# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

AI	For th	e 2023 calendar year, or tax year beginning and	ending		
B	Check if applicab	C Name of organization		D Employer identified	ation number
	Addre	THE INT'L CENTER FOR JOURNALISTS, INC.			
	Name			11-27249	)5
	Initial		Room/suite	E Telephone number	
	 Final return		300	(202)737	
	termir ated			G Gross receipts \$	14,564,591.
	Amen return			H(a) Is this a group re	turn
	Applie tion	F Name and address of principal officer: SHARON MOSHAVI		for subordinates	
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1.	Tax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1) d	or 📃 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemption	n number
		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 1984	I State of legal domicile: MA
Pa	art I	Summary			
¢,	1	Briefly describe the organization's mission or most significant activities: SEE 1	PART I	II, LINE 1.	
uč					
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
Ň	3				31
യ യ	4	Number of independent voting members of the governing body (Part VI, line 1b)			30
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			67
iviti	6	Total number of volunteers (estimate if necessary)			28
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			4,250.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year 12,418,643.	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		150,173.	<u>11,210,116.</u> 189,807.
Revenue	9	Program service revenue (Part VIII, line 2g)		335,835.	246,071.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-692,399.	-655,025.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,212,252.	10,990,969.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,680,807.	5,310,850.
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	<u> </u>
	40	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,728,815.	4,576,693.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Jen o	h	Total fundraising expenses (Part IX, column (A), line 25) <u>1,032,64</u>	41.		
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,344,314.	7,302,193.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		22,753,936.	17,189,736.
	19	Revenue less expenses. Subtract line 18 from line 12		10,541,684.	-6,198,767.
or or	3			ginning of Current Year	End of Year
ets (	20	Total assets (Part X, line 16)		33,518,992.	21,537,345.
ASS	21	Total liabilities (Part X, line 26)		5,669,960.	6,163,080.
Net Assets (	22	Net assets or fund balances. Subtract line 21 from line 20		27,849,032.	15,374,265.
	art 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. Т

Sign	Signature of officer	Date
-	SHARON MOSHAVI, PRESIDENT	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	RICHARD J. LOCASTRO, CPA Rectand b. Locastro	11/13/2024 self-employed P00288314
Preparer	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 52-1392008
Use Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N	
	BETHESDA, MD 20814-2930	Phone no. 301 – 951 – 9090
May the I	RS discuss this return with the preparer shown above? See instructions	X Yes No
LHA For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23	Form <b>990</b> (2023)

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Pa	t 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	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.
	REPORTING, FINANCIAL SUSTAINABILITT AND RESEARCH AND RESOURCES.
4b	(Code:) (Expenses \$ 755, 587. including grants of \$ 10, 350. ) (Revenue \$ )
	ICFJ'S COMMUNICATIONS TEAM OF STAFF AND CONSULTANT EDITORS AND
	CONTRIBUTING WRITERS AROUND THE WORLD PROVIDES JOURNALISTS WITH
	EXPERTISE TO PROVIDE MEANINGFUL COVERAGE OF CRITICAL GLOBAL ISSUES OF
	LOCAL IMPORTANCE. THE PAMELA HOWARD FORUM ON GLOBAL CRISIS REPORTING
	PROVIDES REGULAR WEBINAR PROGRAMMING ON URGENT ISSUES OF THE DAY IN
	FIVE LANGUAGES.
4c	
	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.
4 -1	Other program convises (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.)         (Expenses \$ 469,776. including grants of \$ 44,156.) (Revenue \$ )
4e	(Expenses \$ 469, //6 · including grants of \$ 44, 156 · ) (Revenue \$ )       Total program service expenses     13, 386, 452 ·
10	Form <b>990</b> (2023)
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	^	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
<b>h</b>	Part VI	<u>11a</u>		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	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		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X QQA	(2023)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
-	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 138			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U		1c	Х	
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Form	990 (2023) THE INT'L CENTER FOR JOURNALISTS, INC. 11-2724	905	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 67			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
b		6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
00000	If "Yes," complete Form 6069.	Earr	990	(2023)
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# THE INT'L CENTER FOR JOURNALISTS, INC.

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. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		31			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other				
	officer, director, trustee, or key employee?			L	2		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?			L	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	s filed?	C	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?			5		X
6	Did the organization have members or stockholders?				6		X
'a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			Ξ Γ			
	more members of the governing body?			·	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			F			
	persons other than the governing body?			·	7b		x
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			–			
	The governing body?	-	-		Ba	х	
b	Each committee with authority to act on behalf of the governing body?				3b	X	
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			F			
,	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
<u>.</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Rev				3		1 27
	This Section B requests information about policies not required by the internal Rel	/enue	Code.)			Vee	
10	Did the exception have least charters, branches, or efficience				0-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			H	0a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,	amilates,		~.		
				···· –	<u>0b</u>	v	
а	Has the organization provided a complete copy of this Form 990 to all members of its governing body	betore	e filing the form	? [1	1a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
a	Did the organization have a written conflict of interest policy? If "No," go to line 13				2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	1	2b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe				
	on Schedule O how this was done			[1	2c	Х	
3	Did the organization have a written whistleblower policy?			L	13	Х	
ŀ	Did the organization have a written document retention and destruction policy?			L	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval	by inc	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			1	5a	Х	
b	Other officers or key employees of the organization			1	5b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
ia	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent wi	th a				
	taxable entity during the year?				6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			··· F			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	-	-				
	exempt status with respect to such arrangements?			1	6b		
ec	tion C. Disclosure			'			
,	List the states with which a copy of this Form 990 is required to be filed MA						
3	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990.	T (section 501)	c)(3)s o	nlv)	availal	ble
•	for public inspection. Indicate how you made these available. Check all that apply.	a 000-		5,(0)3 0	(עיי	avana	0.0
		on 0.	hadula ()				
)			,	and f	200		
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	mict 0	millerest policy	, and fi	ano	JIAI	
	statements available to the public during the tax year.	l.a					
)	State the name, address, and telephone number of the person who possesses the organization's boo	кs and	records				
	MARIO SCHERHAUFER - (202)737-3700						
	750 17TH ST., NW, STE 300, WASHINGTON, DC 20006						

Form 990 (2023)	THE I	INT'L CENTE	R FOR	JOURNALISTS,	INC.	11-2724905	Page 7
Part VII Compensa				, Key Employees, I	Highest Co	mpensated	
Employee	s, and indep	endent Contrac	ors				
Check if Sche	dule O contains	s a response or note t	o any line i	n this Part VII			
Section A. Officers, Dir	ectors, Trustee	es, Key Employees,	and Highes	st Compensated Emplo	yees		
•	zation's <b>curren</b> t	t officers, directors, t	ustees (wh			vith or within the organization? ardless of amount of compens	
<ul> <li>List all of the organi</li> </ul>	zation's curren	<b>t</b> key employees, if a	y. See the	instructions for definitio			

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	not c	Pos	ition		ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week		cer an	id a di	Irecto	r/trus	ee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	dual t	utiona	_	nploy	st cor	ar	1000 1120/		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			eiganizatione
(1) SHARON MOSHAVI	35.00									
PRESIDENT		Х		Х				273,601.	Ο.	17,274.
(2) PATRICK BUTLER	35.00									
SR. VP, CONTENT & COMMUNITY					х			186,155.	Ο.	23,688.
(3) VJOLLCA SHTYLLA	35.00									
SR. VP, DEVELOPMENT					х			175,047.	Ο.	31,188.
(4) LUIS BOTELLO	35.00									
DEPUTY VP, GLOBAL IMPACT & STRATEGY						X		177,654.	Ο.	6,713.
(5) LANAEA FEATHERSTONE	35.00									
VP, PARTNERSHIPS & CULTURE						X		151,862.	Ο.	9,613.
(6) ALIZA APPLEBAUM	35.00									
VP, PROGRAMS						X		148,127.	Ο.	12,054.
(7) MARIO SCHERHAUFER	35.00									
VP, FINANCE & ADMINISTRATION				Х				145,380.	0.	9,094.
(8) ROBERT TINSLEY	35.00									
SENIOR DIRECTOR, PROPOSALS						Х		133,813.	0.	6,289.
(9) FRANLIS IVAREZ	35.00									
DIRECTOR, FINANCE						X		115,270.	0.	9,032.
(10) CARRIE BUDOFF BROWN	4.00									
CHAIR		Х		Х				0.	0.	0.
(11) MICHAEL GOLDEN	4.00									
VICE CHAIR		Х		Х				0.	0.	0.
(12) PAMELA HOWARD	4.00									
VICE CHAIR		Х		Х				0.	0.	0.
(13) MATTHEW WINKLER	4.00									
VICE CHAIR		Х		Х				0.	0.	0.
(14) JOHN MAXWELL HAMILTON	4.00									
TREASURER		Х		Х				0.	0.	0.
(15) JASON H. WRIGHT	4.00									
DEVELOPMENT CHAIR		Х		Х				0.	0.	0.
(16) MARCY MCGINNIS	4.00									
NOMINATING CHAIR		Х		Х				0.	0.	0.
(17) WENDELL REILLY	4.00									
CHAIR, AUDIT COMMITTEE		Х		Х				0.	0.	0.
332007 12-21-23										Form <b>990</b> (2023)

