firm's address	4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission: WE EMPOWER AN UNPARALLELED GLOBAL NETWORK OF JOURNALISTS TO PRODUCE NEWS REPORTS THAT LEAD TO BETTER GOVERNMENTS, STRONGER ECONOMIES, MORE VIBRANT SOCIETIES AND HEALTHIER LIVES.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 12,736,011. including grants of \$ 7,278,857.) (Revenue \$ 73,877.) ICFJ CONDUCTED HIGH-IMPACT PROGRAMS TO ENABLE JOURNALISTS, MEDIA PROFESSIONALS, AND MEDIA ORGANIZATIONS AROUND THE WORLD TO PRODUCE TIMELY, ACCURATE INFORMATION ON KEY ISSUES THROUGH COMPELLING STORYTELLING. WE SERVE OUR UNPARALLELED GLOBAL NETWORK BY PROVIDING TRAINING, MENTORING, FELLOWSHIPS OR FINANCIAL SUPPORT IN THE FIVE KEY AREAS: MEDIA INNOVATION, INVESTIGATIVE JOURNALISM, CRITICAL-ISSUES REPORTING, FINANCIAL SUSTAINABILITY AND RESEARCH AND RESOURCES.

4b (Code:) (Expenses \$ 1,206,251. including grants of \$ 802,249.) (Revenue \$) ICFJ'S KNIGHT INTERNATIONAL JOURNALISM FELLOWSHIPS PROGRAM IS DESIGNED TO INSTILL A CULTURE OF NEWS INNOVATION AND EXPERIMENTATION WORLDWIDE. THE GOAL IS TO SEED NEW IDEAS AND SERVICES THAT DEEPEN COVERAGE, EXPAND NEWS DELIVERY AND ENGAGE CITIZENS IN THE EDITORIAL PROCESS. FUNDED BY THE JOHN S. AND JAMES L. KNIGHT FOUNDATION, FELLOWS BUILD ON PAST SUCCESSES IN THE KNIGHT PROGRAM, WHICH HAS A STRONG RECORD OF ACHIEVING IMPACT. THEY WORK IN COUNTRIES WHERE THERE IS A GOOD OPPORTUNITY TO CREATE THE NEWS MEDIA OF THE FUTURE. WITH ADDITIONAL SUPPORT FROM THE BILL & MELINDA GATES FOUNDATION, KNIGHT FELLOWS ARE EMPOWERING JOURNALISTS IN INDIA TO USE THE LATEST DIGITAL TOOLS TO TELL COMPELLING STORIES ON HEALTH AND DEVELOPMENT ISSUES.

4c (Code:) (Expenses \$ 318,851. including grants of \$ 9,500.) (Revenue \$) IJNET DELIVERS THE LATEST ON GLOBAL MEDIA INNOVATION, NEWS APPS AND TOOLS, TRAINING OPPORTUNITIES AND EXPERT ADVICE FOR PROFESSIONAL AND EMERGING JOURNALISTS WORLDWIDE. PRODUCED BY THE INTERNATIONAL CENTER FOR JOURNALISTS, IJNET FOLLOWS THE SHIFTING JOURNALISM SCENE FROM A GLOBAL PERSPECTIVE IN EIGHT LANGUAGES - ARABIC, CHINESE, ENGLISH, FRENCH, PERSIAN, PORTUGUESE, RUSSIAN AND SPANISH.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 14,261,113.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</i>	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 "Yes," 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? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part 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	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (29); 1b Enter the number of voting members included on line 1a, above, who are independent (28); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, MA, NJ, NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records MARIO SCHERHAUFER - (202) 737-3700 750 17TH ST., NW, STE 300, WASHINGTON, DC 20006

