Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

Α	For the	2017 calendar year, or tax year beginning 01/01 , 2017, and e	nding 1:	2/31	, 20 17			
В	Check if	applicable: C Name of organization FUND FOR INVESTIGATIVE JOURNALISM INC		D Employ	er identification nu	mber		
	Address				52-0895081			
	Name ch	ange Number and street (or P.O. box if mail is not delivered to street address) Roo	m/suite	E Telepho	ne number			
	Initial retu	urn 529 14th Street NW 13th Floor			202-662-7564			
	Final return	n/terminated City or town, state or province, country, and ZIP or foreign postal code						
	Amended	d return Washington, DC, 20045		G Gross re	eceipts \$	843,013		
	Application	on pending F Name and address of principal officer: Sandy Bergo	H(a) Is this a c			✓ No		
		529 14th Street NW, 13th Floor, Washington, DC 20045		5 (5.4)	s included? Yes			
ı	Tax-exen	npt status:	15 ((A))		ee instructions)			
J	Website:			exemption	number ▶			
K	Form of o	rganization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of for			of legal domicile:	DC		
P	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: The	e Organization	provides o	critical support to			
e		independent journalists to investigate news stories regarding corruption, malfer						
Governance		in the public and private sectors			<u> </u>			
ern	2	Check this box ▶☐ if the organization discontinued its operations or dispos	ed of more than	25% of	its net assets.			
Š	1	No. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		1 -		12		
æ	1	Number of independent voting members of the governing body (Part VI, line				12		
ies	1	Total number of individuals employed in calendar year 2017 (Part V, line 2a)				2		
ixit	1	Total number of volunteers (estimate if necessary)				12		
Activities &	-1	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 Y		Current Ye			
Revenue	8	Contributions and grants (Part VIII, line 1h)		436,650		836,171		
		Program service revenue (Part VIII, line 2g)	The same of the sa	0		0		
	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,743		6,842		
Ä		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0,042		
	1	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12		440,393		843,013		
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		241,261		275,125		
		Benefits paid to or for members (Part IX, column (A), line 4)		0		0		
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		75,010		88,608		
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0		00,000		
per	1	Total fundraising expenses (Part IX, column (D), line 25) 28,704	ALCOHOLOGIC CONTRACTOR					
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		109,792		115,603		
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		426,063		479,336		
		Revenue less expenses. Subtract line 18 from line 12		14,330		363,677		
es			Beginning of Co		End of Yea			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		579,518	1.	004,104		
Ass d Ba	21	Total liabilities (Part X, line 26)		120,249		154,555		
FE	22	Net assets or fund balances. Subtract line 21 from line 20		459,269		849,549		
	art II	Signature Block		,				
		ties of perjury, I declare that I have examined this return, including accompanying schedules and a nad complete. Declaration of preparer (other than officer) is based on all information of which pre			my knowledge and	belief, it is		
		Sandy Beren		11-13	-18			
Sig	n	Signature of officer	Da	ate	10			
He		Sandy Bergo, Secretary/Executive Director						
Type or print name and title								
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check	FTIN PTIN			
		Beverly Orr Mulliful UN	11-13-18	self-em		9752		
	eparei			n's EIN ▶				
US	e Only	Firm's address ► P O Box 19367, Washington, DC 20036		one no.	202-361-281	4		
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions) .			🗸 Yes			

om 99	90 (2017) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	The Organization provides critical support to independent journalists to investigate news stories regarding corruption, malfeasance,
	exploitation 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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 417,107 including grants of \$ 275,125) (Revenue \$ 0) 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. Before awarding grants, the Fund receives written
	commitments from news outlets that supported work will be published or broadcast as long as it meets the news organizations'
	standards. Journalists who receive grants from the Fund present their work in newspapers, magazines, books, on broadcast
	programs TV and radio and on web sites in text, audio, and video.