332007 12-21-23

Form 990 (2023)

8

	CENTER	F	OR	J	OU	RN	AI	ISTS, INC.	11-2724	905 Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploye	ees,	and	l Hig	ghes	t C	ompensated Employee	es (continued)	
(A) Name and title	<b>(B)</b> Average hours per	box,	not cl	ss per	ition more rson is	l than c s both r/trust	an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer		Highest compensated	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(18) MARK BAILEN DIRECTOR	4.00	x						0.	0.	0.
(19) LAURETTA BRUNO DIRECTOR	4.00	x						0.	0.	0.
(20) AHMED CHARAI DIRECTOR	4.00	x						0.	0.	0.
(21) DAVID ELLIOT COHEN DIRECTOR	4.00	x						0.	0.	0.
(22) JOHN DANISZEWSKI DIRECTOR	4.00	x						0.	0.	0.
(23) MICHAEL GREENSPON DIRECTOR	4.00	x						0.	0.	0.
(24) ALEX JONES	4.00									
DIRECTOR (25) BRENT JONES	4.00	X						0.	0.	0.
DIRECTOR (26) RIK KIRKLAND	4.00	X						0.	0.	0.
DIRECTOR 1b Subtotal		X						0. 1,506,909.	0.	0.
c Total from continuation sheets to Part VII	, Section A							0.	0.	0. 124,945.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not individuals)</li> </ul>										124,945.
compensation from the organization										Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su			-	•	•		•	• • •		3 X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization	4 X
5 Did any person listed on line 1a receive or a	ccrue compen	Isatio	on fr	om a	any	unre	late	ed organization or indivi	dual for services	5 X
rendered to the organization? <i>If</i> "Yes." <i>com</i>	olete Schedule	<u> </u>	or su	icn <u>p</u>	bers	on .				5 21
1 Complete this table for your five highest cor	npensated ind	lepei	nder	nt co	ontra	actor	s th	nat received more than \$	\$100,000 of compensa	tion from
the organization. Report compensation for t	he calendar ye	ear e	ndin	ıg wi	ith c	or wi	:hin		/ear.	
(A) Name and business	address							(B) Description of s	services	(C) Compensation
JULIE POSETTI, 67 HAMILTO UNITED KINGDOM OX2 7QA		0	XF	ORI	D,			DEPUTY VP, G RESEARCH		151,776.
COMMUNITY COUNSELLING SERVICE CO LLC FUNDRAISING										120,825.
		/			_ •	<u> </u>	-			
2 Total number of independent contractors (in \$100,000 of compensation from the organiz	-	ot lin	nited	l to t	thos 2		ted	above) who received m	ore than	
SEE PART VII, SECTION		IN	UΑ	TI			ΗE	ETS		Form <b>990</b> (2023)

12131113 745960 09506

Form 990 THE INT Part VII Section A. Officers, Directors,									<u>11-272</u>	4905
(A)	(B)		yee	<u>s, ar</u> ((		ngne	531 (	(D)	es (continued) (E)	(F)
(A) Name and title	(D) Average			بر Pos				Reportable	( <b>ב</b> ) Reportable	(r) Estimated
Name and the	hours	(cl	heck				Iv)	compensation	compensation	amount of
	per	(					.,,	from	from related	other
	week					yee		the	organizations	compensation
	(list any	rector				emplo		organization	(W-2/1099-MISC)	from the
	hours for	ordi	ee			ated		(W-2/1099-MISC)		organization
	related organizations	ustee.	trust		ee	npens				and related organizations
	below	dual tr	itiona	_	nploy	stcor	ar			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
(27) ANNE KORNBLUT	4.00									
DIRECTOR		Х						0.	0.	0.
(28) KATHLEEN LACEY	4.00									_
DIRECTOR		Х						0.	0.	0.
(29) MARCI MCCUE	4.00									-
DIRECTOR		х						0.	0.	0.
(30) PATTY MICHALSKI	4.00									
DIRECTOR		х						0.	0.	0.
(31) RODMAN MOORHEAD	4.00								0	0
DIRECTOR	4 00	X						0.	0.	0.
(32) SUDEEP REDDY	4.00								0	0
DIRECTOR	4 00	Х						0.	0.	0.
(33) ROG REHG	4.00	v						0.	0.	0.
DIRECTOR (34) MARIA RESSA	4.00	Х						0.	0.	0.
DIRECTOR	4.00	x						0.	0.	0.
(35) PETER SPEIGEL	4.00	^						0.	0.	0.
DIRECTOR	4.00	х						0.	0.	0.
(36) MARY ANN STERNBERG	4.00									
DIRECTOR	1.00	х						0.	0.	0.
(37) KRISSAH THOMPSON	4.00									
DIRECTOR		x						0.	0.	0.
(38) JOHN TOWRISS	4.00									
DIRECTOR		x						0.	0.	0.
(39) JOSE ZAMORA	4.00									
DIRECTOR		х						0.	Ο.	0.
(40) JOHN HEILEMANN	4.00									
DIRECTOR (UNTIL 5/2023)		Х						0.	0.	0.
		<u> </u>								
		1								
		1								
Total to Part VII, Section A, line 1c										

332201 04-01-23

		) (2023			L CEN	TER FOR J	JOURNALISTS	S, INC.	11-2724	905 Page 9
Pa	rt V	111	Statement of Revo	enue						
			Check if Schedule O co	ontains a i	response	or note to any lin		(=)	(2)	
							(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue		business revenue	from tax under
										sections 512 - 514
S S	1	<b>a</b> Fed	lerated campaigns		1a					
an'					1b					
ΩĘ			idraising events		1c	1,623,297.				
fts,					1d	, , , -				
i Gi			vernment grants (contrib		1e	5,682,271.				
Sins						0,002,2721				
er ri			other contributions, gifts, gr			2 004 549				
Contributions, Gifts, Grants and Other Similar Amounts			ilar amounts not included a		1f	3,904,548.				
ont		-	cash contributions included in lin	nes 1a-1f	1g \$		11 010 110			
<u>م ب</u>		h Tot	al. Add lines 1a-1f				11,210,116.			
						Business Code				
e	2	a <u>INF</u>	ORMATION FEES			900099	172,939.			
e či		b MAN	IAGEMENT FEES			900099	12,618.	12,618.		
Se		c ADV	<b>TERTISING</b>			900099	4,250.		4,250.	
am		d								
Program Service Revenue		e								
Pro		f All o	other program service re	evenue						
			al. Add lines 2a-2f				189,807.			
	3		estment income (includir							
	•			•			296,613.			296,613.
	4		ome from investment of				, -			,
	5									
	5	поу	alties		Real	(ii) Personal				
	~	- 0			nical					
	6			6a						
		b Less: rental expenses 6b c Rental income or (loss) 6c								
				6c						
			rental income or (loss).		<u></u>	(II) A.I.				
	7	<b>7 a</b> Gross amount from sales of assets other than inventory <b>7a</b> (i) Securities (i) Securities <b>7a</b> 2,819,347.		(ii) Other						
		asse	ets other than inventory	7a 2,8	19,347.					
		b Les	s: cost or other basis							
en		and			69,889.					
evenue		<b>c</b> Gai	n or (loss)	7c -	50,542.					
Re		d Net	gain or (loss)				-50,542.			-50,542.
Other R	8	<b>a</b> Gros	ss income from fundraising	g events (n	ot					
₹		incl	uding \$ 1 , 62	23,297.	of					
		con	tributions reported on li	ne 1c). Se	e					
		Par	t IV, line 18		8a	33,250.				
			s: direct expenses			703,733.				
			income or (loss) from fu				-670,483.			-670,483.
			ess income from gaming							
	-		t IV, line 19							
			s: direct expenses							
			income or (loss) from ga		·····					
			ess sales of inventory, less							
	10									
			allowances							
			s: cost of goods sold							
-+		c Net	income or (loss) from sa	ales of Inv	entory	Duoinana Orat				
sr						Business Code	15 450			15 450
eor	11	a <u>cc</u>	REBATES			900099	15,458.			15,458.
en		b								
sev.		c								l
Miscellaneous Revenue			other revenue							
-		e Tot	al. Add lines 11a-11d	<u></u>			15,458.			
	12	Tota	al revenue. See instruction	IS			10,990,969.	185,557.	4,250.	-408,954.
33200	9 12-3	21-23								Form <b>990</b> (2023