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOYCE BARNATHAN PRESIDENT	35.00	X		X				337,026.	0.	40,940.
(2) SHARON MOSHAVI S.V.P. NEW INITIATIVES	35.00				X			192,162.	0.	27,538.
(3) PATRICK BUTLER V.P. CONTENT & COMMUNITY	35.00				X			184,289.	0.	18,046.
(4) VJOLLCA SHTYLLA V.P. DEVELOPMENT	35.00				X			168,184.	0.	25,710.
(5) MARIO SCHERHAUFER V.P. FINANCE & ADMINISTRATION	35.00			X				157,050.	0.	17,906.
(6) LUIS BOTELLO DEPUTY V.P. NEW INITIATIVES & IMPACT	35.00					X		134,414.	0.	25,232.
(7) JOHANNA CARRILLO V.P. PROGRAMS	35.00					X		131,380.	0.	19,012.
(8) ROBERT TINSLEY DIRECTOR, PROPOSALS	35.00					X		118,935.	0.	20,199.
(9) JERELYN EDDINGS DIRECTOR, KNIGHT PROGRAM	35.00					X		111,196.	0.	7,793.
(10) FRANLIS ALVAREZ ACCOUNTING MANAGER	35.00					X		100,770.	0.	6,638.
(11) MICHAEL GOLDEN CHAIRMAN	4.00	X		X				0.	0.	0.
(12) JAMES F. HOGE, JR. VICE CHAIR	4.00	X		X				0.	0.	0.
(13) PAMELA HOWARD VICE CHAIR	4.00	X		X				0.	0.	0.
(14) MATTHEW WINKLER VICE CHAIR	4.00	X		X				0.	0.	0.
(15) JOHN MAXWELL HAMILTON TREASURER	4.00	X		X				0.	0.	0.
(16) JASON WRIGHT DEVELOPMENT CHAIR	4.00	X						0.	0.	0.
(17) MARCI MCGINNIS NOMINATING CHAIR	4.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WENDELL REILLY HEAD AUDIT COMMITTEE	4.00	X					0.	0.	0.	
(19) CARRIE BUDOFF BROWN DIRECTOR	4.00	X					0.	0.	0.	
(20) MARK BAILEN DIRECTOR	4.00	X					0.	0.	0.	
(21) AHMED CHARAI DIRECTOR	4.00	X					0.	0.	0.	
(22) DAVID ELLIOT COHEN DIRECTOR	4.00	X					0.	0.	0.	
(23) DAVID CALLAWAY DIRECTOR	4.00	X					0.	0.	0.	
(24) JOHN DANISZEWSKI DIRECTOR	4.00	X					0.	0.	0.	
(25) RICHARD GINGRAS DIRECTOR	4.00	X					0.	0.	0.	
(26) CHRISTINE GLANCEY DIRECTOR	4.00	X					0.	0.	0.	
1b Subtotal							1,635,406.	0.	209,014.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,635,406.	0.	209,014.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **10**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEW LEAF MEDIA LLC 9 VERA PLACE, MONTCLAIR, NJ 07042	TRAINING CONSULTANT	297,000.
RAYMOND ALDEN PEARCE P.O BOX 249, OAK BLUFFS, MA 02557	TRAINING CONSULTANT	273,386.
SEMBRA MEDIA 84 RIDGE RD, FAIRFAX, CA 94930	SUBCONTRACTOR	258,553.
MEDIA WAYFINDER LLC 412 FARMINGTON WOODS DR, CARY, NC 27511	TRAINING CONSULTANT	150,000.
DORK ALAHYDOIAN 625 SHELTON RAOD, RIDGEWOOD, NJ 07450	TRAINING CONSULTANT	147,500.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **10**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MICHAEL GREENSPON DIRECTOR	4.00	X						0.	0.	0.
(28) JOHN HEILEMANN DIRECTOR	4.00	X						0.	0.	0.
(29) ALEX S. JONES DIRECTOR	4.00	X						0.	0.	0.
(30) RIK KIRKLAND DIRECTOR	4.00	X						0.	0.	0.
(31) ANNE KORNBLOT DIRECTOR	4.00	X						0.	0.	0.
(32) ISAAC LEE DIRECTOR	4.00	X						0.	0.	0.
(33) JOANNE LEEDOM-ACKERMAN DIRECTOR	4.00	X						0.	0.	0.
(34) MARCI MCCUE DIRECTOR	4.00	X						0.	0.	0.
(35) RODMAN MOORHEAD DIRECTOR	4.00	X						0.	0.	0.
(36) ROG REHG DIRECTOR	4.00	X						0.	0.	0.
(37) MARY ANN STERNBERG DIRECTOR	4.00	X						0.	0.	0.
(38) JOHN TOWRISS DIRECTOR	4.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	937,474.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,587,731.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,228,474.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			24,753,679.			
Program Service Revenue	2 a MANAGEMENT FEES	Business Code					
		900099	73,877.	73,877.			
	b ADVERTISING	900099	1,800.		1,800.		
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			75,677.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		136,149.			136,149.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,451,955.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	994,063.				
	c Gain or (loss)	7c	457,892.				
	d Net gain or (loss)			457,892.		457,892.	
8 a Gross income from fundraising events (not including \$ 937,474. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
		b Less: direct expenses	8b	313,283.			
		c Net income or (loss) from fundraising events			-313,283.		-313,283.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code					
		900099	-3,300.			-3,300.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			-3,300.				
12 Total revenue. See instructions			25,106,814.	73,877.	1,800.	277,458.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 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	948,136.	948,136.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	107,691.	107,691.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	7,034,779.	7,034,779.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,168,852.	160,706.	864,471.	143,675.
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	1,794,186.	1,238,606.	302,336.	253,244.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,288.	45,093.	16,666.	12,529.
9 Other employee benefits	618,134.	327,444.	209,562.	81,128.
10 Payroll taxes	242,031.	117,325.	92,224.	32,482.
11 Fees for services (nonemployees):				
a Management				
b Legal	31,702.	13,198.	16,517.	1,987.
c Accounting	119,472.	11,314.	96,283.	11,875.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	48,750.			48,750.
f Investment management fees	38,443.		38,443.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,943,584.	3,826,419.	39,784.	77,381.
12 Advertising and promotion	5,457.	4,322.	1,036.	99.
13 Office expenses	145,891.	82,662.	62,727.	502.
14 Information technology	124,577.	50,326.	73,688.	563.
15 Royalties				
16 Occupancy	120,626.		120,626.	
17 Travel	113,257.	91,915.	15,580.	5,762.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,690.	34,266.	392.	32.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,353.		27,353.	
23 Insurance	49,154.		49,154.	
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 O.)				
a PER DIEMS	144,850.	144,850.		
b SUBSCRIPTIONS	42,346.	21,538.	19,736.	1,072.
c MISCELLANEOUS	23,732.	523.	16,253.	6,956.
d PAYROLL PROCESSING	14,232.		14,232.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	17,016,213.	14,261,113.	2,077,063.	678,037.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	443,942.	1	3,630,538.
	2 Savings and temporary cash investments	4,498,305.	2	7,060,060.
	3 Pledges and grants receivable, net	14,777,377.	3	16,512,553.
	4 Accounts receivable, net	372,925.	4	324,713.
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	197,884.	9	133,998.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 593,510.		
	b Less: accumulated depreciation	10b 287,505.		
	11 Investments - publicly traded securities	7,312,666.	11	7,688,428.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	23,270.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	27,677,539.	16	35,656,295.	
Liabilities	17 Accounts payable and accrued expenses	1,483,970.	17	825,783.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	163,382.	25	0.
	26 Total liabilities. Add lines 17 through 25	1,647,352.	26	825,783.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,777,924.	27	4,347,162.
	28 Net assets with donor restrictions	22,252,263.	28	30,483,350.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	26,030,187.	32	34,830,512.
33 Total liabilities and net assets/fund balances	27,677,539.	33	35,656,295.	

