# Form 990

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2012 calendar year, or tax year beginning 2012, and ending 20 C Name of organization FUND FOR INVESTIGATIVE JOURNALISM, INC. В D Employer identification number Check if applicable: Address change Doing Business As 52-0895081 Number and street (or P.O. box if mail is not delivered to street address) П Room/suite E Telephone number Name change Initial return 529 14th Street, NW 13th Floor 202-662-7564 City, town or post office, state, and ZIP code Terminated Amended return Washington, DC 20045 **G** Gross receipts \$ Application pending F Name and address of principal officer: Brant Houston, President H(a) is this a group return for affitiates? Yes V No H(b) Are all affiliates included? Yes No ) ◀ (insert no.) ☐ 4947(a)(1) or If "No," attach a list. (see instructions) **☑** 501(c)(3) Tax-exempt status: ] 501(c) ( Website: ▶ pro.jil.www H(c) Group exemption number ▶ Form of organization: Corporation Trust M State of legal domicile: Association ☐ Other ▶ L Year of formation: Part Summary Briefly describe the organization's mission or most significant activities: The Organization provides critical support to independent journalists to investigate news stories regarding corruption, malfeasance, exploitation, or misappropriation of funds Activities & Governance in the public and private sectors. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 1 6 Total number of volunteers (estimate if necessary) . . . . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . 211,665 273,884 Revenue Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 10 637 805 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 212,302 274,689 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 118,163 260,836 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 14 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 48,704 48,967 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,798 26,669 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 181,665 336,472 19 Revenue less expenses. Subtract line 18 from line 12 . <u>-61,783</u> 30,637 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 235,000 305,870 21 Total liabilities (Part X, line 26) . -12,055 -118,402 22 Net assets or fund balances. Subtract line 21 from line 20 222.945 187,468 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 Signature of officer Date Here Sandra Type or print name and title Print/Type preparer's name Date repar Check if Paid self-employed Preparer Firm's EIN ▶ **Use Only** Firm's address ▶ + Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2012) Page 2
Part	Statement of Program Service Accomplishments  Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	The Organization provides critical support to independent journalists to investigate news stories regarding corruption, malfeasance, expolitation, or misappropriation of funds in the public and private sectors.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 319,294 including grants of \$ 260,836 ) (Revenue \$ )  The Fund for Investigative Journalism (FIJ) operates a grant program that provides critical support for freelance and independent journalists who produce investigative stories that otherwise would never come to light. Our grantees have ideas, sources, and know-how, but lack the funds to successfully complete an investigative project. To further support their work, the organization also seeks experienced investigative journalists as mentors for its grantees.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	***************************************
4d	Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)
4e	Total program service expenses ▶ 319,294

Form 990 (2012)
Part IV Checklist of Required Schedules

CILE	Checklist of Required Schedules		V 1	110
	to the exercise that is posting 501/a)/0) or 4047/a)/1) (other than a private foundation)? If "Voc."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>→</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		-	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>√</b>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			<b>√</b>
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	_	<b>√</b>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>V</b>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	1	<b> </b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Ť	/
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?	Ī		
00	If "Yes," complete Schedule G, Part III	19	<u> </u>	1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		VA
d	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	<u> </u>	1/2012

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Pant	M Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	/	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<b>✓</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	, <u>L</u>	A
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d 25a	Ň	/A
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>~</b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<b>V</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		1
31	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
	Part I	31		1
32	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R. Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	1	
			200	

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14b

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Form 990 (2012) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V . No Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 44 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . 16 0 Did the organization comply with backup withholding rules for reportable payments to vendors and 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . . . 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6h Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9a Did the organization make a distribution to a donor, donor advisor, or related person? . . . 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . . 10a n/a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b n/a Section 501(c)(12) organizations. Enter: 11 11a n/a Gross income from other sources (Do not net amounts due or paid to other sources 11b n/a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . 12b n/a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b n/a 13c Did the organization receive any payments for indoor tanning services during the tax year? . . . . . 14a

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in						
	Check if Schedule O contains a response to any question in this Part VI						
Section	on A. Governing Body and Management	Name Address of the Control of the C					
				Yos	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	12		•			
	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 in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent . 1t						
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela	1			- :-		
_	any other officer, director, trustee, or key employee?		2		✓		
3	Did the organization delegate control over management duties customarily performed by or unconpervision of officers, directors, or trustees, or key employees to a management company or other performed by the company or other performance.		3		<b>✓</b>		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v		4 5		<b>✓</b>		
5							
6	Did the organization have members or stockholders?		6		<u> </u>		
7a	Did the organization have members, stockholders, or other persons who had the power to elected one or more members of the governing body?		7a		1		
þ	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?						
8	Did the organization contemporaneously document the meetings held or written actions under		7b	-	<del></del>		
_	the year by the following:						
а	The governing body?	. ,	8a	1			
b	Each committee with authority to act on behalf of the governing body?						
9	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 in Schedule O						
Socti	on B. Policies (This Section B requests information about policies not required by the li		9 0	nde )	L <u>*</u>		
0000	on bet diales (17110 Cookers & requisite structures about positions for required by the st			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		1		
ь	If "Yes," did the organization have written policies and procedures governing the activities of su	ich chapters,			4.		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b	N,	Æ		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ing the form?	11a	7			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	✓			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to conflicts?	12b	✓			
C	Did the organization regularly and consistently monitor and enforce compliance with the poli describe in Schedule O how this was done.	cy? If "Yes,"	12c	1			
13	Did the organization have a written whistleblower policy?		13	1	-		
14	Did the organization have a written document retention and destruction policy?		14	7	-		
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 are						
а	The organization's CEO, Executive Director, or top management official		15a	1			
b			15b	2	/A		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			7			
16a		arrangement		<u>.</u>			
	with a taxable entity during the year?		16a		<b>/</b>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to			•			
	participation in joint venture arrangements under applicable federal tax law, and take steps to		:				
	organization's exempt status with respect to such arrangements?	• • • •	16b	_ N	VA		
	on C. Disclosure				·		
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	ORO T (Continu	501	C)(2)	och A		
18	available for public inspection. Indicate how you made these available. Check all that apply.		1 301(	(J)(J)	orny)		
	✓ Own website ✓ Another's website ✓ Upon request ☐ Other (explain in Scheduler)	•					
19	Describe in Schedule O whether (and if so, how), the organization made its governing docum	ents, conflict o	f inte	rest p	oolicy,		
	and financial statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the book	ks and records	of the	•			
	organization: ► Sandy Bergo, 529 14th Street, NW, 13th Floor, Washington, DC, 20045						