11

	1 990 (2023) THE INT'L CI rt IX Statement of Functional Expense	ENTER FOR JOU es	JRNALISTS, IN	IC. 11-2	724905 Page <b>10</b>
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All othe	er organizations must cor	nplete column (A).	
	Check if Schedule O contains a respon		this Part IX	(0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	814,804.	814,804.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	17,450.	17,450.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign	A 478 E06	4 479 506		
	individuals. See Part IV, lines 15 and 16	4,478,596.	4,478,596.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	861,427.	226,853.	335,376.	299,198.
6	trustees, and key employees	001,427.	220,033.	555,570.	299,190.
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	2,524,362.	1,518,197.	627,258.	378,907.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	97,184.	54,516.	21,727.	20,941.
9	Other employee benefits	97,184. 783,193.	411,227.	215,552.	20,941. 156,414.
10	Payroll taxes	310,527.	162,786.	85,419.	62,322.
11 a	Fees for services (nonemployees): Management				
b	Legal	121,191.	10,489.	110,702.	
c	Accounting	166,638.	9,886.	154,374.	2,378.
d	Lobbying				· · · ·
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	44,272.		44,272.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	3,531,557.	3,386,063.	88,924.	56,570.
12	Advertising and promotion	10,573.	6,876.	3,697.	
13	Office expenses	172,791.	116,844.	52,770.	3,177.
14	Information technology	312,199.	108,827.	203,185.	187.
15	Royalties				
16	Occupancy	526,039.		526,039.	
17	Travel	668,269.	594,564.	41,364.	32,341.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings	163,599.	149,970.	7,355.	6,274.
20	Interest				
21	Payments to affiliates	24.252		24.252	
22	Depreciation, depletion, and amortization	31,960.	0.07	31,960.	
23	Insurance	67,535.	207.	67,328.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PER DIEMS	1,247,110.	1,244,826.	66.	2,218.
b	SUBSCRIPTIONS & DUES	113,156.	63,945.	40,302.	8,909.
с	PAYROLL PROCESSING	33,454.		32,704.	
d	MAINTENANCE & REPAIRS	7,004.		6,805.	
е	All other expenses	84,846.	8,577.	73,464.	2,805.
25	Total functional expenses. Add lines 1 through 24e	17,189,736.	13,386,452.	2,770,643.	1,032,641.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

332010 12-21-23

Form 990 (2023)

# 12131113 745960 09506

Check here \_\_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

13 2023.05000 THE INT'L CENTER FOR JOUR 09506\_1

Form 990 (	2023)	THE	INT'L	CENTER	FOR	JOURNALISTS,	INC.
Part X	Balance Sheet						

11-2724905 Page 11

	1	Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	102,125.	1	534,466
	2	Savings and temporary cash investments		2	2,723,116
	3	Pledges and grants receivable, net		3	6,721,739
	4	Accounts receivable, net		4	260,296
	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		-	
	•			6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9		1 1 5 0 0 2 5	9	160,190.
				3	100,190
	IUa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	36		
	h	Less: accumulated depreciation 10b 181,8	75. 299,521.	10c	267,561.
				11	6,951,618.
	11	Investments - publicly traded securities		12	0,551,010
	12	Investments - other securities. See Part IV, line 11			
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	2 010 250
	15	Other assets. See Part IV, line 11	00 540 000	15	3,918,359. 21,537,345.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,607,866
	17	Accounts payable and accrued expenses		17	1,007,000.
	18	Grants payable		18	106 164
	19	Deferred revenue		19	106,164.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		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	4 800 104		4 440 050
		of Schedule D	4,788,194.		4,449,050.
	26	Total liabilities. Add lines 17 through 25	5,669,960.	26	6,163,080.
6		Organizations that follow FASB ASC 958, check here			
če		and complete lines 27, 28, 32, and 33.	2 2 2 2 2 2 2		0 055 050
Ian	27	Net assets without donor restrictions		27	2,955,059.
B	28	Net assets with donor restrictions	24,567,681.	28	12,419,206.
pun		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
	20	Total net assets or fund balances	27,849,032.	32	15,374,265.
Se l	32		33,518,992.		21,537,345.

Form	1990 (2023) THE INT'L CENTER FOR JOURNALISTS, INC.	11-	27249	05	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,			
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,	<u>198</u>	,70	<u>67.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,			
5	Net unrealized gains (losses) on investments	5		785	, 50	00.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	-7,			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-25	,78	81.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	15,	374	, 20	65.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
			_	`	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	_			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it 🛛			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	L

Form **990** (2023)

332012 12-21-23

SCHEE	OULE A								OMB No. 1545-0047
(Form 99	0)			rity Status an					つりつつ
		Co	• •	ization is a section 501 47(a)(1) nonexempt cha			or a section		Ζυζυ
	f the Treasury		At	ttach to Form 990 or Fo	orm 990-E	Ζ.			Open to Public
Internal Reve			Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.		Inspection
Name of	he organizatio					а тато	<b>1</b>		identification number
Part I	Reason			ER FOR JOURNA (All organizations must c					1-2724905
							ee instruction	IS.	
1		•	•	For lines 1 through 12, c on of churches described		,	IVAVi)		
2				Attach Schedule E (Forn			•,~,'}•		
3				anization described in so		)(b)(1)(A)(ii	i).		
4	•	•		njunction with a hospital			•	)(iii). Enter	the hospital's name,
	city, and state	-	·	, ,					
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
	section 170(	b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organizati	on that norma	Illy receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from tl	ne general p	oublic described in
	section 170(I	<b>)(1)(A)(vi).</b> (C	omplete Part II.)						
8	-			(1)(A)(vi). (Complete Par					
9	0	-		in section 170(b)(1)(A)(				•	•
	-	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
10	university:	an that narma	llu rocciuco (1) moro	than 33 1/3% of its supp	art from a	ontribution	o momborok	in face on	l areas ressints from
10				t to certain exceptions; a					
				(less section 511 tax) fro	. ,			••	•
			mplete Part III.)			ses acqui		jainzation a	
11				vely to test for public sa	fetv. See	section 50	)9(a)(4).		
12	-	-	-	vely for the benefit of, to	•			rry out the	purposes of one or
	-	-	-	d in section 509(a)(1) d	-			•	
			-	f supporting organizatior					
a	<b>Type I.</b> A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	ypically by	giving
	the support	ed organizatio	on(s) the power to rea	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	pporting
	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b	<b>Type II.</b> A s	upporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ing
		-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
_	¬ ~	.,	t complete Part IV,						
с		-	• •	g organization operated				lly integrate	d with,
a [		0	()(	<ol> <li>You must complete I porting organization oper</li> </ol>	,			tod organi-	votion(o)
d	- ,,	-		ation generally must sat				0	()
		,	0 0	nplete Part IV, Sections	,		•	anattentiv	01035
e	- ·		,	written determination fro				II, Type III	
		0		nally integrated supporti			· )  ·, · )	, . ,	
f Ente	er the number of	-	rachizationa						
g Pro	vide the followi	ng informatior	n about the supporte	d organization(s).					
	i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
	organization			above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)

Total

### Schedule A (Form 990) 2023 THE INT'L CENTER FOR JOURNALISTS, INC. 11-2724905 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	21495185.	<u>24753679.</u>	26381095.	12418643.	<u>11210116.</u>	96258718.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	01405405	04850680	0.001.005	10410640	11010110	0.000000
	Total. Add lines 1 through 3	21495185.	24753679.	26381095.	12418643.	11210116.	96258718.
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,						20020010
	column (f)						38037613.
	Public support. Subtract line 5 from line 4.						58221105.
	tion B. Total Support						(1) - (1)
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021 26381095.	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	21495185.	24/530/9.	20301095.	12418043.	<u>µ1210116.</u>	90230/10.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	104 270	126 140			206 612	1046004
	and income from similar sources	194,378.	136,149.	191,756.	228,088.	296,613.	1046984.
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		2 200			1 - 4 - 0	67 201
	assets (Explain in Part VI.)	55,223.	-3,300.			15,458.	
	Total support. Add lines 7 through 10						97373083.
	Gross receipts from related activities,		,			12	628,474.
13	First 5 years. If the Form 990 is for the	-					
800	organization, check this box and sto						·····
	ction C. Computation of Public			(f)			59.79 %
	Public support percentage for 2023 (					14	
	Public support percentage from 2022 33 1/3% support test - 2023. If the						
108							V
h	stop here. The organization qualifies 33 1/3% support test - 2022. If the		-		lino 15 ic 22 1/204		
U U	and stop here. The organization qua						
179	10% -facts-and-circumstances test						
170	and if the organization meets the fact						
	meets the facts-and-circumstances te			•		•	
h	10% -facts-and-circumstances test	-				17a and line 15 is	
2	more, and if the organization meets the	-					
	organization meets the facts-and-circ						
18	<b>Private foundation.</b> If the organization						
	······································	· • •	·- · -, · •	, , . <u>.</u> ,	,		(Form 990) 2023