Part 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	25,106,814.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,016,213.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,090,601.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,030,187.
5	Net unrealized gains (losses) on investments	5	556,673.
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	153,051.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	34,830,512.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization THE INT'L CENTER FOR JOURNALISTS, INC.
Employer identification number 11-2724905

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,133,860.	6,810,837.	17,695,413.	21,495,185.	24,753,679.	81,888,974.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,133,860.	6,810,837.	17,695,413.	21,495,185.	24,753,679.	81,888,974.
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)						23,538,608.
6 Public support. Subtract line 5 from line 4.						58,350,366.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	11,133,860.	6,810,837.	17,695,413.	21,495,185.	24,753,679.	81,888,974.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	86,093.	146,746.	168,699.	194,378.	136,149.	732,065.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	17,746.	6,615.	12,373.	55,223.	-3,300.	88,657.
11 Total support. Add lines 7 through 10						82,709,696.
12 Gross receipts from related activities, etc. (see instructions)					12	447,845.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	70.55 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	77.10 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	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 in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

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?		
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).		
3 By reason of the relationship described in 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.		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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 in 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.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section 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 purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

THE INT'L CENTER FOR JOURNALISTS, INC.

Employer identification number

11-2724905

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (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

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization THE INT'L CENTER FOR JOURNALISTS, INC.	Employer identification number 11-2724905
---	---

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	 <hr/> <hr/> <hr/>	\$ <u>4,541,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>12,795,442.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,943,186.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>2,553,389.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE INT'L CENTER FOR JOURNALISTS, INC.	Employer identification number 11-2724905
---	---

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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization THE INT'L CENTER FOR JOURNALISTS, INC.	Employer identification number 11-2724905
---	---

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	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **THE INT'L CENTER FOR JOURNALISTS, INC.** Employer identification number **11-2724905**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,742,115.	5,039,612.	5,615,971.	5,118,289.	4,778,747.
b Contributions	275,477.				135,069.
c Net investment earnings, gains, and losses	988,034.	896,124.	-286,969.	635,035.	325,379.
d Grants or scholarships					
e Other expenditures for facilities and programs	426,334.	193,621.	289,390.	137,353.	120,906.
f Administrative expenses					
g End of year balance	6,579,292.	5,742,115.	5,039,612.	5,615,971.	5,118,289.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 42.0000 %
 - b Permanent endowment 37.0000 %
 - c Term endowment 21.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		195,948.		195,948.
d Equipment		108,226.	108,226.	0.
e Other		289,336.	179,279.	110,057.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				306,005.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	26,600,316.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	556,673.
b	Donated services and use of facilities	2b	150.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	975,122.
e	Add lines 2a through 2d	2e	1,531,945.
3	Subtract line 2e from line 1	3	25,068,371.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	38,443.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	38,443.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	25,106,814.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	17,291,203.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	150.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	313,283.
e	Add lines 2a through 2d	2e	313,433.
3	Subtract line 2e from line 1	3	16,977,770.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	38,443.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	38,443.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,016,213.

Part XIII Supplemental Information.

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

PART V, LINE 4:

FUNDS RELEASED FROM THE ENDOWMENT FUND ARE USED FOR ICFJ'S OPERATIONS, SUPPORT OF THE FANNING VISITOR CENTER, AND IJNET PROGRAMMING.

PART X, LINE 2:

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019, ICFJ HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

FUNDRAISING EVENT EXPENSES REPORTED AS EXPENSE ON THE 313,283.

FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON

FORM 990, PART VIII, LINE 8B.

PPP FUNDING RECOGNIZED AS A CONDITIONAL CONTRIBUTION 661,839.

IN THE AUDITED FINANCIAL STATEMENTS, BUT NOT FORGIVEN

BY THE SBA UNTIL 2021.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 975,122.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES REPORTED AS EXPENSE ON THE 313,283.

FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON

FORM 990, PART VIII, LINE 8B.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization: **THE INT'L CENTER FOR JOURNALISTS, INC.**
Employer identification number: **11-2724905**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	40	PROGRAM SERVICES	TRAINING AND NETWORK BUILDING	146,475.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		340,599.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	MANAGEMENT AND R&D		3,869.
EAST ASIA AND THE PACIFIC	0	24	PROGRAM SERVICES	TRAINING AND NETWORK BUILDING	359,300.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		500,000.
EUROPE	0	52	PROGRAM SERVICES	TRAINING AND NETWORK BUILDING	448,171.
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,891,888.
EUROPE	0	0	MANAGEMENT AND R&D		93,976.
3 a Subtotal	0	116			3,784,278.
b Total from continuation sheets to Part I	0	240			5,837,860.
c Totals (add lines 3a and 3b)	0	356			9,622,138.