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

	1	3 019	41112			Milber	130	Ted any current	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee Individual trustee or director		Key employee	Former Highest compensated employee Koy employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Brant Houston	5	1		1						
President (2) Detection	5	\ <u> </u>		*	-			0	0	:
(2) Peter Eisler Treasurer		1		1				۱ ،	o	
(3) Sarah Cohen	2	·		·				<u>_</u>		
Member		1			L			0	0	
(4) Mark Feldstein Member	22	1						0	0	
(5) Gary Fields	2	1						0	0	
Momber (6) James V Grimaldi	2		<u> </u>		-					
Member (7) Stephanie Mencimer	2	1	-	_	-		-	0	0	
Member	·	1						0	0	
(8) Ron Nixon Member	2	1						0	0	
(9) David Ottaway Member	2	1						0	0	
(10) Ricardo Sandoval Palos Member	2	1						0	0	
(11) Alicia C Shepard Member	2	1			Γ			0		
(12) Tisha Thompson Momber	2	1						0		
(13) Sandy Bergo Secretary/Executive Director	20			/				45,000		
(14)		1		1	1	<del>                                     </del>	Г	-5,500	1	

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Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/885	s, ar	nd H	lighes	st C	ompensated E	mployees (c	ontinu	ied)	Page C
	(A) Name and title	(B) Average hours per week (list any	box, u	ınles	s pe	ition more	than o	an	(D) Reportable compensation from	(E) Reportable compensation related		(F) Estimate amount other	_
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compensa from the organizati and relat organizati	e ion ed
(15)													
(16)	***************************************				_							<del></del>	
						-							
(18)				-		_							<del>, ,</del>
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(21)					_	$\vdash$					_		
			-	_									
(23)												<del> </del>	
(24)													
(25)													
	Sub-total	VII, Sectio	n A						45,000 0 45,000		0		
2	Total number of individuals (including bureportable compensation from the organi	not limited	d to th									D of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, c									d 3	s No
4	For any individual listed on line 1a, is the organization and related organizations individual												1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc		al 5	1
Section	n B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Rej year.												s tax
	(A) Name and business add	iress							(B) Description of s	services		(C) Compensatio	n
NONE	7.79				····			┼-					
								$\dagger$					
2	Total number of independent contractor received more than \$100,000 of compen							o ti	hose listed ab	ove) who	`.		

Form 990 (2012)

Form 990 (2012) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII. (B) Related or exempt function revenue (D)
Revenue
excluded from tax
under sections
512, 513, or 514 (C) Unrelated business revenue (A) Total revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns . . . 1a Membership dues . . . . 1b Fundraising events . . . . C 1c Related organizations . . . 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 11 273,884 Noncash contributions included in lines 1a-11: \$ Total, Add lines 1a-1f . 273.884 Program Service Revenue **Business Code 2**a b All other program service revenue. Total. Add lines 2a-2f . . . . Investment income (including dividends, interest, 3 and other similar amounts) . . . . . . . 805 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties . . . . (i) Real (ii) Personal 6a Gross rents . . b Less: rental expenses Rental income or (loss) Net rental income or (loss) 0 (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses . Gain or (loss) . . Net gain or (loss) • 0 Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . Less: direct expenses . . . . b Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 . . . . . a Less: direct expenses . . . . b Net income or (loss) from gaming activities . . . Gross sales of inventory, less returns and allowances . . Less: cost of goods sold . . . b Net income or (loss) from sales of inventory . . . Miscellaneous Revenue 11a b All other revenue . . . . . Total. Add lines 11a-11d . . . . . Total revenue. See instructions. . . 274,689