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Schedule A (Form 990) 2023					JOURNALISTS,	INC.	11-2724905	Page 3
Part III Support Schedule fo	r Orga	nizations	Described	l in Se	ction 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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
<b>4</b> Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disgualified persons						
<b>b</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						
<b>c</b> 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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	6 (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the	•		-			ization,
check this box and stop here		<u></u>		<u></u>		
Section C. Computation of Publi					1 1	
15 Public support percentage for 2023 (I			column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inves						
<ul><li>17 Investment income percentage for 20</li><li>18 Investment income percentage from 3</li></ul>					17 18	<u>%</u> %
19a 33 1/3% support tests - 2023. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2022. If the						3%, and
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization						
332023 12-21-23						lule A (Form 990) 2023
		17				

2023.05000 THE INT'L CENTER FOR JOUR 09506\_\_1

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

332024 12-21-23

Schedule A (Form 990) 2023 2023.05000 THE INT'L CENTER FOR JOUR 09506\_\_1

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### Schedule A (Form 990) 2023 THE INT'L CENTER FOR JOURNALISTS, INC. 11-2724905 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			

1 Did the governing body, members of the governing body, officers acting in their official capacity, or member more supported organizations have the power to regularly appoint or elect at least a majority of the organizations, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizeffectively operated, supervised, or controlled the organization's activities. If the organization had more than organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocate supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year?	ation's officers, zation(s) one supported ed among the	
	ai.	ľ
2 Did the organization operate for the benefit of any supported organization other than the supported		

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes
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 ergenization(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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in <b>Part VI</b> the role the organization's	2		
	supported organizations played in this regard	3		

# Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	vear (see instructions	;).
---	------------------------	-----

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supported a governmental entity (see instruction <u>s).</u>	
---	--	---	--	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes

1

2

No

No

Yes No

12131113 745960 09506

2023.05000 THE INT'L CENTER FOR JOUR 09506\_\_1

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	dule A (Form 990) 2023 THE INT'L CENTER FOR JC			1-2724905 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2023

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THE	INT'L	CENTER	FOR	JOURNALISTS,	INC.	11-2724905
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_		TER FOR JOURNAL			1-2724905 Page 7
Par		(a)(3) Supporting Orga	nizations (continu	<u>led)</u>	
	on D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity	2			
	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets	· · · · · · · Dout VII)		4	
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval required - prior Other distributions	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6 7	
<u>7</u> 8	<b>Total annual distributions.</b> Add lines 1 through 6.	a organization is responsive			
0	Distributions to attentive supported organizations to which th	le organization is responsive		8	
	(provide details in Part VI). See instructions. Distributable amount for 2023 from Section C, line 6			0 9	
9	÷			9 10	
10	Line 8 amount divided by line 9 amount	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2023	าร	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	THE INT	'L CENTER	FOR JOUR	RNALISTS,	INC.	11-2724905 Page 8
Part VI	Supplemental Info Part IV, Section A, lines	rmation. Prov 1, 2, 3b, 3c, 4b, 4 , lines 2 and 3; P	ide the explanatior 4c, 5a, 6, 9a, 9b, 9 art IV, Section E, li	ns required by Pa c, 11a, 11b, and nes 1c, 2a, 2b, 3	art II, line 10; Part 11c; Part IV, Sect a, and 3b; Part V,	II, line 17a or tion B, lines 1 line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
332028 12-21-	23						Schedule A (Form 990) 2023
				22			

\*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

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

Department of the Treasury Internal Revenue Service

Schedule B

(Form 990)

Name of the organization

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2023

Employer identification number

THE INT'L CENTER FOR JOURNALISTS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,782,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$995,594.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$587,856.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$535,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$500,000.	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Employer identification number

11-2724905

323452 12-26-23

12131113 745960 09506

# THE INT'L CENTER FOR JOURNALISTS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
7		\$_	325,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
8		\$_	300,829.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
9		\$_	286,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$_	Total contributions	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
11		\$_	250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
12		\$_	249,047.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

12131113 745960 09506

Employer identification number

11-2724905

Schedule B (Form 990) (2023)

Name of organization

Schedule B (Form 990) (2023)

THE INT'L CENTER FOR JOURNALISTS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$226,423.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

11-2724905

323452 12-26-23

12131113 745960 09506

HE IN	NT'L CENTER FOR JOURNALISTS, INC.	1	1-2724905
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		 \$	

27

Schedule B (Form 990) (2023)

2023.05000 THE INT'L CENTER FOR JOUR 09506\_\_1

11-2724905

Employer identification number

	B (Form 990) (2023) organization		Page <b>4</b> Employer identification number
	NT'L CENTER FOR JOURNAL		11-2724905
Part III	from any one contributor. Complete columns (a	a) through (e) and the following line entry. charitable, etc., contributions of <b>\$1,000 or les</b>	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations § for the year. (Enter this info. once.) \$
(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, a	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
	Transferee's name, address, a	(e) Transfer of gift	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
	Transferee's name, address, a	(e) Transfer of gift 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, a		Relationship of transferor to transferee
323454 12-2	6-23		Schedule B (Form 990) (2023)

28 2023.05000 THE INT'L CENTER FOR JOUR 09506\_\_1

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
	n 990)	Complete if the orga	nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2023
	tment of the Treasury I Revenue Service	Α	ttach to Form 990. 0 for instructions and the latest informatio	n	Open to Public Inspection
	e of the organizati				yer identification number
Nam			DR JOURNALISTS, INC.		11-2724905
Pa	rt I Organiza		d Funds or Other Similar Funds or	Accounts	
		n answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds	and other accounts
1	Total number at er	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4	Aggregate value a	t end of year			
5	5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds				
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring				
De	impermissible priv				Yes No
			ganization answered "Yes" on Form 990, Par	t IV, line 7.	
1		servation easements held by the organization	· · · · · · · · · · · · · · · · · · ·		
		n of land for public use (for example, recrea	· _		•
	_	of natural habitat	Preservation of a c	certified histo	ric structure
•		n of open space			
2	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.				
-					
a b					
c	b       lotal acreage restricted by conservation easements       2b         c       Number of conservation easements on a certified historic structure included on line 2a       2c				
d		vation easements included on line 2c acqu			
-		•		2d	
3			eased, extinguished, or terminated by the or		ring the tax
	year			0	0
4	Number of states	where property subject to conservation eas	ement is located		
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enf	forcement of the conservation easements it	holds?		Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easeme	ents during the year
7	Amount of expense	ses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservatior	n easements o	during the year
8	Does each conser	vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)	(B)(i)	
	and section 170(h				Yes No
9		•	on easements in its revenue and expense sta		
			ote to the organization's financial statements	s that describ	es the
Pa		ounting for conservation easements.	Art, Historical Treasures, or Othe	r Similar <i>I</i>	lesete
		f the organization answered "Yes" on Form			
10				balanco shor	t works
Id	-	· ·	8, not to report in its revenue statement and lic exhibition, education, or research in furth		
		· ·	icial statements that describes these items.	oranoe or put	
b	· •		8, to report in its revenue statement and bala	ance sheet wo	orks of
~	-		exhibition, education, or research in furthera		
		ing amounts relating to these items.			· · · ,
	-	-		\$	
				•	
2	.,		asures, or other similar assets for financial ga		
		unts required to be reported under FASB A			

b	Assets included in Form 990, Part X
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
332051	09-28-23