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

Schedule F (Form 990) 2020

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	50	PROGRAM SERVICES	TRAINING AND NETWORK BUILDING	165,906.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		264,921.
MIDDLE EAST AND NORTH AFRICA	0	0	MANAGEMENT AND R&D		626.
MIDDLE EAST AND NORTH AFRICA	0	0	FUNDRAISING		7,737.
NORTH AMERICA	0	39	PROGRAM SERVICES	TRAINING AND NETWORK BUILDING	610,673.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,087,718.
NORTH AMERICA	0	0	MANAGEMENT AND R&D		344.
NORTH AMERICA	0	0	FUNDRAISING		1,768.
RUSSIA AND NEIGHBORING STATES	0	15	PROGRAM SERVICES	TRAINING AND NETWORK BUILDING	23,763.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		198,629.
Totals					

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND NEIGHBORING STATES	0	0	MANAGEMENT AND R&D		882.
RUSSIA AND NEIGHBORING STATES	0	0	FUNDRAISING		112.
SOUTH AMERICA	0	100	PROGRAM SERVICES	TRAINING AND NETWORK BUILDING	490,792.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		2,060,606.
SOUTH AMERICA	0	0	MANAGEMENT AND R&D		1,488.
SOUTH AMERICA	0	0	FUNDRAISING		1,134.
SOUTH ASIA	0	4	PROGRAM SERVICES	TRAINING AND NETWORK BUILDING	71,016.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		292,016.
SUB-SAHARAN AFRICA	0	32	PROGRAM SERVICES	TRAINING AND NETWORK BUILDING	159,327.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		398,402.
Totals		240			5,837,860.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	COSTA RICA OPEN DATA	47,633.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	COSTA RICA OPEN DATA	32,225.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ABRIENDO DATOS PANAMA	9,432.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ALFABETIZACION MEDIATICA, PERIODISMO CIUDADANO E INVESTIGACION	34,238.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CUBA KNIGHT FELLOWSHIP	9,655.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CUBA KNIGHT FELLOWSHIP	6,565.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	VELOCIDAD	26,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **0**