Form 990 (2012) Page **10** 

	Statement of Functional Expenses		# -46		( (A)
Section	n 501(c)(3) and 501(c)(4) organizations must corr Check if Schedule O contains a respons				
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	
	, and 10b of Part VIII.	(A) Total expenses	(8) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	93,603	93,603		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments.	161,483	161,483		
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16	5,750	5.750		i gazar in terapa sa
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	45,000	33,750	4,500	6,750
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	3,967	2,517	738	712
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	10,000	10,000	0	0
c d	Accounting	1,978 0	1,483 0	198 0	297
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	500	500	0	0
13	Office expenses	1,506	839	478	189
14	Information technology	3,076	3,000	76	0
15	Royalties	0	0	0 515	0
16 17	Occupancy	5,155 1,101	3,867 1,101	515	773
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	1,014		629	
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	339	254	34	51
23	Insurance	1,082	812	108	162
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	,			
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Bank Fees	918	0	918	0
c b	<u> </u>				
d e	All other expenses Total functional expenses. Add lines 1 through 24e				
25		336,472	319,294	8,194	8,984
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				

Form 990 (2012) Page 11

	·	Check if Schedule O contains a response to any question in this Part X		·	
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	1,621	1	11,283
	2	Savings and temporary cash investments	144,982	2	204,042
	3	Pledges and grants receivable, net	34,175	3	27,500
1	4	Accounts receivable, net	0	4	897
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L	D	5	0
2	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
&	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	568	9	382
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,016			
	b	Less: accumulated depreciation 10b -677	677	10c	339
	11	Investments—publicly traded securities	46,095		61,427
	12	Investments—other securities. See Part IV, line 11	0	12	0
]	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	235,000	_	305,870
	17	Accounts payable and accrued expenses		17	433
	18	Grants payable	12,055	18	117,969
- {	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
g,	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
ا ت	23	Secured mortgages and notes payable to unrelated third parties	0	-	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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		05	
	26	Total liabilities. Add lines 17 through 25	12,055	25	110.403
-	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and	12,033		118,402
Ses	.=	complete lines 27 through 29, and lines 33 and 34.	* · · · · · · · · · · · · · · · · · · ·	-	
ᇐ	27	Unrestricted net assets	33,671		90,273
8	28 29	Temporarily restricted net assets	189,274		97,195
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
0	30	Capital stock or trust principal, or current funds		30	
쉻ㅣ	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ğ	32	Retained earnings, endowment, accumulated income, or other funds.		32	
ह	33	Total net assets or fund balances	222,945	-	187,468
22	34	Total liabilities and net assets/fund balances	235,000		305,870

Reconciliation of Net Assets	Form 99	0 (2012)			Pag	ge <b>12</b>				
1 Total revenue (must equal Part VIII, column (A), line 12). 2 Total expenses (must equal Part IX, column (A), line 25). 3 Revenue less expenses. Subtract line 2 from line 1 3 3 56,723 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 222,945 5 Net unrealized gains (losses) on investments 5 7,850 6 Donated services and use of facilities 6 6 133,000 7 Investment expenses 7 7 0,80 8 Prior period adjustments 8 8 5,456 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990:	Part	XI Reconciliation of Net Assets								
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 3 Donated services and use of facilities 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Donated services and use of facilities 7 Donated services and use of facilities 8 Donated services and use of facilities 7 Donated services and use of facilities 8 Donated services and use of facilities 7 Donated services and use of facilities 8 Donated services and use of facilities 8 Dotated services and use of facilities 8 Donated services and use of facilities 8 Dotated services and use of facilities 8 Dotated services and use of facilities 8 Dotated seases or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting 9 Check if Schedule O contains a response to any question in this Part XII  Accounting method used to prepare the Form 990: Cash Accrual Other If 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, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Debt consolidated and separate basis If "Yes," theck 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 Debt consolidated		Check if Schedule O contains a response to any question in this Part XI		<u></u>						
Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Conated services  Conat	1	Total revenue (must equal Part VIII, column (A), line 12)	1		27	4,689				
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	Total expenses (must equal Part IX, column (A), line 25)	2		33	6,472				
Net unrealized gains (losses) on investments 5 7,859  Donated services and use of facilities 6 13,000  Investment expenses 7 0 0  Prior period adjustments 8 5,456  Other changes in net assets or fund balances (explain in Schedule O) 9 0 0  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 187,468  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 10 187,468  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 10 187,468  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 11 10 187,468  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 10 187,468  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 10 187,468  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 10 187,468  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 10 187,468  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 10 187,468  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 or both:  Separate basis Consolidated basis or both:  Separate basis Consolidated basis or both consolidated and separate basis  Cor 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, e	3		3		-6	1,783				
Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8))  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  Accounting method used to prepare the Form 990:  Check if Schedule O contains a response to any question in this Part XII  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  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  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 Both consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis  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 in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such audits by New Year Audit and the organization	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	************	22	2,945				
Prior period adjustments	5									
Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  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 in Schedule O.  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 Separate basis  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, or both:  Separate basis Consolidated basis Separate basis Consolidated basis, or both:  Separate basis Consolidated basis Separate basis Consolidated bas	6	B Donated services and use of facilities								
9 Other changes in net assets or fund balances (explain in Schedule O)	7	· · · · · · · · · · · · · · · · · · ·				0				
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990:    Cash	8				'.	5,456				
Separate basis   Consolidated basis   Both consolidated and separate basis   Separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Consolidated basis   Consolidated basis   Consolidated basis   Consolidated and separate basis   Consolidated basis   Conso	_		9			0				
Check if Schedule O contains a response to any question in this Part XII	10									
Check if Schedule O contains a response to any question in this Part XII		33, column (B)) ,	10		18	7,468				
Accounting method used to prepare the Form 990:  Accrual  Accrual Accrual Accrual  A	Part									
1 Accounting method used to prepare the Form 990:    Cash		Check if Schedule O contains a response to any question in this Part XII								
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?				ليجيا	Yes	No				
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1				- 1					
Were the organization's financial statements compiled or reviewed by an independent accountant?			lain in	1 1	. 1					
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										
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  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 in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  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 in Schedule O and describe any steps taken to undergo such audits  3b NA	<b>2</b> a			2a		✓_				
□ 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 in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			led or	3						
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  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 in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  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 in Schedule O and describe any steps taken to undergo such audits  3b N/A		·			· {					
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  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 in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<del></del>								
separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  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 in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	b		. • •	2b		<u> </u>				
□ 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 in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·	on a		Ì					
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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 in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					.±	1 - 1				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	C				-1					
Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		•		2c	<u> </u>					
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			ilain in							
the Single Audit Act and OMB Circular A-133?						i				
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 in Schedule O and describe any steps taken to undergo such audits  3b N/A	3a		orth in	1 1						
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b N/A			• •	3a		<b>✓</b>				
	b					/4				
		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	OIIS		<u> </u>	<u>///</u>				