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

\$

\$

12131113 745960 09506

29							
2023.05000	THE	INT'L	CENTER	FOR	JOUR	09506_	_1

	dule D (Form 990) 2023 THE INT '	L CENTER F				<u>11-27</u> r Assets			<sub>age</sub> 2
3	Using the organization's acquisition, accessio						(contin	uea)	
3		n, and other records	, check any of the r	ollowing that make	Significanti				
_	collection items (check all that apply).			<b>.</b>					
a	Public exhibition	a		hange program					
b	Scholarly research	e	Other						
c	Preservation for future generations								
4	Provide a description of the organization's col					se in Part	XIII.		
5	During the year, did the organization solicit or			•			٦	_	٦
De	to be sold to raise funds rather than to be main						Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		e if the organization	answered "Yes" or	1 Form 990,	, Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custodia						_		
	on Form 990, Part X?					L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	owing table:						
							Amount		
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fo				ility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	<b>t V Endowment Funds</b> Complete if								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	,	(e) Four		
1a	Beginning of year balance	5,939,711.	7,615,146.	6,579,292.		42,115.	5,	039,	612.
b	Contributions	25,113.		484,056.	2	75,477.			
с	Net investment earnings, gains, and losses	812,446.	-1,153,328.	870,864.	9	88,034.		896,	124.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	234,027.	522,107.	319,066.	4	26,334.		193,	621.
f	Administrative expenses								
g	End of year balance	6,543,243.	5,939,711.	7,615,146.	6,5	79,292.	5,	742,	115.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	44.2200	%						
b	Permanent endowment 36.6400	%							
с	Term endowment 19.1400 %	6							
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
3a	Are there endowment funds not in the posses	sion of the organizat	tion that are held an	d administered for t	he				
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		Х
							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat						3b		
4	Describe in Part XIII the intended uses of the								
Par									
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	(, line 10.				
	Description of property	(a) Cost or ot	her <b>(b)</b> Cost	or other (c)	Accumulate	ed	(d) Bool	k valu	e
		basis (investm	• • •		epreciation		(,		
1a	Land	`							
	Buildings								
	Leasehold improvements		34	3,709.	86,6	12.	25	7,0	97.
	Equipment			7,438.	17,4			, •.	0.
	Other			8,289.	77,8		1(	),4	
	. Add lines 1a through 1e. (Column (d) must ec							7,5	
TOLD	a nua mos ra mough re. (Column (a) must ec	<u>iuai FUIIII 990, Part X</u>	<u>, iirie roc, column</u>	( <i>D)</i>		Schedule			
						Jonedule	וווט ון ייבי	. ວອບ)	2020

Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line (b) Book value	<ul> <li>(c) Method of valuation: Cost or end</li> </ul>	
(a) Description of security or category (including name of security)	(b) BOOK value	(c) Method of Valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
<ul> <li>(2) Closely held equity interests</li> <li>(3) Other</li> </ul>			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1) RIGHT OF USE ASSET			3,918,359.
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9) Total (Optimum (h) must a must form 000 Part V (ing 15 part)			3,918,359.
Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes"			
I.         (a) Description of liability			(b) Book value
(1) Federal income taxes			(1) 20011 10.000
(1) PEGERATING LEASE LIABILITY			4,449,050.
(3)			1,115,0000
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25. col	. <i>(</i> B))		4,449,050.
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under		-	·

THE INT'L CENTER FOR JOURNALISTS, INC. 11-2724905 Page 3

Schedule D (Form 990) 2023

332053 09-28-23

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 THE INT'L CENTER FOR JOURNA	ALISTS,	INC.	11-	2724905 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With R	evenue per Re	turn	
	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	12,437,930.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	785,500.		
b	Donated services and use of facilities	2b	2,000.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	703,733.		
е	Add lines 2a through 2d			2e	<u>1,491,233.</u> 10,946,697.
3	Subtract line 2e from line 1			3	10,946,697.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	44,272.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	<u>44,272.</u> 10,990,969.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per H	letur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	17,851,197.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	2,000.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)	2d	703,733.		
е	Add lines 2a through 2d			2e	705,733.
3	Subtract line 2e from line 1			3	17,145,464.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	44,272.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	44,272.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	17,189,736.
Pa	t XIII Supplemental Information				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b a	nd 2b; Part V, line 4	; Part )	X, line 2; Part XI,

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.

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES REPORTED AS EXPENSE ON THE

703,733.

FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON

FORM 990, PART VIII, LINE 8B.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES REPORTED AS EXPENSE ON THE

703,733.

# FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON

332054 09-28-23

FORM 990, PART VIII, LINE 8B.	Schedule D (Form 990) 2023 Part XIII Supplemental Infor	THE	INT'L	CENTER	FOR	JOURNALISTS,	INC.	11-2724905	Page 5
				)					
	FORM 990, PART VIII,	, LIN	IE 8B.						
Schedule D (Form 990) 2023								Cohodula D /Faure 1	

332055 09-28-23

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ntes	OMB No. 1545-0047
(Form 990)	Complete if the	organization a	nswered "Yes" on Form 990, Part IV,	line 14b, 15, o	or 16.	2023
Department of the Treasury Internal Revenue Service	Gotow	ww.irs.cov/Form	Attach to Form 990. 1990 for instructions and the latest i	nformation		Open to Public Inspection
Name of the organization	0.010 //	ww.ii3.govii oiii			Employer i	dentification number
	<b>N TON TO</b>				11 070	4005
THE INT'L CENTE			side the United States. Complete	ete if the organ	11-272	
Form 990, Part IV				ete il tile orgai		
-	•		ds to substantiate the amount of its gra the selection criteria used to award the		-	X Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	e outside the
			an be duplicated if additional space is n			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	<ul> <li>(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)</li> </ul>	is a pro describe	vity listed in (o gram service, e specific type (s) in the regio	expenditures for and investments
CENTRAL AMERICA AND				TRAINING AN	ID NETWORK	
THE CARIBBEAN	0	0	PROGRAM SERVICES	BUILDING		153,424.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION			120 160
	0	0	LOCATED IN THE REGION			129,160.
CENTRAL AMERICA AND	0	0				9,100
THE CARIBBEAN	0	0	MANAGEMENT AND R&D			8,109.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	TRAINING AN BUILDING	ID NETWORK	211,619.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION			54,500.
EAST ASIA AND THE						
PACIFIC	0	0	MANAGEMENT AND R&D			548.
EUROPE	0	1	PROGRAM SERVICES	TRAINING AN BUILDING	ID NETWORK	472,173.
			CRANME TO RECEDERING			
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION			182,610.
3 a Subtotal	0	2				1,212,143.
<b>b</b> Total from continuation sheets to Part I	0	0				8,134,954.
c Totals (add lines 3a and 3b)	0	2				9,347,097.

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

1

Schedule F (Form 990) Part I Continuation	on of Activities	s per Region	FOR JOURNALISTS, II (Schedule F (Form 990), Part I, line 3	3)	24905 Page
<b>(a)</b> 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
EUROPE	0	0	MANAGEMENT AND R&D		105,182
EUROPE	0	0	FUNDRAISING		2,347
MIDDLE EAST AND				TRAINING AND NETWORK	
NORTH AFRICA	0	0	PROGRAM SERVICES	BUILDING	610,988.
MIDDLE EAST AND			GRANTS TO RECIPIENTS		
NORTH AFRICA	0	0	LOCATED IN THE REGION		263,634.
MIDDLE EAST AND					
NORTH AFRICA	0	0	MANAGEMENT AND R&D		27.
MIDDLE EAST AND					
NORTH AFRICA	0	0	FUNDRAISING		329.
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAINING AND NETWORK BUILDING	862,781.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		298,934.
					250,554
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	TRAINING AND NETWORK BUILDING	79,710.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		20,440.
Totals	•				

Schedule F (Form 990) Part I Continuati	THE INT '	L CENTER s per Regior	FOR JOURNALISTS, II	NC. 11-27249	05 Page
(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
				TRAINING AND NETWORK	
SOUTH AMERICA	0	0	PROGRAM SERVICES	BUILDING	1,428,952
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		3,078,586
SOUTH AMERICA	0	0	MANAGEMENT AND R&D		2,346.
SOUTH AMERICA	0	0	FUNDRAISING		5,072.
SOUTH ASIA	0	0	PROGRAM SERVICES	TRAINING AND NETWORK BUILDING	315,703.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		185,520
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAINING AND NETWORK BUILDING	609,035.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		265,211.
SUB-SAHARAN AFRICA	0	0	MANAGEMENT AND R&D		157.
Totals					8,134,954

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	LATAM ACCELERATORS	15,100.	WIRE TRANSFER	٥.		
			MENA STRENGTHENING PROFESSIONAL INDEPENDENT					
		NORTH AMERICA	JOURNALISM	7,950.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	٥.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND NORTH AFRICA	GNI STARTUPS LAB MENA	7,500.	WIRE TRANSFER	0.		
			GLOBAL DISARMING DISINFORMATION					
		SOUTH AMERICA	SCRIPPS	17,100.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15.000.	WIRE TRANSFER	0.		
				, ,				
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	٥.		

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

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

Page 2

Schedule F (Form 990)			FOR JOURNALISTS		11-27			Page <b>2</b>
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH AMERICA	LATAM ACCELERATORS	15,700.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	28,600.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	50,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	10,600.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GLOBAL DISARMING DISINFORMATION SCRIPPS	9 998.	WIRE TRANSFER	0.		
			ITAJ'S SUSTAINABILITY					
		SOUTH AMERICA	нив	13,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	KNIGHT FELLOWSHIPS	13,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,700.	WIRE TRANSFER	0.		

Schedule F (Form 990)	THE I	NT'L CENTER	FOR JOURNALISTS	, INC.	11-27	24905		Page <b>2</b>
Part II Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				15 000				
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15 000	WIRE TRANSFER	0.		
				15,000.				
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,100.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL DISARMING DISINFORMATION SCRIPPS	10 000	WIRE TRANSFER	0.		
				10,000.				
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	Ο.		