3 Enter total number of other organizations or entities **130**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CHINA GLOBAL BUSINESS PROGRAM	30,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	10,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	10,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	APAC ACCELERATOR AND RELIEF FUND	10,000.	WIRE TRANSFER	0.		
		EUROPE	REGIONAL INVESTIGATIVE JOURNALISM NETWORK	1,269,851.	WIRE TRANSFER	0.		
		EUROPE	MEETING THE CHALLENGE: USING DIGITAL INNOVATION AND INFORMATION TO	25,356.	WIRE TRANSFER	0.		
		EUROPE	QUALITY INFOTAINMENT IN EURASIA	418,444.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	VELOCIDAD	14,400.	WIRE TRANSFER	0.		
		EUROPE	FRANCE NEWS ACCELERATORS	30,000.	WIRE TRANSFER	0.		
		EUROPE	FRANCE NEWS ACCELERATORS	57,000.	WIRE TRANSFER	0.		
		EUROPE	VIDEO ACCELERATOR - EUROPE, MEXICO, SINGAPORE	15,000.	WIRE TRANSFER	0.		
		EUROPE	VIDEO ACCELERATOR - EUROPE, MEXICO, SINGAPORE	15,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	BEIRUT RESPONSE & RECOVERY FUND	8,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	BEIRUT RESPONSE & RECOVERY FUND	6,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	BEIRUT RESPONSE & RECOVERY FUND	50,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	BEIRUT RESPONSE & RECOVERY FUND	8,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	MEXICO BORDER REPORTING	91,618.	WIRE TRANSFER	0.		
		NORTH AMERICA	MEXICO BORDER REPORTING	11,713.	WIRE TRANSFER	0.		
		NORTH AMERICA	MEXICO BORDER REPORTING	6,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	MEXICO BORDER REPORTING	15,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	VELOCIDAD	30,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	US VIDEO ACCELERATOR	10,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	GLOBAL NEWS ACCELERATORS	155,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	GLOBAL NEWS ACCELERATORS	104,070.	WIRE TRANSFER	0.		
		NORTH AMERICA	GLOBAL NEWS ACCELERATORS	150,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	GLOBAL NEWS ACCELERATORS	103,219.	WIRE TRANSFER	0.		
		NORTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	GLOBAL NEWS ACCELERATORS	23,218.	WIRE TRANSFER	0.		
		NORTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	GLOBAL NEWS ACCELERATORS	39,600.	WIRE TRANSFER	0.		
		NORTH AMERICA	VIDEO ACCELERATOR - EUROPE, MEXICO, SINGAPORE	20,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	VIDEO ACCELERATOR - EUROPE, MEXICO, SINGAPORE	20,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	VIDEO ACCELERATOR - EUROPE, MEXICO, SINGAPORE	20,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	VIDEO ACCELERATOR - EUROPE, MEXICO, SINGAPORE	20,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	VIDEO ACCELERATOR - EUROPE, MEXICO, SINGAPORE	20,000.	WIRE TRANSFER	0.		
		RUSSIA AND THE NEIGHBORING STATES	QUALITY INFOTAINMENT IN EURASIA	11,820.	WIRE TRANSFER	0.		
		RUSSIA AND THE NEIGHBORING STATES	QUALITY INFOTAINMENT IN EURASIA	38,497.	WIRE TRANSFER	0.		
		RUSSIA AND THE NEIGHBORING STATES	QUALITY INFOTAINMENT IN EURASIA	68,188.	WIRE TRANSFER	0.		
		RUSSIA AND THE NEIGHBORING STATES	QUALITY INFOTAINMENT IN EURASIA	61,036.	WIRE TRANSFER	0.		
		RUSSIA AND THE NEIGHBORING STATES	QUALITY INFOTAINMENT IN EURASIA	10,877.	WIRE TRANSFER	0.		
		RUSSIA AND THE NEIGHBORING STATES	QUALITY INFOTAINMENT IN EURASIA	8,147.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	CUBAN MEDIA INITIATIVE	37,255.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PROMOTING SECURITY AND FREEDOM OF EXPRESSION FOR MEDIA (PROSAFE MEDIA)	90,873.	WIRE TRANSFER	0.		
		SOUTH AMERICA	MEETING THE CHALLENGE: USING DIGITAL INNOVATION AND INFORMATION TO	58,634.	WIRE TRANSFER	0.		
		SOUTH AMERICA	VELOCIDAD	71,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	VELOCIDAD	45,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	VELOCIDAD	35,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	VELOCIDAD	68,600.	WIRE TRANSFER	0.		
		SOUTH AMERICA	VELOCIDAD	25,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	VELOCIDAD	45,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	VELOCIDAD	51,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	24,613.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	10,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	26,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	21,750.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	24,729.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	28,700.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	16,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	30,337.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	27,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	33,800.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	28,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	27,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	32,400.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	20,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	39,500.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	GLOBAL NEWS ACCELERATORS	40,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	APAC ACCELERATOR AND RELIEF FUND	10,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	APAC ACCELERATOR AND RELIEF FUND	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	AFRICA RELIGIOUS FREEDOM	9,297.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BARAZA MEDIA LAB	93,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	AFRICA GRANT GIVING PROGRAM	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	AFRICA GRANT GIVING PROGRAM	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	AFRICA GRANT GIVING PROGRAM	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	AFRICA GRANT GIVING PROGRAM	10,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	AFRICA GRANT GIVING PROGRAM	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	AFRICA GRANT GIVING PROGRAM	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	AFRICA GRANT GIVING PROGRAM	35,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	AFRICA GRANT GIVING PROGRAM	35,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	AFRICA GRANT GIVING PROGRAM	10,000.	WIRE TRANSFER	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
KNIGHT FELLOWSHIP (FEE AND EXPENSES)	CENTRAL AMERICA AND THE CARIBBEAN	2	15,000.	WIRE TRANSFER	0.		
KNIGHT FELLOWSHIP (FEE AND EXPENSES)	EUROPE	1	23,837.	WIRE TRANSFER	0.		
KNIGHT FELLOWSHIP (FEE AND EXPENSES)	MIDDLE EAST AND NORTH AFRICA	1	36,427.	WIRE TRANSFER	0.		
KNIGHT FELLOWSHIP (FEE AND EXPENSES)	NORTH AMERICA	2	8,500.	WIRE TRANSFER	0.		
KNIGHT FELLOWSHIP (FEE AND EXPENSES)	SOUTH AMERICA	14	211,590.	WIRE TRANSFER	0.		
KNIGHT FELLOWSHIP (FEE AND EXPENSES)	SOUTH ASIA	2	272,016.	WIRE TRANSFER	0.		
KNIGHT FELLOWSHIP (FEE AND EXPENSES)	SUB-SAHARAN AFRICA	5	99,781.	WIRE TRANSFER	0.		
GRANTS/AWARDS	CENTRAL AMERICA AND THE CARIBBEAN	26	55,021.	WIRE TRANSFER	0.		
GRANTS/AWARDS	EAST ASIA AND THE PACIFIC	1	10,000.	WIRE TRANSFER	0.		

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GRANTS/AWARDS	EUROPE	5	23,000	WIRE TRANSFER	0.		
GRANTS/AWARDS	MIDDLE EAST AND NORTH AFRICA	64	156,494	WIRE TRANSFER	0.		
GRANTS/AWARDS	NORTH AMERICA	34	78,279	WIRE TRANSFER	0.		
GRANTS/AWARDS	SOUTH AMERICA	38	108,699	WIRE TRANSFER	0.		
GRANTS/AWARDS	SUB-SAHARAN AFRICA	5	52,928	WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

FELLOWS GO THROUGH A RIGOROUS INTERVIEW PROCESS BEFORE BEING AWARDED A FELLOWSHIP. FELLOWS ARE REQUIRED TO SIGN AND ADHERE TO A FELLOWSHIP AGREEMENT THAT DETAILS THE REQUIRED PROGRAM ACTIVITES AND PROGRAM AND FINANCIAL REPORTS. FELLOWS ARE ASSIGNED TO A PROGRAM DIRECTOR WHO MANAGES THE OVERALL FELLOWSHIP. RECORDS ARE MAINTAINED ON EACH FELLOW.

ORGANIZATIONS RECEIVING GRANT AWARDS ARE SELECTED BY ICFJ PROGRAM DIRECTORS IN CONSULTATION WITH SENIOR MANAGEMENT. ORGANIZATONS ARE SELECTED BASED ON THEIR ABILITY TO PERFORM THE PROGRAM ACTIVITIES, FINANCIAL STRUCTURE AND/OR PRIME DONOR'S RECOMMENDATION. THE GRANT RECIPIENTS ARE REQUIRED TO SIGN AND ADHERE TO A GRANT AGREEMENT AND SUBMIT AUDITED REPORTS WHEN AVAILABLE. GRANT AWARDS ARE MONITORED BY A PROGRAM DIRECTOR. RECORDS ARE MAINTAINED ON EACH GRANTEE.