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

4947(a)(1) nonexempt charitable trust.

Open

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Insp

Open to Public Inspection

	Reason 1	for Dublic Cha	m, nvc	nization			- Abi	-4 \ C	52-08	95081		
Company of the last			rity Status (All orga						Instructio	ns.		
4			ation because it is: (Fo						•			
2			thes, or association of			ea in <b>sec</b>	tion 170	(D)(1)(A)(	1).			
3			170(b)(1)(A)(ii). (Attac				4808-141	*****				
4	A nospital or a	a cooperative no	espital service organiza	ation des	cribea in :	section	170(0)(1)	(A)(III).	<b>6</b> /1-1/41/41/			
4		ne, city, and stat	on operated in conjun	Cuon witi	n a nospii	ai descri	Dea in <b>s</b> e	ection 17	υ(D)(T)(A)(	(III). Ente	rthe	
5			the benefit of a colle									
J		o)(1)(A)(iv). (Com		ge or un	iversity o	whea or	operated	o by a go	vemment	al unit c	iescrii	oea in
6	A federal, stat	te, or local gover	rnment or government	al unit de	scribed in	n section	170(b)(	1)(A)(v).				
7	An organization described in s	on that normally section 170(b)(1	receives a substantia )(A)(vi). (Complete Par	al part of rt II.)	its suppo	ort from a	a governi	mental u	nit or from	the ge	neral	public
8			in section 170(b)(1)(A									
9	☐ An organization	on that normally	receives: (1) more that	an 33¹/₃9	6 of its s	upport fro	om contr	ributions,	members	hip fees	, and	gross
	receipts from	activities relate	d to its exempt funct	lions—su	bject to	certain e	xception	s, and (2	) no more	than 3	31/₃%	of its
	support from	gross invesimo a organization a	ent income and unre after June 30, 1975. S	lated bu	siness ta	xable ind	come (le:	ss sectio	n 511 ta:	x) from	busin	esses
10									*4			
11			d operated exclusively nd operated exclusive									
• •	Durooses of a	on organizeu al one or more nul	blicly supported organ	ely IUI II nizatione	describe	t OI, LO   d in sect	penorm ion 500%	the junc	Cons of, C	or to ca	irry of	ut the
	509(a)(3). Che	ck the box that	describes the type of	supportir	na organi	zation an	d comple	aj(1) UI S ete lines 1	i 1e throug	o( <i>a)</i> (2). C nh 11h	100 SE	cuon
	a 🔲 Type I								Non-functi	-	*~~~	ندسه
е			that the organization	is not co	introlled o	graceu Iirectly o	r indirecti	iybo iii-i	OF MOTO	ionany n discustif	negra	raana
•	other than for	Indation manage	ers and other than on	e or more	e nublick	support	ed organ	iy uy une izations i	or more ( hadiragah	in earti	nn 50	2003 11/10
	or section 509	9(a)(2).		<b>-</b> 51 111011	o pobliciy	Dapport	ou organ	nzanons .	aoachbeu	111 30011	UII JU	o(a)( i)
f			a written determination	on from	the IRS t	that it is	a Tyne	I Type	ll or Tvo	الا م	nnati	na
	organization,	check this box						., .,,				. e
g			the organization acce							• • •	•	. [
_	following pers		<b>3</b>	,,	J			, ····	_			
	(i) A person	who directly or	indirectly controls, eit	her alone	or toget	her with	persons	describe	d in (ii) an	nd	Yes	No
	(iii) below,	the governing b	ody of the supported	organizat	ion?		,			1180	1	
			on described in (i) abo							119(ii	_	
	(iii) A 35% co	ntrolled entity of	a person described in	(i) or (ii)	above? .					11g[iii		<del> </del>
h	Provide the fo	llowing informat	ion about the support	ed organ	ization(s).				• • •	[- +91	<u>"</u>	<u> </u>
(1)	Name of supported	(ii) EIN	(iii) Type of organization	7	organization		ou notify	(vi)	ls the	(vii) Amou	nt of m	netary
	organization	1	(described on lines 1-9 above or IRC section		sted in your document?	the organ	nization in of your	organiza	tion in col.		pport	,
			(see instructions))	governang	u o cumom r		port?		ized in the S.?			
				Yes	No	Yes	No	Yes	No			
(A)												***************************************
(B)												
***************************************				ļ	<u> </u>							
(C)								Ì				
(D)												
(E)								<del> </del>	-			-
	144 ·											
				1	{	1	1					

