

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE INT'L CENTER FOR JOURNALISTS, INC.		D Employer identification number 11-2724905
	Doing business as		E Telephone number (202) 737-3700
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	750 17TH STREET, NW	300	G Gross receipts \$ 14,564,591.
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006		
F Name and address of principal officer: SHARON MOSHAVI SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.ICFJ.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1984** **M** State of legal domicile: **MA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	67
	6 Total number of volunteers (estimate if necessary)	6	28
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,250.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	12,418,643.	11,210,116.
	9 Program service revenue (Part VIII, line 2g)	150,173.	189,807.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	335,835.	246,071.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-692,399.	-655,025.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,212,252.	10,990,969.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,680,807.	5,310,850.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,728,815.	4,576,693.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,032,641.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,344,314.	7,302,193.
18 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.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 33,518,992.	End of Year 21,537,345.
	21 Total liabilities (Part X, line 26)	5,669,960.	6,163,080.
	22 Net assets or fund balances. Subtract line 21 from line 20	27,849,032.	15,374,265.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	SHARON MOSHAVI, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	RICHARD J. LOCASTRO, CPA	<i>Richard J. Locastro</i>	11/13/2024		P00288314
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930	52-1392008	301-951-9090		

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

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

4a (Code:) (Expenses \$ 11,587,369. including grants of \$ 4,979,502.) (Revenue \$ 189,807.) ICFJ CONDUCTED HIGH-IMPACT PROGRAMS TO ENABLE JOURNALISTS, MEDIA PROFESSIONALS, AND MEDIA ORGANIZATIONS AROUND THE WORLD TO PRODUCE TIMELY, ACCURATE INFORMATION ON KEY ISSUES THROUGH COMPELLING STORYTELLING. WE SERVE OUR UNPARALLELED GLOBAL NETWORK BY PROVIDING TRAINING, MENTORING, FELLOWSHIPS OR FINANCIAL SUPPORT IN THE FIVE KEY AREAS: MEDIA INNOVATION, INVESTIGATIVE JOURNALISM, CRITICAL-ISSUES REPORTING, FINANCIAL SUSTAINABILITY AND RESEARCH AND RESOURCES.

4b (Code:) (Expenses \$ 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 (Code:) (Expenses \$ 573,720. including grants of \$ 276,842.) (Revenue \$) ICFJ'S KNIGHT INTERNATIONAL JOURNALISM FELLOWSHIPS PROGRAM IS DESIGNED TO INSTILL A CULTURE OF NEWS INNOVATION AND EXPERIMENTATION WORLDWIDE. THE GOAL IS TO SEED NEW IDEAS AND SERVICES THAT DEEPEN COVERAGE, EXPAND NEWS DELIVERY AND ENGAGE CITIZENS IN THE EDITORIAL PROCESS. FUNDED BY THE JOHN S. AND JAMES L. KNIGHT FOUNDATION, FELLOWS BUILD ON PAST SUCCESSES IN THE KNIGHT PROGRAM, WHICH HAS A STRONG RECORD OF ACHIEVING IMPACT. THEY WORK IN COUNTRIES WHERE THERE IS A GOOD OPPORTUNITY TO CREATE THE NEWS MEDIA OF THE FUTURE. WITH ADDITIONAL SUPPORT FROM THE BILL & MELINDA GATES FOUNDATION, KNIGHT FELLOWS ARE EMPOWERING JOURNALISTS IN INDIA TO USE THE LATEST DIGITAL TOOLS TO TELL COMPELLING STORIES ON HEALTH AND DEVELOPMENT ISSUES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 469,776. including grants of \$ 44,156.) (Revenue \$)

4e Total program service expenses 13,386,452.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes rows 2a through 17 with various tax-related questions and answers.