PART II, COLUMN (D):

REGION: EUROPE

(D) PURPOSE OF GRANT: MEETING THE CHALLENGE: USING DIGITAL INNOVATION AND INFORMATION TO ENGAGE LATIN JOURNALISTS AND CITIZENS OVER CRUCIAL SOCIAL ISSUES

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: MEETING THE CHALLENGE: USING DIGITAL INNOVATION AND INFORMATION TO ENGAGE LATIN JOURNALISTS AND CITIZENS OVER CRUCIAL SOCIAL ISSUES

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **THE INT'L CENTER FOR JOURNALISTS, INC.** Employer identification number **11-2724905**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THE MULTI IMAGE GROUP - 1701 CLIENT MOORE ROAD, BOCA	ONLINE AWARDS TRIBUTE EVENT		X	937,474.	122,144.	815,330.
COMMUNITY COUNSELLING SERVICE CO LLC - 527 MADISON AVE, 5TH	CAMPAIGN FEASIBILITY & PLANNING STUDY		X	0.	48,750.	-48,750.
Total				937,474.	170,894.	766,580.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
CA, DC, MA, NJ, NY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ICFJ TRIBUTE TO JOURNALI (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	937,474.		937,474.
	2	Less: Contributions	937,474.		937,474.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	313,283.		313,283.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			313,283.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-313,283.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THE MULTI IMAGE GROUP

(I) ADDRESS OF FUNDRAISER: 1701 CLIENT MOORE ROAD, BOCA RATON, FL 33487

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELLING SERVICE CO LLC

(I) ADDRESS OF FUNDRAISER: 527 MADISON AVE, 5TH FL, NEW YORK, NY 10022

PART II:

Part IV Supplemental Information (continued)

PART II REPORTS A FUNDRAISING EVENTS SHOWING 100% CONTRIBUTION REVENUE (THE TRIBUTE TO JOURNALISTS 2020). HISTORICALLY, THIS EVENT WAS HELD IN-PERSON WITH A GROSS INCOME COMPONENT TO THE GROSS RECEIPTS. HOWEVER, DUE TO THE PANDEMIC, THIS EVENT WAS HELD VIRTUALLY AND NO BENEFITS WERE PROVIDED TO ATTENDEES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **THE INT'L CENTER FOR JOURNALISTS, INC.** Employer identification number **11-2724905**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BORDER CENTER FOR JOURNALISTS AND BLOGGERS - 3836 JUTLAND ST - EDINBURG, TX 78542-5360	81-2934497	501(C)(3)	251,030.	0.			PROGRAM ASSISTANCE (SUBAWARD)
SEMBRAMEDIA 1818 CLYDE AVE LOS ANGELES, CA 90019	47-5124565	501(C)(3)	244,875.	0.			PROGRAM ASSISTANCE (SUBAWARD), KNIGHT AWARD
ADVANCE LOCAL MEDIA LLC ONE WORLD TRADE CENTER NEW YORK, NY 10007	13-4123607		15,000.	0.			PROJECT GRANT
AFRO AMERICAN COMPANY OF BALTIMORE CITY, INC - 1531 S EDGEWOOD ST, STE B - BALTIMORE, MD 21227	52-0219436		15,000.	0.			PROJECT GRANT
AL JAZEERA INTERNATIONAL (USA) LLC 1200 NEW HAMPSHIRE AVE, NW WASHINGTON, DC 20036	20-3567003		20,000.	0.			PROJECT GRANT
AMERICAN BROADCASTING COMPANIES, INC (WABC-TV/EABC-TV) - 7 LINCOLN SQUARE - NEW YORK, NY 10023	13-3331738		15,000.	0.			PROJECT GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**

3 Enter total number of other organizations listed in the line 1 table **21.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITOL BROADCASTING COMPANY, INC (WRAL TV OR WRAL.2) - 2619 WESTERN BLVD - RALEIGH, NC 27606	56-0162085		15,000.	0.			PROJECT GRANT
ENTRAVISION COMMUNICATIONS CORP (KDLL-FM/KSSC-FM/KSSE-FM/KLYY-FM) - 5700 WILSHIRE BLVD, STE 250 - LOS ANGELES, CA 90036	95-4783236		15,000.	0.			PROJECT GRANT
GANNETT MEDIA CORP. F/K/A GANNETT CO. INC. - 13095 PUBLISHERS DR - FISHERS, IN 46038	47-2390983		15,000.	0.			PROJECT GRANT
GRAY MEDIA GROUP, INC. 4370 PEACHTREE RD NE ATLANTA, GA 30319	04-3314494		15,000.	0.			PROJECT GRANT
MCCLATCHY SHARED SERVICES, INC 3511 NW 91ST AVE DORAL, FL 33172	65-0651121		15,000.	0.			PROJECT GRANT
MULTIPLATFORM NEWS, INC 10540 NW 26TH ST G302 DORAL, FL 33172	84-2976537		27,600.	0.			PROJECT GRANT
MUNDO HISPANO DIGITAL INC 5269 BUFORD HWY NE DORAVILLE, GA 30340	83-1530523		15,000.	0.			PROJECT GRANT
NBCUNIVERSAL, LLC 30 ROCKEFELLER PLAZA NEW YORK, NY 10112	27-3526824		15,000.	0.			PROJECT GRANT
NEWSDAY LLC 6 CORPORATE CENTER DR MELVILLE, NY 11747	26-2913233		15,000.	0.			PROJECT GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEXSTAR BROADCASTING, INC (WGN AMERICA) - 545 E JOHN CARPENTER FREEWAY, STE 700 - IRVING, TX 75062	23-3063152		15,000.	0.			PROJECT GRANT
THE PHILADELPHIA TRIBUNE 520 S 16TH ST PHILADELPHIA, PA 19146	23-0974080		15,000.	0.			PROJECT GRANT
SINCLAIR TELEVISION GROUP, INC. P.O. BOX 206270 DALLAS, TX 75320-6270	55-0829972		15,000.	0.			PROJECT GRANT
TEGNA INC. 8350 BROAD ST, STE 2000 TYSONS, VA 22102	16-0442930		15,000.	0.			PROJECT GRANT
DIEGO DELL'AGOSTINO (THE PODCAST NETWORK) - 16192 COASTAL HWY - LEWES, DE 19958	85-3311992		22,500.	0.			PROJECT GRANT
UNIVISION INTERACTIVE MEDIA INC. 500 FRANK W BURR BLVD TEANECK, NJ 07666	13-4078167		15,000.	0.			PROJECT GRANT
VOICE NEWS NETWORK, INC (THE ATLANTA VOICE NEWSPAPER) - 633 PRYOR ST, SW - ATLANTA, GA 30312	58-1285890		15,000.	0.			PROJECT GRANT
WURD RADIO 200 HIGHPOINT DR, STE 215 CHALFONT, PA 18914	43-1986554		100,000.	0.			PROJECT GRANT