Schedule F (Form 990)			FOR JOURNALISTS		11-27			Page <b>2</b>
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
			ARGENTINA ADEPA					
		SOUTH AMERICA	PROGRAM META	10,500.	WIRE TRANSFER	٥.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15 000	WIRE TRANSFER	٥.		
			ARGENTINA ADEPA					
		SOUTH AMERICA	PROGRAM META	8,000.	WIRE TRANSFER	0.		
			ARGENTINA ADEPA					
		SOUTH AMERICA	PROGRAM META	43,000.	WIRE TRANSFER	٥.		
			ARGENTINA ADEPA					
		SOUTH AMERICA	PROGRAM META	13,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15 700	WIRE TRANSFER	0.		
		DOUTH AMERICA	DITITI ACCELERATORS	15,700.	THE INANOPER	J.		
			ARGENTINA ADEPA					
		SOUTH AMERICA	PROGRAM META	8,000.	WIRE TRANSFER	0.		

Schedule F (Form 990)	THE I	NT'L CENTER	FOR JOURNALISTS	, INC.	11-27	24905		Page <b>2</b>
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	)	-
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	35,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	8,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	25,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	8,000.	WIRE TRANSFER	0.		

Schedule F (Form 990)			FOR JOURNALISTS		11-27			Page <b>2</b>
	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9			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	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	15 000	WIRE TRANSFER	0.		
				15,000.				
			ARGENTINA ADEPA					
		SOUTH AMERICA	PROGRAM META	20,000.	WIRE TRANSFER	0.		
			ARGENTINA ADEPA					
		SOUTH AMERICA	PROGRAM META	8,000.	WIRE TRANSFER	0.		
		CONTRACT AND LON	ARGENTINA ADEPA	25,000				
		SOUTH AMERICA	PROGRAM META	35,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	٥.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	28,750.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	60,000.	WIRE TRANSFER	٥.		

Schedule F (Form 990)			FOR JOURNALISTS		11-27			Page
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			1
<b>1</b> (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> 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, FM appraisal, other)
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	BRAZIL DISARM DISINFO	9,547.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	8,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	FACT-CHECKING TO STRENGTHEN DEMOCRACY	10,150.	WIRE TRANSFER	0.		
		EUROPE	ITAJ'S INNOVATE SPRINTS	10,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ITAJ'S INNOVATE SPRINTS	8,000.	WIRE TRANSFER	0.		
		EUROPE	ITAJ'S SUSTAINABILITY HUB	10,000.	WIRE TRANSFER	0.		
			ARGENTINA ADEPA					
		SOUTH AMERICA	PROGRAM META	13,000.	WIRE TRANSFER	٥.		

Schedule F (Form 990)			FOR JOURNALISTS,		11-27			Page <b>2</b>
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
			ITAJ'S SUSTAINABILITY					
		SOUTH ASIA	нив	10,000.	WIRE TRANSFER	0.		
			ARGENTINA ADEPA					
		SOUTH AMERICA	PROGRAM META	25,000.	WIRE TRANSFER	0.		
			ARGENTINA ADEPA					
		SOUTH AMERICA	PROGRAM META	20,000.	WIRE TRANSFER	0.		
			ARGENTINA ADEPA					
		SOUTH AMERICA	PROGRAM META	15,000.	WIRE TRANSFER	0.		
			GLOBAL DISARMING					
			DISINFORMATION					
		NORTH AMERICA	SCRIPPS	14,632.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	28 750	WIRE TRANSFER	0.		
		DOUTH AMERICA	LATAM ACCELERATORS	20,750.	MINE INANSPER	· ·		
		SOUTH AMERICA	LATAM ACCELERATORS	15 000.	WIRE TRANSFER	0.		
						- •		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		

Schedule F (Form 990)			FOR JOURNALISTS		11-27			Page <b>2</b>
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	1	-
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH AMERICA	LATAM ACCELERATORS	28,750.	WIRE TRANSFER	0.		
		SOUTH AMERICA	BRAZIL DISARM DISINFO	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ITAJ'S INNOVATE SPRINTS	10 000	WIRE TRANSFER	0.		
			JIKINIS	10,000.	WIRE IRANSFER			
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	35,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	15 000	WIRE TRANSFER	0.		

Schedule F (Form 990)	THE I	NT'L CENTER	FOR JOURNALISTS	, INC.	11-27	24905		Page <b>2</b>
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	15,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	GNI STARTUPS LAB MENA	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	FACT-CHECKING TO STRENGTHEN DEMOCRACY	13,300.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	8,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	GNI STARTUPS LAB MENA	35,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ITAJ'S INNOVATE SPRINTS	8,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ITAJ'S INNOVATE SPRINTS	10,000.	WIRE TRANSFER	0.		

Schedule F (Form 990)			FOR JOURNALISTS		11-27			Page <b>2</b>
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	1
<b>1</b> (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE	GNI STARTUPS LAB MENA	10,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	25,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	BRAZIL DISARM DISINFO	10,000.	WIRE TRANSFER	0.		
		RUSSIA &						
		NEIGHBORING	ITAJ'S SUSTAINABILITY					
		STATES	нив	10,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,700.	WIRE TRANSFER	0.		
				, ,				
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FN appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	GNI STARTUPS LAB MENA	10 000	WIRE TRANSFER	٥.		
			MENA STRENGTHENING	10,000.				
			PROFESSIONAL					
			INDEPENDENT					
		NORTH AMERICA	JOURNALISM	8,000.	WIRE TRANSFER	٥.		
			GLOBAL DISARMING DISINFORMATION					
		SOUTH AMERICA	SCRIPPS	9 965	WIRE TRANSFER	0.		
				5,500.				
			ARGENTINA ADEPA					
		SOUTH AMERICA	PROGRAM META	5,600.	WIRE TRANSFER	٥.		
		SOUTH AMERICA	LATAM ACCELERATORS	15 000.	WIRE TRANSFER	٥.		
				,				
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	٥.		
			ARGENTINA ADEPA					
		SOUTH AMERICA	PROGRAM META	13,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	٥.		
		1		1		1		

11-2724905

Page **2** 

THE INT'L CENTER FOR JOURNALISTS, INC.

SOUTH AMERICA

Schedule F (Form 990)

15,000.WIRE TRANSFER

Ο.

LATAM ACCELERATORS

Schedule F (Form 990)			FOR JOURNALISTS		11-27			Page <b>2</b>
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
			ARGENTINA ADEPA					
		SOUTH AMERICA	PROGRAM META	13,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		+
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		

Schedule F (Form 990)	THE I	NT'L CENTER	FOR JOURNALISTS	, INC.	11-27	24905		Page <b>2</b>
Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1		-
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	8,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	ITAJ'S INNOVATE SPRINTS MENA STRENGTHENING	10,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	PROFESSIONAL INDEPENDENT JOURNALISM	8,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	GNI STARTUPS LAB MENA	18,750.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	GNI STARTUPS LAB MENA	6,250.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOUTH ASIA RELIGIOUS FREEDOM	65,000.	WIRE TRANSFER	0.		
		EUROPE	GNI STARTUPS LAB MENA	11,250.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		

Schedule F (Form 990)			FOR JOURNALISTS,		11-27			Page <b>2</b>
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the I	Jnited States.	(Schedule F (Form 9			Т
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			ARGENTINA ADEPA					
		SOUTH AMERICA	PROGRAM META	28,000.	WIRE TRANSFER	٥.		
			ARGENTINA ADEPA					
		SOUTH AMERICA	PROGRAM META	25,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	15 000.	WIRE TRANSFER	٥.		
		SOUTH AMERICA	LATAM ACCELERATORS	15 000	WIRE TRANSFER	0.		
				13,000.		•.		
		COUNT AND TOA		15 700		0		
		SOUTH AMERICA	LATAM ACCELERATORS	15,700.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
			ARGENTINA ADEPA					
		SOUTH AMERICA	PROGRAM META	25,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		

Schedule F (Form 990)			FOR JOURNALISTS	-	11-27			Page 2
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		1
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			ARGENTINA ADEPA					
		SOUTH AMERICA	PROGRAM META	13,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,700.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,700.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
			MENA STRENGTHENING PROFESSIONAL					
		NORTH AMERICA	INDEPENDENT JOURNALISM	8,916.	WIRE TRANSFER	٥.		
		SUB-SAHARAN AFRICA	AFRICA RELIGIOUS FREEDOM	54 294	WIRE TRANSFER	0.		
						· · ·		
		SOUTH AMERICA	PROSAFE	212,743.	WIRE TRANSFER	0.		