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

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

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 31		
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 any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHARON MOSHAVI PRESIDENT	35.00	X		X				273,601.	0.	17,274.
(2) PATRICK BUTLER SR. VP, CONTENT & COMMUNITY	35.00				X			186,155.	0.	23,688.
(3) VJOLLCA SHTYLLA SR. VP, DEVELOPMENT	35.00				X			175,047.	0.	31,188.
(4) LUIS BOTELLO DEPUTY VP, GLOBAL IMPACT & STRATEGY	35.00					X		177,654.	0.	6,713.
(5) LANAEA FEATHERSTONE VP, PARTNERSHIPS & CULTURE	35.00					X		151,862.	0.	9,613.
(6) ALIZA APPLEBAUM VP, PROGRAMS	35.00					X		148,127.	0.	12,054.
(7) MARIO SCHERHAUFER VP, FINANCE & ADMINISTRATION	35.00			X				145,380.	0.	9,094.
(8) ROBERT TINSLEY SENIOR DIRECTOR, PROPOSALS	35.00					X		133,813.	0.	6,289.
(9) FRANLIS IVAREZ DIRECTOR, FINANCE	35.00					X		115,270.	0.	9,032.
(10) CARRIE BUDOFF BROWN CHAIR	4.00	X		X				0.	0.	0.
(11) MICHAEL GOLDEN VICE CHAIR	4.00	X		X				0.	0.	0.
(12) PAMELA HOWARD VICE CHAIR	4.00	X		X				0.	0.	0.
(13) MATTHEW WINKLER VICE CHAIR	4.00	X		X				0.	0.	0.
(14) JOHN MAXWELL HAMILTON TREASURER	4.00	X		X				0.	0.	0.
(15) JASON H. WRIGHT DEVELOPMENT CHAIR	4.00	X		X				0.	0.	0.
(16) MARCY MCGINNIS NOMINATING CHAIR	4.00	X		X				0.	0.	0.
(17) WENDELL REILLY CHAIR, AUDIT COMMITTEE	4.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) 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 DIRECTOR	4.00	X						0.	0.	0.
(25) BRENT JONES DIRECTOR	4.00	X						0.	0.	0.
(26) RIK KIRKLAND DIRECTOR	4.00	X						0.	0.	0.
1b Subtotal								1,506,909.	0.	124,945.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,506,909.	0.	124,945.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 12

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JULIE POSETTI, 67 HAMILTON ROAD, OXFORD, UNITED KINGDOM OX2 7QA	DEPUTY VP, GLOBAL RESEARCH	151,776.
COMMUNITY COUNSELLING SERVICE CO LLC 527 MADISON AVE, 5TH FL, NEW YORK, NY 10022	FUNDRAISING CONSULTANT	120,825.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,623,297.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,682,271.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,904,548.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			11,210,116.			
Program Service Revenue	2 a INFORMATION FEES	Business Code					
		900099	172,939.	172,939.			
	b MANAGEMENT FEES	900099	12,618.	12,618.			
	c ADVERTISING	900099	4,250.		4,250.		
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			189,807.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		296,613.			296,613.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				2,819,347.			
	b Less: cost or other basis and sales expenses	7b	2,869,889.				
	c Gain or (loss)	7c	-50,542.				
	d Net gain or (loss)			-50,542.		-50,542.	
8 a Gross income from fundraising events (not including \$ 1,623,297. of contributions reported on line 1c). See Part IV, line 18	8a		33,250.				
			703,733.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-670,483.		-670,483.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a CC REBATES	Business Code					
		900099	15,458.			15,458.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			15,458.				
12 Total revenue. See instructions			10,990,969.	185,557.	4,250.	-408,954.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	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 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, trustees, and key employees	861,427.	226,853.	335,376.	299,198.
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	783,193.	411,227.	215,552.	156,414.
10 Payroll taxes	310,527.	162,786.	85,419.	62,322.
11 Fees for services (nonemployees):				
a Management				
b Legal	121,191.	10,489.	110,702.	
c Accounting	166,638.	9,886.	154,374.	2,378.
d Lobbying				
e 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 O.)	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 ...				
19 Conferences, conventions, and meetings	163,599.	149,970.	7,355.	6,274.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,960.		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 O.)				
a PER DIEMS	1,247,110.	1,244,826.	66.	2,218.
b SUBSCRIPTIONS & DUES	113,156.	63,945.	40,302.	8,909.
c PAYROLL PROCESSING	33,454.	750.	32,704.	
d MAINTENANCE & REPAIRS	7,004.	199.	6,805.	
e 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. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	102,125.	1	534,466.
	2 Savings and temporary cash investments	5,438,655.	2	2,723,116.
	3 Pledges and grants receivable, net	16,092,582.	3	6,721,739.
	4 Accounts receivable, net	274,843.	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 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	158,035.	9	160,190.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 449,436.		
	b Less: accumulated depreciation	10b 181,875.		
	11 Investments - publicly traded securities	299,521.	10c	267,561.
	12 Investments - other securities. See Part IV, line 11	6,883,978.	11	6,951,618.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,269,253.	15	3,918,359.	
	33,518,992.	16	21,537,345.	
Liabilities	17 Accounts payable and accrued expenses	881,766.	17	1,607,866.
	18 Grants payable		18	
	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	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,788,194.	25	4,449,050.
	26 Total liabilities. Add lines 17 through 25	5,669,960.	26	6,163,080.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,281,351.	27	2,955,059.
	28 Net assets with donor restrictions	24,567,681.	28	12,419,206.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	27,849,032.	32	15,374,265.
33 Total liabilities and net assets/fund balances	33,518,992.	33	21,537,345.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,990,969.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,189,736.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,198,767.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,849,032.
5	Net unrealized gains (losses) on investments	5	785,500.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-7,035,719.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-25,781.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,374,265.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
b	X	
c	X	
3a	X	
3b	X	