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
REPORTING FELLOWSHIPS	4	9,979.	0.		
KNIGHT FELLOWSHIP	1	97,712.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FELLOWS GO THROUGH A RIGOROUS INTERVIEW PROCESS BEFORE BEING AWARDED A FELLOWSHIP. FELLOWS ARE REQUIRED TO SIGN AND ADHERE TO A FELLOWSHIP AGREEMENT THAT DETAILS THE REQUIRED PROGRAM ACTIVITES AND PROGRAM AND FINANCIAL REPORTS. FELLOWS ARE ASSIGNED TO A PROGRAM DIRECTOR WHO MANAGES THE OVERALL FELLOWSHIP. RECORDS ARE MAINTAINED ON EACH FELLOW.

ORGANIZATIONS RECEIVING GRANT AWARDS ARE SELECTED BY ICFJ PROGRAM DIRECTORS IN CONSULTATION WITH SENIOR MANAGEMENT. ORGANIZATONS ARE SELECTED BASED ON

Part IV Supplemental Information

THEIR ABILITY TO PERFORM THE PROGRAM ACTIVITIES, FINANCIAL STRUCTURE AND/OR PRIME DONOR'S RECOMMENDATION. THE GRANT RECIPIENTS ARE REQUIRED TO SIGN AND ADHERE TO A GRANT AGREEMENT AND SUBMIT AUDITED REPORTS WHEN AVAILABLE. GRANT AWARDS ARE MONITORED BY A PROGRAM DIRECTOR. RECORDS ARE MAINTAINED ON EACH GRANTEE.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE INT'L CENTER FOR JOURNALISTS, INC.

Employer identification number

11-2724905

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOYCE BARNATHAN PRESIDENT	(i)	312,026.	25,000.	0.	16,800.	24,140.	377,966.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHARON MOSHAVI S.V.P. NEW INITIATIVES	(i)	177,162.	15,000.	0.	11,904.	15,634.	219,700.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PATRICK BUTLER V.P. CONTENT & COMMUNITY	(i)	179,289.	5,000.	0.	9,212.	8,834.	202,335.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) VJOLLCA SHTYLLA V.P. DEVELOPMENT	(i)	156,184.	12,000.	0.	9,336.	16,374.	193,894.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARIO SCHERHAUFER V.P. FINANCE & ADMINISTRATION	(i)	150,550.	6,500.	0.	9,535.	8,371.	174,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LUIS BOTELLO DEPUTY V.P. NEW INITIATIVES & IMPACT	(i)	134,414.	0.	0.	8,379.	16,853.	159,646.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOHANNA CARRILLO V.P. PROGRAMS	(i)	131,380.	0.	0.	2,748.	16,264.	150,392.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

DURING 2020, THE FOLLOWING EMPLOYEES RECEIVED BONUSES:

- JOYCE BARNATHAN \$25,000
- SHARON MOSHAVI \$15,000
- PATRICK BUTLER \$5,000
- VJOLLCA SHTYLLA \$12,000
- MARIO SCHERHAUFER \$6,500
- ROBERT TINSLEY \$2,500
- JERELYN EDDINGS \$3,500
- FRANLIS ALVAREZ \$2,500

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE INT'L CENTER FOR JOURNALISTS, INC.

Employer identification number

11-2724905

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

THE RETURN WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE
FINANCE AND AUDIT COMMITTEE. ICFJ SENT THE COMPLETED FORM 990
ELECTRONICALLY TO ALL BOARD MEMBERS FOR THEIR REVIEW AND APPROVAL BEFORE
SUBMISSION TO THE IRS.

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

EACH ICFJ DIRECTOR AND EMPLOYEE UPDATES HIS/HER CONFLICT OF INTEREST POLICY
STATEMENT ANNUALLY AND WHEN CHANGES ARISE.