Schedule F (Form 990)	THE I	NT'L CENTER	FOR JOURNALISTS	, INC.	11-27	24905		Page <b>2</b>
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	MEXICO BORDER REPORTING	96,199.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	TUNIS JOURNALISM CAPACITY BUILDING	5,832.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROSAFE	81,190.	WIRE TRANSFER	0.		
		EUROPE	NORTH MACEDONIA DISINFO TRAINING	35,461.	WIRE TRANSFER	0.		
		SOUTH ASIA	SRI LANKA INVESTIGATIVE JOURNALISM	68,320.	WIRE TRANSFER	0.		
		EUROPE	ONLINE VIOLENCE EARLY WARNING SYSTEM FOR WOMEN JOURNALISTS	86,215.	WIRE TRANSFER	0.		
		EAST ASIA	CHINA GLOBAL BUSINESS PROGRAM	52,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PROSAFE	23,777.	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	<b>(g)</b> Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	CENTRAL AMERICA						
GRANTS/AWARDS	AND THE CARIBBEAN	18	37,972.	WIRE TRANSFER	0.		
	EAST ASIA AND THE						
GRANTS/AWARDS	PACIFIC	1	2,000.	WIRE TRANSFER	0.		
KNIGHT FELLOWSHIP (FEE AND	EAST ASIA AND THE						
EXPENSES)	PACIFIC	1	9,674.	WIRE TRANSFER	0.		
GRANTS/AWARDS	EUROPE	9	17,183.	WIRE TRANSFER	0.		
KNIGHT FELLOWSHIP (FEE AND							
EXPENSES)	EUROPE	1	3,526.	WIRE TRANSFER	0.		
	MIDDLE EAST AND						
GRANTS/AWARDS	NORTH AFRICA	52	128,960.	WIRE TRANSFER	0.		
KNIGHT FELLOWSHIP (FEE AND	MIDDLE EAST AND						
EXPENSES)	NORTH AFRICA	2	30,900.	WIRE TRANSFER	0.		
GRANTS/AWARDS	NORTH AMERICA	57	145,433.	WIRE TRANSFER	0.		
	RUSSIA AND NEIGHBORING						
GRANTS/AWARDS	STATES	1	2,800.	WIRE TRANSFER	0.		

Schedule F (Form 990) 2023

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 NTS / AWARDS SOUTH AMERICA 140 590,750. WIRE TRANSFER

GRANTS/AWARDS	SOUTH AMERICA	140	590,750.	WIRE TRANSFER	٥.	
KNIGHT FELLOWSHIP (FEE AND						
EXPENSES)	SOUTH AMERICA	5	172,304.	WIRE TRANSFER	0.	
			,			
GRANTS/AWARDS	SOUTH ASIA	23	34,200.	WIRE TRANSFER	0.	
	SUB-SAHARAN					
GRANTS/AWARDS	AFRICA	57	80,450.	WIRE TRANSFER	٥.	
KNIGHT FELLOWSHIP (FEE AND	SUB-SAHARAN					
EXPENSES)	AFRICA	4	107,518.	WIRE TRANSFER	0.	

# THE INT'L CENTER FOR JOURNALISTS, INC.

Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)

<u>11-272490</u>5

(g) Description of

non-cash assistance

(f) Amount of

non-cash assistance Page 3

**(h)** Method of valuation (book, FMV, appraisal, other)

		THE	INT'	$\mathbf{L}$	CENTER	FOR	JOURNALISTS,	INC.	11-2724905	Page 4
Part IV	Foreign Form	S								

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 the Instructions for Form 926)	X 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	XNo
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 the Instructions for Form 5471)	Yes	X 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 the Instructions for Form 8621)	Yes	X 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 the Instructions for Form 8865)	Yes	X 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		
		X Yes	No
	the Instructions for Form 5713; don't file with Form 990)	121 165	

Schedule F (Form 990) 2023

332074 11-29-23

Schedule F (Form 990) 2023 THE INT'L CENTER FOR JOURNALISTS, INC.	11-2724905	Page 5
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	on. 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 FEL	LOWSHIP	
AGREEMENT THAT DETAILS THE REQUIRED PROGRAM ACTIVITES AND PR	OGRAM AND	
FINANCIAL REPORTS. FELLOWS ARE ASSIGNED TO A PROGRAM DIRECTO	R WHO MANAG	ES
THE OVERALL FELLOWSHIP. RECORDS ARE MAINTAINED ON EACH FELLO	W.	

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.

332075 11-29-23

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on				r 19,	or if the	2023
	c	organization entered more than \$15 Attach to Form 990 o	-		-			<b>CULU</b> Open to Public
Department of the Treasury Internal Revenue Service	Go t	to www.irs.gov/Form990 for instruction				n.		Inspection
Name of the organization	ו							entification number
		L CENTER FOR JOURI					11-2724	
	complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	red "Y	es" or	n Form 990, Part IV, li	ine 17	7. Form 990-E	Z filers are not
<ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solici</li> <li>d X In-person so</li> <li>2 a Did the organization</li> </ul>	ions email solicitations tations licitations on have a written c		tion of tion of fundra (includ	non-g gover lising	overnment grants nment grants events ficers, directors, trust	tees,	or X Ye	es 🗌 No
<b>b</b> If "Yes," list the 10 compensated at le	-	viduals or entities (fundraisers) pursua organization.	ant to	agree	ments under which th	ne fun	draiser is to b	е
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have cr or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) iundraiser red in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
COMMUNITY COUNSELL		IT TAKES A JOURNALIST -	Yes	No				
CO LLC - 527 MADISC	ON AVE, 5TH	CAMPAIGN IMPLEMENTATION		X	746,442.		120,825	. 625,617.
Total					746,442.		120,825	. 625,617.
3 List all states in whi or licensing.	ich the organizatio	on is registered or licensed to solicit c	contrib	utions	or has been notified	it is e	exempt from r	egistration
DC,MA								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

LHA 332081 09-13-23

THE INT'L CENTER FOR JOURNALISTS, INC. 11-2724905 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

Т		of fundraising event contributions and gro			(c) Other events	
			(a) Event #1	(b) Event #2	.,	(d) Total events
			ICFJ TRIBUTE TO JOURNALIS		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
P				(event type)	(total humber)	
Revenue	1	Gross receipts	910,105.	746,442.		1,656,547
	2	Less: Contributions	876,855.	746,442.		1,623,297
	3	Gross income (line 1 minus line 2)	33,250.			33,250
	4	Cash prizes		7,333.		7,333
	5	Noncash prizes				
DIrect Expenses	6	Rent/facility costs	130,250.			130,250
	7	Food and beverages				
-		Entertainment				
		Other direct expenses		240,940.		566,150
		Direct expense summary. Add lines 4 through				703,733
	11 rt I	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization		000 Dart IV line 10 ar r		-670,483
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Fait IV, iiile 19, 011	eponed more than	
Т				(b) Pull tabs/instant		(d) Total gaming (ad
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
Ĕ	1	Gross revenue				
2 2	2	Cash prizes				
Š	3	Noncash prizes				
5						
	4	Rent/facility costs				
	5	Other direct expenses				
╋	<u> </u>		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	No	
				· ·		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		or the state(s) in which the organization condu				
				states?		Yes N
а	ls t	he organization licensed to conduct gaming a				
а	ls t					
а	ls t	he organization licensed to conduct gaming a				
a b	ls ti If "I	he organization licensed to conduct gaming an No," explain:			ear?	
a b a	ls ti lf "I  We	he organization licensed to conduct gaming an No," explain:	evoked, suspended, or te	rminated during the tax y	ear?	YesN
a b a	ls ti lf "I  We	he organization licensed to conduct gaming an No," explain:	evoked, suspended, or te	rminated during the tax y	ear?	Yes N

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 THE INT'L CENTER FOR JOURNALISTS, INC. 11-2	724905	Page 3
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
	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	<u>%</u>
	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 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 \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
	Address		
16	Gaming manager information:		
10			
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatany diatributiona:		
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to		
		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 \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:	
/т	NAME OF FUNDRATCER. COMMUNITER COUNCELLING SERVICE CO LLC		
(1	) NAME OF FUNDRAISER: COMMUNITY COUNSELLING SERVICE CO LLC		
(I	) ADDRESS OF FUNDRAISER: 527 MADISON AVE, 5TH FL, NEW YORK, NY	10022	
<u>\                                    </u>	, ADDREDD OF FONDATION. 52, MADIDON AVE, 511 FE, NEW FORK, NT	10022	
_			
33208	33 09-13-23 Schedu	ule G (Form	990) 2023

Schedule G	G (Form 990) Supplemental Infor	THE	INT'L	CENTER	FOR	JOURNALISTS,	INC.	11-2724905	Page <b>4</b>
Part IV	Supplemental Infor	mation	(continued)						
								Schedule G (F	orm 990)