Form 990 (2023)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(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.	24753679.	26381095.	12418643.	11210116.	96258718.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	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, column (f)						38037613.
6 Public support. Subtract line 5 from line 4.						58221105.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	21495185.	24753679.	26381095.	12418643.	11210116.	96258718.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 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 assets (Explain in Part VI.)	55,223.	-3,300.			15,458.	67,381.
11 Total support. Add lines 7 through 10						97373083.
12 Gross receipts from related activities, etc. (see instructions)					12	628,474.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	59.79	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	62.22	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable 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		
c	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.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

THE INT'L CENTER FOR JOURNALISTS, INC.

Employer identification number

11-2724905

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization THE INT'L CENTER FOR JOURNALISTS, INC.	Employer identification number 11-2724905
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>1,782,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>995,594.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>587,856.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>535,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE INT'L CENTER FOR JOURNALISTS, INC.	Employer identification number 11-2724905
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>325,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>300,829.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>286,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>280,633.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>249,047.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE INT'L CENTER FOR JOURNALISTS, INC.	Employer identification number 11-2724905
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>226,423.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE INT'L CENTER FOR JOURNALISTS, INC.	Employer identification number 11-2724905
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization THE INT'L CENTER FOR JOURNALISTS, INC.	Employer identification number 11-2724905
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, modified easements, states where located, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i) and (ii).

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include elected not to report art collections, elected to report art collections with revenue and asset amounts, and received or held art collections for financial gain.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,939,711.	7,615,146.	6,579,292.	5,742,115.	5,039,612.
b Contributions	25,113.		484,056.	275,477.	
c Net investment earnings, gains, and losses	812,446.	-1,153,328.	870,864.	988,034.	896,124.
d Grants or scholarships					
e Other expenditures for facilities and programs	234,027.	522,107.	319,066.	426,334.	193,621.
f Administrative expenses					
g End of year balance	6,543,243.	5,939,711.	7,615,146.	6,579,292.	5,742,115.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 44.2200 %
 - b Permanent endowment 36.6400 %
 - c Term endowment 19.1400 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		343,709.	86,612.	257,097.
d Equipment		17,438.	17,438.	0.
e Other		88,289.	77,825.	10,464.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				267,561.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET	3,918,359.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	3,918,359.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	4,449,050.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,449,050.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	12,437,930.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	785,500.	
b	Donated services and use of facilities	2b	2,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	703,733.	
e	Add lines 2a through 2d	2e		1,491,233.
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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	44,272.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		44,272.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		10,990,969.

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

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

1	Total expenses and losses per audited financial statements		1	17,851,197.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,000.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	703,733.	
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	44,272.	
b	Other (Describe in Part XIII.)	4b		
c	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.

Part XIII Supplemental Information

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

PART V, LINE 4:

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

PART 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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization THE INT'L CENTER FOR JOURNALISTS, INC.	Employer identification number 11-2724905
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAINING AND NETWORK BUILDING	153,424.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		129,160.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	MANAGEMENT AND R&D		8,109.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	TRAINING AND NETWORK BUILDING	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 AND NETWORK BUILDING	472,173.
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		182,610.
3 a Subtotal	0	2			1,212,143.
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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	MANAGEMENT AND R&D		105,182.
EUROPE	0	0	FUNDRAISING		2,347.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRAINING AND NETWORK BUILDING	610,988.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS 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.
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					

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAINING AND NETWORK 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) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	LATAM ACCELERATORS	15,100.	WIRE TRANSFER	0.		
		NORTH AMERICA	MENA STRENGTHENING PROFESSIONAL INDEPENDENT JOURNALISM	7,950.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	GNI STARTUPS LAB MENA	7,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL DISARMING DISINFORMATION SCRIPPS	17,100.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 6

3 Enter total number of other organizations or entities 145

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	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.		
		SOUTH AMERICA	ITAJ'S SUSTAINABILITY HUB	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.		

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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	10,500.	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	8,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	43,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	13,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,700.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	8,000.	WIRE TRANSFER	0.		

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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	20,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	8,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	35,000.	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	28,750.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	60,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	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.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	13,000.	WIRE TRANSFER	0.		