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

	······································
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code) (Expenses \$

	······································
4d	Other program services (Describe in Schedule O.)
4-	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ► 417,107

Form 990 (2017)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	,	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	7	
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	-	1
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		/
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		7
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	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		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
	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		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		√
	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	/	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	1	
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		1
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 gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
			~ aar	1004

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		-
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		i	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	<u> </u>		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
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?	l		,
	If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		/
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	-	اٺ
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		İ	1
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	/
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	<u> </u>	✓
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			١.
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	 	 *
•	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١.
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	✓
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		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	╁	7
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		ł
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	├	/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	/	
	10. Hotel at 1 Citi ood mata are required to complete contours of	30	000	<u> </u>

rait				_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 46	N 255	200	25.0
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4	<i>;</i>	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
	reportable gaming (gambling) winnings to prize winners?	1c	1	2.872 (34)
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	3450		74.5
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	,	7×.,	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	32.00
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		9.23 K	24.5
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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]	
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: >		(2)4	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	170		30
	(FBAR).		# A.S.	**
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		1
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or		1	1
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- 14 TA		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	2 . 3		
	and services provided to the payor?	7a		✓
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			,
الم		7c	18. a.c.	/
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	 -	√
f	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?	7f	<u> </u>	1
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	 	1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	*/* >	#35#C23	∀ 2000
•	sponsoring organization have excess business holdings at any time during the year?	8	69.2	Marini (
9	Sponsoring organizations maintaining donor advised funds.	95000	रहें जिल्ह	1 (5 A).
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	Jacob Mil	976 (A)
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	14,533	Sales.	19230
а	Initiation fees and capital contributions included on Part VIII, line 12	10.00		
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1: :	931	
11	Section 501(c)(12) organizations. Enter:	1:3		
а	Gross income from members or shareholders	1.00		
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			S. N
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			ÿ. "
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.	133		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			×
C	Enter the amount of reserves on hand		* (55)	100
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
D	If "Yes." has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	114h		•

Form 99	··			Page 6
Part '				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI		struct	ions. . 🔽
Section	on A. Governing Body and Management	• • •	•	<u>. (*)</u>
<u> </u>	TI A. Governing body and Wanagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	,	115	(4.4)
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar	147.9		
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
_	any other officer, director, trustee, or key employee?	2	<u> </u>	✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			١,
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		√
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	<u>5</u>	├	1
6 7a	Did the organization have members or stockholders?		├	┞ <u>┸</u>
14	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		 	╁
-	stockholders, or persons other than the governing body?	7b		 ✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			400
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			١,
0 - 47	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Į √
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	Yes	/ No
10a	Did the organization have local chapters, branches, or affiliates?	10a		7
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			╀
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	\vdash
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1.0		\$5.7
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		١.	İ
	describe in Schedule O how this was done	12c		├ ─
13	Did the organization have a written whistleblower policy?	13	1	₩
14 15	Did the organization have a written document retention and destruction policy?	14	V	100
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	and the		
а	The organization's CEO, Executive Director, or top management official	15a	1	
	Other officers or key employees of the organization	15b	 	1
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		200	
C4*	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► None			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for applicable).	on 501	(c)(3)	only
• •	available for public inspection. Indicate how you made these available. Check all that apply.		·-/·	
	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	nterest	polic	y, and
	financial statements available to the public during the tax year.			

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

Sandy Bergo, (202)662-7564

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Form	990 (2017	7			f	Page 7
_			3.75	1/ #	1.0	

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

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

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

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

☐ Check this box if neither the organization	ation nor any relate	d org	aniz			ompe	nsa	ited any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an lee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
David Boardman	0.50									
Member	0	✓_			<u> </u>			0	0	0
Luis Botello	0.50						Ĭ			•
Member	0	✓					}	o	0	0
Ron Nixon	0.50									
Member	0	✓						0	0	0
David Ottaway	0.50									
Member	0.00	✓						0	0	0
Cheryl W Thompson	0.50									
Member	0.00	1						0	0	0
Tisha Thompson	0.50							1		
Member	0	✓				<u> </u>	L	0	0	0
Doris Truong	0.50									
Member	0	/						0	0	0
Mark Greenblatt	0.50								}	
Member	0	✓	Ш					0	0	0
Diana Schemo	0.50								Ì	
Member	0	✓		_	L	<u> </u>		0	0	0
Clarence Page	0.50									
Treasurer	0			✓				0	0	0
Ricardo Sandoval Palos	2.0				l					
President	0	<u> </u>		✓			_	0	0	0
Marcia Bullard	1.0				1	i				
Vice President	0			✓			lacksquare	0	0	0
Sandy Bergo	24.00									
Secretary/Executive Director	0.00	ļ	\vdash	✓				64,500	0	4,208
•										
					1		1		•	