Schedule A (Form 990 or 990-EZ) 2012 Page 2

Part	Support Schedule for Organiza (Complete only if you checked th							
	Part III. If the organization fails to							
Section	on A. Public Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	195,220	100,200	234,262	211,665	273,884	1,015.231	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	193,220	0		277,003	273,804	1,013.231	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	o	0	
4	Total. Add lines 1 through 3	195,220	100,200	234,262	211,665	273,884	1,015,231	
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)						812,284	
6	Public support, Subtract line 5 from line 4.						202,947	
	on B. Total Support	(a) 0000	(b) 2000	(c) 2010	(d) 2011	(e) 2012	(f) Total	
7	dar year (or fiscal year beginning in)	(a) 2008 195,220	(b) 2009 100,200				1,015,231	
8	Gross income from interest, dividends,	183,220	100,200	234,202	211,003	213,064	1,019,231	
	payments received on securities loans, rents, royalties and income from similar sources	1,737	536	456	637	805	4,171	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0					,,,,	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	o	o	0	0	0	C	
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	. (see instructi	ons)			12	1,019,402	
13	First five years. If the Form 990 is for thorganization, check this box and stop he	ne organization	n's first, secor	nd, third, fourth	n, or fifth tax y		on 501(c)(3)	
Secti	ion C. Computation of Public Suppor	rt Percentag	le .					
14	Public support percentage for 2012 (line					14	19.91 %	
15	Public support percentage from 2011 Sci	hedule A, Part	II, line 14 .			15	17.19 %	
16a	331/3% support test — 2012. If the organibox and stop here. The organization qua							
b	331/2% support test-2011. If the organ	nization did n	ot check a bo	x on line 13 o	r 16a, and line		or more,	
17a	check this box and stop here. The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances test —2: 15 is 10% or more, and if the organiza Explain in Part IV how the organization or supported organization	tion meets the neets the "fact	e "facts-and-c ts-and-circums	circumstances" stances" test.	' test, check t The organization	his box and a on qualifies as	top here. a publicly	
18	Private foundation. If the organization dinstructions	id not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, che	ck this box and	see	

Schedule A (Form 990 or 990-EZ) 2012

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 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 (d) 2011 Calendar year (or fiscal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 . . . Gross receipts from activities that are not an unrelated trade or business under section 513 revenues levied for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 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 . . . . . Public support (Subtract line 7c from Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 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 . . . . . Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . . . Total support. (Add lines 9, 10c, 11, and 12.) . . . . . . . . . . . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . . . % 15 Public support percentage from 2011 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . % Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . . . . . . . . . . . . % 331/3% support tests-2012. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support tests-2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

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Part IV

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Part II. line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). Part II, Section B, Line 17A, Facts and Circumstances Test: Although the Fund for Investigative Journalism, Inc. does not have 33 1/3% public support, it does receive a substantial amount of its support from contributions made directly or indirectly from a combination of sources, including the general public. As required in Section 1.170A-9T. Section (F) subsection 3(i), the Fund for Investigative Journalism does receive more than 10% of its support from public sources. As outlined in Section 1.170A-9T Section (F) subsection 3(ii), the Fund for Investigative Journalism is undertaking a campaign for additional financial support. In addition to fund-raising with foundations that support journalism, the fund has organized a campaign to approach previous winners as well as prominent individuals, journalists, and members of the community to increase the level of public support of our work. As outlined in Section 1.170A-9T Section (F) Subsection (III) the level of public support for the fund has varied over the years, and in 2011 and 2012, the level was 17.19% and 19.91%, respectively. Most of our contributions are from a limited number of unrelated private foundations. As outlined above, we are working hard to broaden our base of public support. The Fund for Investigative Journalism was founded in 1969. It has a 12-member board that consists of active and retired investigative reporters, including Pulitzer Prize winners, and professors at major universities around the country with well established journalism and investigative reporting programs. The academic institutions represented currently on the board include the University of Illinois, University of Maryland and the University of Nevada-Las Vegas. The Fund exists to provide a critical service to the public by selecting and financing well qualified journalists to produce a significant, independent and often ground-breaking investigative stories in the United States and around the world. The Journalists who receive grants from the Fund have presented and distributed their work in newspapers, magazines, on broadcast programs -- both television and radio, and on web sites in text, audio and video. These stories keep government and business accountable to the public, protect the weak and powerless, shine light on injustices and the need for reform, and reveal secret illegal activities that pollute the environment, plunder the public coffers, or that result in the killing or physical abuse of citizens. The work supported by the Fund has been recognized with numerous awards and spurred follow-up investigations and reform that continue to benefit the public. The watchdog role of journalists that the Fund has supported for more than 40 years is crucial to creating and preserving free and democratic socities. Because of the Fund, the public has received a greater awareness and understanding of the major issues and problems in the U.S. and around the world. The Fund is now more important than ever because of the major reductions in staff and resources occurring in the news media in the U.S. Without the Fund, many of the most necessary and valuable investigative stories would not be done.