332084 04-01-23

SCHEDULE I (Form 990)	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.								
Department of the Treasury Attach to Form 990. Open to Public									
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspection		
Name of the organization THE INT'L	CENTER F	OR JOURNALI	STS, INC.				Employer identification number 11-2724905		
Part I General Information on Grants a	nd Assistance								
<ol> <li>Does the organization maintain records t criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	tance?				÷		on XYes No		
Part II Grants and Other Assistance to I		<u> </u>			nization answered "V	es" on Form 990 Par	IV line 21 for any		
recipient that received more than 9	-								
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> 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)	376,156.	0.			PROGRAM ASSISTANCE (SUBAWARD)		
SEMBRAMEDIA 1818 CLYDE AVE LOS ANGELES, CA 90019	47-5124565	501(C)(3)	39,078.	0.			PROGRAM ASSISTANCE (SUBAWARD)		
ARIZONA STATE UNIVERSITY PO BOX 876011 TEMPE, AZ 85287	86-0196696	501(C)(3)	61,531.	0.			PROGRAM ASSISTANCE (SUBAWARD)		
THE EURASIA FOUNDATION, INC 1990 K STREET, NW WASHINGTON, DC 20006	52-1780162	501(C)(3)	41,556.	0.			PROJECT GRANT		
CRAIG NEWMARK GRADUATE SCHOOL OF JOURNALISM CUNY FOUNDATION, INC 219 W 40TH ST - NEW YORK, NY 10018	46-5195587	501(C)(3)	100,000.	0.			PROJECT GRANT		
BELLATINO INTERNATIONAL GROUP LLC 919 N. MARKET ST., SUITE 725 WILMINGTON, DE 19801	35-2704857	OTHER	8,000.	0.			PROJECT GRANT		
<ul> <li>2 Enter total number of section 501(c)(3) at</li> <li>3 Enter total number of other organizations</li> </ul>	<b>.</b> .		e line 1 table				<u> </u>		

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

Schedule I (Form 990) 2023

# Schedule I (Form 990) THE INT'L CENTER FOR JOURNALISTS, INC.

11-2724905	Page 1
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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>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA STATE UNIVERSITY							
FOUNDATION FOR A NEW AMERICAN							
UNIVERSITY - 300 E. UNIVERSITY DR. 6TH FL - TEMPE, AZ 85281	86-6051042	501(C)(3)	134,980.	0.			PROJECT GRANT
	00 0001042	501(0)(3)	134,500.	••			FRODECT GRANT
ASSOCIATED PRESS							
200 LIBERTY STREET							
NEW YORK, NY 10281	13-0452880	OTHER	10,000.	0.			ITAJ INNOVATE SPRINTS
ETILAATROZ LLC 714 SILGO AVE, APT 203							MENA STRENGTHENING PROFESSIONAL INDEPENDENT
SILVER SPRING, MD 20910	88-2608851	ОТНЕВ	8,538.	0.			JOURNALISM
ROLLI LLC							
1212 5TH STREET, SUITE 1-400							
SANTA MONICA, CA 90401	84-2833895	OTHER	10,000.	0.			ITAJ INNOVATE SPRINTS
SOURCIBLE							
11501 DUBLIN BLVD.							
DUBLIN, CA 94568	87-4594830	OTHER	10,000.	0.			ITAJ INNOVATE SPRINTS

Schedule I (Form 990)

### Schedule I (Form 990) 2023

# 2023 THE INT'L CENTER FOR JOURNALISTS, INC.

11-2724905

Page 2

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>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GLOBAL NUTRITION & FOOD SECURITY REPORTING					
FELLOWSHIP GRANTS	1	5,650.	0.		
CFJ REPORTING GRANT	2	3,200.	0.		
META IMPULSO LOCAL ADEPA PROGRAM GRANT	1	5,000.	0.		
RANTS/AWARDS	6	3,600.	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

Schedule I	(Form 990)	THE ntal Information	INT'L (	CENTER	FOR JC	URNALIS	STS, IN	IC. 1	1-2724905	Page 2
THEIR	ABILITY	TO PERFOR	RM THE E	ROGRAM	ACTIV	ITIES,	FINANC	IAL STR	UCTURE AN	ID/OR
PRIME	DONOR'S	RECOMMENI	DATION.	THE GR	ANT RE	CIPIENT	S ARE	REQUIRE	D TO SIGN	N AND
ADHERI	E TO A GR	ANT AGREE	EMENT AN	ID SUBM	IT AUD	ITED RE	PORTS	WHEN AV	AILABLE.	
GRANT	AWARDS A	RE MONITO	DRED BY	A PROG	RAM DI	RECTOR.	RECOR	DS ARE	MAINTAINE	ED ON
EACH (	GRANTEE.									
_										
222001									Schedule I	(Form 990)
332291 04-01-23					65					

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SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2023		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ZU	ZJ	)
Dene	terrant of the Treasury		Open to Public			
	tment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	ne of the organization	1	Employer	identificatio	on nui	nber
		THE INT'L CENTER FOR JOURNALISTS, INC.	11-2	272490	5	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or d	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	<b>;</b>			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensation	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract					
	Independent of	ompensation consultant I Compensation survey or study				
	Form 990 of o	ther organizations $oxed{X}$ Approval by the board or compensation c	ommittee			
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 re	-				
а		e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?		4c		x
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
-		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the r			-		v
						X X
a		ation?		<u>5</u> b		
~		or 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of a section of	'n			
-	contingent on the r	-				v
						X X
b		ation?		<u>6b</u>		
-		or 6b, describe in Part III.				
1	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		x
~		nes 5 and 6? If "Yes," describe in Part III		7		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
~				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
⊢or	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Sche	dule J (Form	n 990)	2023

LHA 332111 11-06-23

## 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	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SHARON MOSHAVI	(i)	273,601.	0.	0.	16,500.	774.	290,875.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PATRICK BUTLER	(i)	186,155.	0.	0.	22,500.	1,188.	209,843.	0.
SR. VP, CONTENT & COMMUNITY	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) VJOLLCA SHTYLLA	(i)	175,047.	0.	0.	30,000.	1,188.	206,235.	0.
SR. VP, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LUIS BOTELLO	(i)	177,654.	0.	0.	6,117.	596.	184,367.	0.
DEPUTY VP, GLOBAL IMPACT & STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LANAEA FEATHERSTONE	(i)	151,862.	0.	0.	9,433.	180.	161,475.	0.
VP, PARTNERSHIPS & CULTURE	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ALIZA APPLEBAUM	(i)	148,127.	0.	0.	11,892.	162.	160,181.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARIO SCHERHAUFER	(i)	145,380.	0.	0.	8,855.	239.	154,474.	0.
VP, FINANCE & ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



THE INT'L CENTER FOR JOURNALISTS, INC. 11-2724905

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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.

EXPENSES \$ 469,776. INCLUDING GRANTS OF \$ 44,156. REVENUE \$ 0.

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

 For Paperwork
 Reduction
 Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023
 Schedule O (Form 990) 2023

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 332211
 11-14-23
 Schedule O (Form 990) 2023
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Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization THE INT'L CENTER FOR JOURNALISTS, INC.	Employer identification number 11-2724905
WHICH INVOLVES A CONFLICT OF INTEREST WITH A DIRECTOR, OFF	ICER, 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 B	OARD. THE
EXECUTIVE BOARD DETERMINES THE COMPENSATION OF THE PRESIDE	NT. THE
COMPENSATION IS DETERMINED ON THE BUDGET SIZE, OVERALL PER	FORMANCE AND
LOCATION OF THE ORGANIZATION. THE PROCESS INCLUDED COMPARA	BILITY DATA AND

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

NOVEMBER 2022.

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

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STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

SUBCONTRACTORS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

332212 11-14-23

271,894.

0.

0.

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Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization	Employer identification number
THE INT'L CENTER FOR JOURNALISTS, INC.	11-2724905

CONSULTANTS:	
PROGRAM SERVICE EXPENSES	2,596,385.
MANAGEMENT AND GENERAL EXPENSES	82,409.
FUNDRAISING EXPENSES	56,325.
TOTAL EXPENSES	2,735,119.
EVALUATOR FEES:	
PROGRAM SERVICE EXPENSES	123,155.
MANAGEMENT AND GENERAL EXPENSES	490.
FUNDRAISING EXPENSES	245.
TOTAL EXPENSES	123,890.
INTERPRETER/TRANSLATOR:	
PROGRAM SERVICE EXPENSES	203,289.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	203,289.
TRAINER/SPEAKER FEES:	
PROGRAM SERVICE EXPENSES	191,340.
MANAGEMENT AND GENERAL EXPENSES	6,025.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	197,365.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,531,557.

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

PRIOR YEAR GRANTS RESCINDED	BY DONORS	-25,781.
332212 11-14-23		Schedule O (Form 990) 2023
	71	
12131113 745960 09506	2023.05000 THE I	INT'L CENTER FOR JOUR 095061