WHEN A CONFLICT OF INTEREST EXISTS, THE EMPLOYEE OR BOARD MEMBER IS
REQUIRED TO DISCLOSE SUCH CONFLICT AND ABSTAIN FROM THE DISCUSSION, VOTING,
RESOLUTION OR ACTION(S) RELATED TO THE MATTER. A MAJORITY OF THE BOARD
MEMBERS PRESENT AT ANY MEETING MAY ALSO DISQUALIFY A BOARD MEMBER FROM
DISCUSSING AND/OR VOTING ON ANY MATTER UNTIL THEY DETERMINE IF A CONFLICT
OF INTEREST EXISTS. AFTER FULL DISCLOSURE, AND WITH DUE DELIBERATION, A
MAJORITY OF THE DISINTERESTED DIRECTORS MAY APPROVE OR RATIFY A TRANSACTION
WHICH INVOLVES A CONFLICT OF INTEREST WITH A DIRECTOR, OFFICER, OR EMPLOYEE
OF ICFJ PROVIDED THE TRANSACTION IS FAIR TO ICFJ.

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

THE EXECUTIVE BOARD REQUIRES THAT TWO DIRECTORS PERFORM AN ANNUAL REVIEW OF
THE PRESIDENT AND REPORT THEIR FINDINGS TO THE EXECUTIVE BOARD. THE
EXECUTIVE BOARD DETERMINES THE COMPENSATION OF THE PRESIDENT. THE
COMPENSATION IS DETERMINED ON THE BUDGET SIZE, OVERALL PERFORMANCE AND
LOCATION OF THE ORGANIZATION. THE PROCESS INCLUDED COMPARABILITY DATA AND

Name of the organization THE INT'L CENTER FOR JOURNALISTS, INC.	Employer identification number 11-2724905
---	---

DOCUMENTATION OF THE PROCESS. THE MOST RECENT REVIEW WAS CONDUCTED IN OCTOBER 2020.

THE PRESIDENT DETERMINES THE SALARY COMPENSATION OF THE STAFF BASED ON A PERCENTAGE THAT HAS BEEN APPROVED BY THE FINANCE COMMITTEE AND IN LINE WITH OTHER COMPARABLE POSITIONS IN THE WASHINGTON, DC AREA. ALL EMPLOYEES ARE REVIEWED ANNUALLY WITH A PERFORMANCE REVIEW BY THEIR SUPERVISOR AND THE PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19:
ICFJ'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

SUBCONTRACTORS:

PROGRAM SERVICE EXPENSES	234,331.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	234,331.

CONSULTANTS:

PROGRAM SERVICE EXPENSES	3,038,959.
MANAGEMENT AND GENERAL EXPENSES	38,484.
FUNDRAISING EXPENSES	76,131.
TOTAL EXPENSES	3,153,574.

EVALUATOR FEES:

PROGRAM SERVICE EXPENSES	225,550.
--------------------------	----------

Name of the organization THE INT'L CENTER FOR JOURNALISTS, INC.	Employer identification number 11-2724905
--	--

MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	225,550.

INTERPRETER/TRANSLATOR:

PROGRAM SERVICE EXPENSES	98,820.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	98,820.

TRAINER/SPEAKER FEES:

PROGRAM SERVICE EXPENSES	228,759.
MANAGEMENT AND GENERAL EXPENSES	1,300.
FUNDRAISING EXPENSES	1,250.
TOTAL EXPENSES	231,309.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,943,584.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR YEAR GRANTS RESCINDED BY DONORS	-508,788.
PPP FUNDING RECOGNIZED AS A CONDITIONAL CONTRIBUTION IN THE AUDITED FINANCIAL STATEMENTS, BUT NOT FORGIVEN BY THE SBA UNTIL 2021.	661,839.
TOTAL TO FORM 990, PART XI, LINE 9	153,051.

FORM 990, PART XI, LINE 9 - OTHER CHANGE IN NET ASSETS

ON MAY 1, 2020, ICFJ RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$661,839
UNDER THE PAYCHECK PROTECTION PROGRAM (PPP). UNDER THE CORONAVIRUS AID,
RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT), THE PROMISSORY NOTE MUST

Name of the organization

THE INT'L CENTER FOR JOURNALISTS, INC.

Employer identification number

11-2724905

BE USED FOR CERTAIN EXPENDITURES WITHIN A 24-WEEK PERIOD TO ULTIMATELY
 BE FORGIVEN BY THE SMALL BUSINESS ADMINISTRATION. DURING THE YEAR ENDED
 DECEMBER 31, 2020, ICFJ EXPENDED AND TRACKED THE PPP FUNDS FOR PURPOSES
 OUTLINED IN THE CARES ACT GUIDANCE AND RECEIVED NOTIFICATION MARCH 2,
 2021 THAT FULL FORGIVENESS HAS BEEN RECEIVED. UNDER GUIDANCE PROVIDED
 IN FASB ASC 958-605, ICFJ RECOGNIZED THE PPP FUNDING AS A CONDITIONAL
 GRANT FOR WHICH ALL CONDITIONS HAVE BEEN MET. AS ICFJ'S LOAN
 FORGIVENESS BY THE SBA HAS ALREADY BEEN FORGIVEN THERE IS NO BARRIER TO
 RECOGNITION. \$661,839 OF GRANT REVENUE IS RECOGNIZED ON THE AUDITED
 STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS. HOWEVER, FOR FORM
 990 REPORTING PURPOSES, THE PPP LOAN WILL NOT BE REPORTED AS REVENUE
 UNTIL THE TAX YEAR WHEN THE AMOUNT IS FORGIVEN (2021).