Supplemental Information, Complete this part to provide the explanations required by Part II, line 10;

### Schedule B

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Name of	the organization		Employer identification number							
FLIND FO	OR INVESTIGATIVE JO	UIRNALISM INC	52-0895081							
Other Park	ation type (check on									
Filers o	f:	Section:								
Form 99	90 or 990-EZ	501(c)( 3 ) (enter number) organization								
		4947(a)(1) nonexempt charitable trust not treated as a private for	undation							
		☐ 527 political organization								
Form 99	00-PF	501(c)(3) exempt private foundation								
		4947(a)(1) nonexempt charitable trust treated as a private foundation								
		501(c)(3) taxable private foundation								
Note. Construct	only a section 501(c)(7 ions.	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule. See							
Genera	l Rule									
Ø		filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5, one contributor. Complete Parts I and II.	000 or more (in money or							
Specia	Rules									
	under sections 509	$_{0}$ (3) organization filing Form 990 or 990-EZ that met the 33½% suppo (a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Find II.	g the year, a contribution of							
	during the year, total	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from all contributions of more than \$1,000 for use exclusively for religious, chooses, or the prevention of cruelty to children or animals. Complete Par	naritable, scientific, literary,							
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year									
990-EZ	Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).									

Name of organization Employer identification number FUND FOR INVESTIGATIVE JOURNALISM, INC 52-0895081

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (c)
Total contributions (a) Type of contribution No. Name, address, and ZIP + 4  $\bigcirc$ Person Ethics and Excellence in Journalism Foundation 1 Payroli 100,000 Noncash 210 Park Avenue, Suite 3150 (Complete Part II if there is Oklahoma City, OK 73102 a noncash contribution.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person 2 Park Foundation Payroli Noncash 75,000 P. O. Box 550 (Complete Part II if there is a noncash contribution.) Ithaca, NY 14851 (b) (c) (d) (a) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person 3 The Morton K and Jane Blaustein Foundation Inc Payroll 50,000 Noncash 10 East Baltimore Street, Suite 1111 (Complete Part II if there is a noncash contribution.) Baltimore, MD 21202 (c) (d) (a) Total contributions Name, address, and ZIP + 4 Type of contribution No. ablaPerson 4 Gannett Foundation Payroll 25,000 Noncash 7950 Jones Branch Drive (Complete Part II if there is a noncash contribution.) McLean, VA 22107 (c)
Total contributions (a) (d) Name, address, and ZIP + 4 Type of contribution No. Person  $\square$ 5 The Nara Fund Payroll Noncash 7,000 P. O. Box 2927 (Complete Part II if there is a noncash contribution.) Framingham, MA 01703 (a) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 6 Shari Lawrence Pfleeger Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

FUND	OR INVESTIGATIVE JOURNALISM, INC		52-0895081
Par	Organizations Maintaining Don	or Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to f	Form 990, Part IV, line 6.	N/A
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		hald in diagram and in and
5	Did the organization inform all donors and	d donor advisors in writing that the assets ect to the organization's exclusive legal con	trol? Yes . No
6	Did the organization inform all grantees, d	onors, and donor advisors in writing that gi	rant funds can be used
		ne benefit of the donor or donor advisor, or	
	Concernation Engagements Corr	plete if the organization answered "Yes	s" to Form 990. Part IV. line 7.
Display Security Co.	Purpose(s) of conservation easements held		NIA
1	Property of land for publicuse (e.g.	, recreation or education) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiz	zation held a qualified conservation contribu	ution in the form of a conservation
	easement on the last day of the tax year.	·	
			Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation e	asements	<u>2b</u>
C	Number of conservation easements on a c	ertified historic structure included in (a) .	2c
d	Number of conservation easements inclu-	ided in (c) acquired after 8/17/06, and no	ot on a
	historic structure listed in the National Reg	ister	· - · [2d]
3		ed, transferred, released, extinguished, or t	erminated by the organization during the
	tax year ▶	P	
4	Number of states where property subject t	olicy regarding the periodic monitoring,	inspection handling of
5	uinlations and enforcement of the consen	vation easements it holds?	· · · · · · · · · · Yes   No
6		toring, inspecting, and enforcing conservati	
·	Stan and volunteer hours devoted to more	ioning, mepooming, and only only outside and	•
7	Amount of expenses incurred in monitorin	g, inspecting, and enforcing conservation ea	asements during the year
•	<b>▶</b> \$	3,	• .
8	Does each conservation easement reporte	ed on line 2(d) above satisfy the requirement	ts of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization	reports conservation easements in its rever	nue and expense statement, and
	balance sheet, and include, if applicable,	the text of the footnote to the organization's	financial statements that describes the
	organization's accounting for conservation	n easements.	
Pal	Organizations Maintaining Co	llections of Art, Historical Treasures,	8. N/A
	Complete if the organization and	swered "Yes" to Form 990, Part IV, line	
1a	If the organization elected, as permitted to	under SFAS 116 (ASC 958), not to report in er similar assets held for public exhibition,	education, or research in furtherance of
	mublic service provide in Part XIII the tex	at of the footnote to its financial statements	that describes these items.
		under SFAS 116 (ASC 958), to report in	
b	works of art historical treasures, or other	er similar assets held for public exhibition,	education, or research in furtherance of
	public service, provide the following amou	unts relating to these items:	
			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X .	/III, line 1	
2	If the organization received or held world	ks of art, historical treasures, or other sim	nilar assets for financial gain, provide the
		d under SFAS 116 (ASC 958) relating to thes	
a		line 1	
b	Assets included in Form 990, Part X		📂 💲