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

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

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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	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 STATES	ITAJ'S SUSTAINABILITY HUB	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 of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	GNI STARTUPS LAB MENA	10,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	MENA STRENGTHENING PROFESSIONAL INDEPENDENT JOURNALISM	8,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL DISARMING DISINFORMATION SCRIPPS	9,965.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	5,600.	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	13,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		

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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	8,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	ITAJ'S INNOVATE SPRINTS	10,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	MENA STRENGTHENING 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.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	28,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARGENTINA ADEPA PROGRAM META	25,000.	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	15,700.	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	LATAM ACCELERATORS	15,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ARGENTINA ADEPA 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.		
		NORTH AMERICA	MENA STRENGTHENING PROFESSIONAL INDEPENDENT JOURNALISM	8,916.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	AFRICA RELIGIOUS FREEDOM	54,294.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PROSAFE	212,743.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	MEXICO BORDER REPORTING	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	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GRANTS/AWARDS	CENTRAL AMERICA AND THE CARIBBEAN	18	37,972.	WIRE TRANSFER	0.		
GRANTS/AWARDS	EAST ASIA AND THE PACIFIC	1	2,000.	WIRE TRANSFER	0.		
KNIGHT FELLOWSHIP (FEE AND EXPENSES)	EAST ASIA AND THE 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.		
GRANTS/AWARDS	MIDDLE EAST AND NORTH AFRICA	52	128,960.	WIRE TRANSFER	0.		
KNIGHT FELLOWSHIP (FEE AND EXPENSES)	MIDDLE EAST AND NORTH AFRICA	2	30,900.	WIRE TRANSFER	0.		
GRANTS/AWARDS	NORTH AMERICA	57	145,433.	WIRE TRANSFER	0.		
GRANTS/AWARDS	RUSSIA AND NEIGHBORING STATES	1	2,800.	WIRE TRANSFER	0.		

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GRANTS/AWARDS	SOUTH AMERICA	140	590,750.	WIRE TRANSFER	0.		
KNIGHT FELLOWSHIP (FEE AND EXPENSES)	SOUTH AMERICA	5	172,304.	WIRE TRANSFER	0.		
GRANTS/AWARDS	SOUTH ASIA	23	34,200.	WIRE TRANSFER	0.		
GRANTS/AWARDS	SUB-SAHARAN AFRICA	57	80,450.	WIRE TRANSFER	0.		
KNIGHT FELLOWSHIP (FEE AND EXPENSES)	SUB-SAHARAN AFRICA	4	107,518.	WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ICFJ TRIBUTE TO JOURNALIS (event type)	IT TAKES A JOURNALIST (event type)	NONE (total number)	
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.
Direct Expenses	4	Cash prizes		7,333.	7,333.
	5	Noncash prizes			
	6	Rent/facility costs	130,250.		130,250.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	325,210.	240,940.	566,150.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			703,733.
11	Net income summary. Subtract line 10 from line 3, column (d)			-670,483.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BORDER CENTER FOR JOURNALISTS AND BLOGGERS - 3836 JUTLAND ST - EDINBURG, TX 78542-5360	81-2934497	501(C)(3)	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

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **7.**
- 3** Enter total number of other organizations listed in the line 1 table **4.**

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) 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
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 SILVER SPRING, MD 20910	88-2608851	OTHER	8,538.	0.			MENA STRENGTHENING PROFESSIONAL INDEPENDENT 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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GLOBAL NUTRITION & FOOD SECURITY REPORTING FELLOWSHIP GRANTS	1	5,650.	0.		
ICFJ REPORTING GRANT	2	3,200.	0.		
META IMPULSO LOCAL ADEPA PROGRAM GRANT	1	5,000.	0.		
GRANTS/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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE INT'L CENTER FOR JOURNALISTS, INC.

Employer identification number

11-2724905

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

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

**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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE INT'L CENTER FOR JOURNALISTS, INC.

Employer identification number

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

Name of the organization THE INT'L CENTER FOR JOURNALISTS, INC.	Employer identification number 11-2724905
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WHICH INVOLVES A CONFLICT OF INTEREST WITH A DIRECTOR, OFFICER, OR EMPLOYEE OF ICFJ PROVIDED THE TRANSACTION IS FAIR TO ICFJ.

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

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

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

SUBCONTRACTORS:

PROGRAM SERVICE EXPENSES	271,894.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	271,894.

Name of the organization THE INT'L CENTER FOR JOURNALISTS, INC.	Employer identification number 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.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR YEAR GRANTS RESCINDED BY DONORS	-25,781.
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