Schedule D (Form 990) 2012 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): d 

Loan or exchange programs ☐ Public exhibition Other \_\_\_\_ ☐ Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV. Part IV line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not ☐ Yes ☐ No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 10 1d 1e 11 Did the organization include an amount on Form 990, Part X, line 217 . . . . If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year Beginning of year balance . . . Contributions . . . . . . . Net investment earnings, gains, and losses . . . . . . . . . . . . d Grants or scholarships . . . . Other expenditures for facilities and Administrative expenses . . . . End of year balance . . . . . Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 2 a Board designated or quasi-endowment ▶ \_\_\_\_\_% Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No 3a(i) 3a(ii) If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation b Buildings . . . . . . . . . Leasehold improvements Equipment . . . . . 677 339 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 339

Part VII Investments—Other Securitie	es. See Form 990, Part X, line	e 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
) Financial derivatives			
Closely-held equity interests			
Other			
(A)	•••		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
0			
tal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	No. 1 Con France 2002 Port V III	12	-
art VIII Investments—Program Rela		(c) Method of valuation:	
(a) Description of investment type	(b) Book value	(c) Mennod of Valuation: Cost or end-of-year market value	
1)			
2)			
3)			
1)			
5)			
<b>☆</b> }			
7)			
7) 8)			
(7) (8) (9)			
(6) (7) (8) (9) 10) (ata) (Column (b) guet count Form 900, Part Y, col. (B) line 12)			
(7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		N1/4	
(7) (8) (9)	Part X, line 15.	N/A (b) Book vi	alue
(7) (8) (9) (0) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990,		NIA	alue
(7) (8) (9) (0) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets. See Form 990,	Part X, line 15.	NIA	alue
7) 8) 9) 0) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990,	Part X, line 15.	NIA	alue
7) 8) 9) 0) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, (1) (2) (3)	Part X, line 15.	NIA	alue
(7) (8) (9) (0) (1) (1) (2) (3) (4)	Part X, line 15.	NIA	alue
7) 8) 9) 0) btal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, (1) (2) (3) (4)	Part X, line 15.	NIA	atue
7) 8) 9) 0) btal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5)	Part X, line 15.	NIA	alue
7) 8) 9) 0) btal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7)	Part X, line 15.	NIA	liue
7) 8) 9) 0) btal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7)	Part X, line 15.	NIA	alue
7) 8) 9) 0) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, (1) 2) (3) (4) (5) (6) (7) (8) (9)	Part X, line 15. (a) Description	N/A- (b) Book vi	ilue
(7) (8) (9) (0) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (7) (8) (9) (10) (7) (8) (9) (10) (7) (8) (9) (10) (7) (8) (9) (10) (10) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10	Part X, line 15.  (a) Description  (b) Description  (c) Col. (B) line 15.)	N/A- (b) Book vi	ilue
7) 8) 9) 0) ptal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) Total. (Column (b) must equal Form 990, Part X Other Liabilities. See Form 9	Part X, line 15.  (a) Description  X, col. (B) line 15.)	N/A- (b) Book vi	aiue
(7) (8) (9) (0) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X (a) Description of liability	Part X, line 15.  (a) Description  (b) Description  (c) Col. (B) line 15.)	N/A- (b) Book vi	alue
7) 8) 9) 0) ptal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, 1) 2) 3) 44) (5) (6) (7) (8) 9) 0) otal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 9 . (a) Description of liability (1) Federal income taxes	Part X, line 15.  (a) Description  X, col. (B) line 15.)	N/A- (b) Book vi	alue
7) 8) 9) 10) total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, 1) 2) 3) 4) 5) 6) 77 8) 9) 0) otal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 9 . (a) Description of liability (1) Federal income taxes	Part X, line 15.  (a) Description  X, col. (B) line 15.)	N/A- (b) Book vi	alue
7) 8) 9) 0) ptal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, 1) 2) 3) 44) (5) (6) (7) (8) (9) 0) otal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 9 . (a) Description of liability (1) Federal income taxes (2) (3)	Part X, line 15.  (a) Description  X, col. (B) line 15.)	N/A- (b) Book vi	alue
7) 8) 9) 0) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, 1) 2) 3) 44) (5) (6) (7) (8) (9) 0) otal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 9 . (a) Description of liability (1) Federal income taxes (2) (3) (4)	Part X, line 15.  (a) Description  X, col. (B) line 15.)	N/A- (b) Book vi	alue
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7) 8) 9) 0) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) otal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 9 (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Part X, line 15.  (a) Description  X, col. (B) line 15.)	N/A- (b) Book vi	atue

Schedule D (Form 990) 2012

Schedu	le D (Form 990) 2012				.A	age 4
Part		per Re	tur	n i	JA	
1	Total revenue, gains, and other support per audited financial statements	· L	1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments		- 1			
b	Donated services and use of facilities					
C	Recoveries of prior year grants		- 1			
d	Other (Describe in Part XIII.)					
e	Add lines 2a through 2d	. 2	e			
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		l			
þ	Other (Describe in Part XIII.)					
C	Add lines 4a and 4b		lc			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5			
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense		Ret	um	<u> </u>	<u>t</u>
1	Total expenses and losses per audited financial statements	· L	1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	l				
а						
þ	Prior year adjustments					
C	Other losses					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d	. 2	e e			
3	Subtract line 2e from line 1	·  _	3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b 4a					
b	Other (Describe in Part XIII.)					
	Add lines 4a and 4b	<del></del>	lc			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5			
	XIII Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and					
	/, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	art to p	rovi	de any	addition	al
	nation.					
7	JONE					
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Schedule D (For	m 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	
NONE		
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#### **SCHEDULE F** (Form 990)

## **Statement of Activities Outside the United States**

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

2012 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Inspection

Employer Identification number Name of the organization 52-0895081 **FUND FOR INVESTIGATIVE JOURNALISM, INC** General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Part I Form 990, Part IV, line 14b. 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 ☐Yes ☐No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of offices in the region (f) Total expenditures for (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (a) Region region (by type) (e.g., fundraising, program services, investments, a program service, describe specific type of service(s) in region employees, agents, and and investments in region independent contractors on region grants to recipients located in the region) (1) (2) (3)(4)(5) (6) (7) (8) (9)(10)(11)(12) (13)(14)(15) (16) (17)За Total from continuation sheets to Part I . . . .

c Totals (add lines 3a and 3b)

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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. Schedule F (Form 990) 2012

Part II Grants an

1 (a) Name of (b) IRS code (c) Re- organization (if applicable) (if applicable	(a) Region (d) Purpose of grant	of (e) Amount of cash grant	(f) Marner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of Wall-arthon (Cook, FMV, appraisal other)
(11)						
(12)						
(13)						
(14)						
(15)						The second secon
(16)						

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

Enter total number of other organizations or entities က

Schedule F (Form 990) 2012

Page

Schedule F (Form 990) 2012

(a) Type of grant or assistance	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
	Cut Cabaran Africa	,	2 500 wire	wire	0	0 n/a	book
(2) investigative journalism	Firons		3,250 wire	wire	3	0 n/a	book
(3)							
(c)							
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(12)							
(13)							
(14)							
(15)							
(16)							
(17)							

Schedul	le F (Form 990) 2012		Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)		☑ 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)	☐ Yes	Ø No

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012 Page 5 Part V **Supplemental Information** Complete this part to 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). NONE

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. 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?

2012 Open to Public Inspection Employer identification number

°N □

✓ Yes

52-0895081

	the selection criteria used to award the grants or	award the grants		assistance?		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000, Part II can be duplicated if additional space is needed.	ssistance to Go	vernments and received more the	Organizations i	n the United St II can be duplica	ates. Complete	if the organization answ space is needed.	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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) Nan	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Brow Oakland P	(1) Broward Buildog, Inc. Oakland Park, FL 33334	27-0318157	501(c)(3)	5,030	0	0 book	กใล	educational
(2) Cente	(2) Center for Media Change 733 44 St. Oakland, CA 94609	68-0632366	501(c)(3)	008'9	0	0 book	ณใล	educational
(3) Inves	(3) InvestigateWest P O Box 9574 Seattle, WA 98109	27-0170663	501(c)(3)	756'5	0	0 book	n/a	educational
(4)								
(2)								
(9)								
ε								
(8)								
(6)								
(10)								
(1)								
(12)								
2 c	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	1 501(c)(3) and going ganizations listed	vernment organiza d in the line 1 table	tions listed in the li	ne 1 table			. <b>P</b> 3
For Papen	For Paperwork Reduction Act Notice, see the Instructions	see the Instruction	ns for Form 990.		Ca	Cat. No. 50055P		Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)

Before awarding grants, the Fund requires written commitments from news outlets that supported work will be published or broadcast, as long as it meets the news organization's (f) Description of non-cash assistance standards. The Fund pays half of the grant once the award is made and, to ensure work is completed, pays the second half once the work is published in accordance with the original Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. ηa proposal. The Fund also establishes deadlines for completion and monitors progress of grantees for the duration of the grant period. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 98 (a) Type of grant or assistance 1 Investigative journalism grants (C) ဖ N 4 t)

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**FUND FOR INVESTIGATIVE JOURNALISM, INC** 

Employer identification number

52-0895081

Part VI, Section B. Policies Line 11b The Fund provides an electronic copy of the 990 to the Board to review prior to filing the form.
Part VI, Section B. Policies Line 12 The Fund has a conflict of interest policy. All board members must disclose any connections or
interest in any grant applications or contracts and recuse themselves when appropriate. All activities are routinely monitored through the
process of making policy, contracts or grants.
······
Part VI, Section B. Policies, Line 15 The search committee of the Fund, composed of board members, reviewed comparable salaries at
other similar nonprofit organizations, and discussed it and what the budget would allow throughout the process of hiring.
***************************************
Part VI, Section C. Disclosure, Line 19 The Fund's governing documents, conflict of interest policy and financial statements are
available to the public upon written request.
Part XI Reconciliation of Net Assets
Line 5 - Net unrealized gains on investments reflect the difference in the cost of the marketable security and the Fair market value @ 12/31/12
Line 6 Donated services include pro bono legal services (\$10,000) and pro bono website design services (\$3,000)
Line 8 Prior period adjustments reflect refunds and discounts on grant award payments and the fair market value of a donation of stock.
***************************************