(A) Name and title		(B) Average hours per week (list any hours for	box, office	unles er and	Pos eck is pe	rson irect	than clis both or/trust	an (ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)		other compensation		
		related organizations below dotted line)		Institutional trustee	icer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	AISC)	orga: and	m the nization related lizations	
												:		
											•			
														_
					Γ									
														_
1b c	Total from continuation sheets to Part	VII, Sectio	n A					>	64,500		0		4	4,208
d 	Total (add lines 1b and 1c)	t not limited	to th	10SE	e list	ted	above	<u>▶</u> 3) w	64,500 tho received m	ore than \$1	00,00	00 of	4	4,208
	reportable compensation from the organi	ization >	_						0	· · ·			Yos	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete						- 4	-	oloyee, or high			3		
4	For any individual listed on line 1a, is the organization and related organizations	greater th	an \$	150,	,000)? /	nsatio	on a s,"	and other comp complete Sci	ensation fr	om th	ne ;h		
5	individual	or accrue co	ompe	nsa	tion	fro	m any	/ un	related organi:					<u>√</u>
Section	for services rendered to the organization on B. Independent Contractors	7 If "Yes," C	comp	ete	SCI	1ea	ile J i	or s	sucn person	• • • •	• •	5	ll	<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.													ıx
	(A) Name and business add	tress							(B) Description of s	ervices		(C) Compens	ation	
None						_		E						
2	2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0													

Par	SVIII	Check if Schedule C		sponse or note to	any line in this	Part VIII	14 OF 81 81 7527-	П
		Shook if Colleges C	o contains a res	poriod of moto to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats str	1a	Federated campaigns	s 1a	0		A CARLES	The state of the s	
irar	b	Membership dues .	1b	0			The second second	
s, G	С	Fundraising events .	1c	0				
Sift lar	d	Related organizations	s 1d	0				
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (cor		0			计算程度	
tior er S	f	All other contributions, g						
草草		and similar amounts not inc	1.00	836,171				
id or	g	Noncash contributions include		0				
	h	Total. Add lines 1a-1	f		836,171	rei de la la la la la la la la la la la la la		
E E	50.78			Business Code				
Program Service Revenue	2a							
	b							
	C							
Se	d	•••••						
ran	e	All other are areas one						
log Log	f	All other program ser				nine in a little care vis	(2000 to the set (100	
	3	Total. Add lines 2a-2 Investment income	(including divid	lends interest	0			
	ľ	and other similar amo			6,842	0	0	6,842
	4	Income from investmen	지글로인하다면 그렇다는 4월[일	. A N L.	0,842	0	0	0,842
	5	Royalties			0	0	0	0
	•	riojanioo	(i) Real	(ii) Personal				
	6a	Gross rents	0	0				
	b	Less: rental expenses	0					
	С	Rental income or (loss)	0	0				
	d	Net rental income or	(loss)	>	0	0	0	0
	7a	Gross amount from sales of	(i) Securities	(ii) Other			40%是多类	2000年1月2日
		assets other than inventory	0	0				
	b	Less: cost or other basis						
		and sales expenses .	0	0				
	С	Gain or (loss)	0	0	《正念哲学》			
	d	Net gain or (loss) .		•	0	0	0	0
Revenue	8a	Gross income from fu events (not including \$	undraising 0					
		of contributions reported See Part IV, line 18 .		0				
Other	b	Less: direct expenses	s b	0				
500		Net income or (loss) f		events . >	0		0	0
	9a	Gross income from ga						
		See Part IV, line 19 .						
		Less: direct expenses			SE SHEEF WAS			
		Net income or (loss) f		ivities ▶	0	0	0	0
	10a	Gross sales of in	nventory, less					
		returns and allowance						
		Less: cost of goods s						
	С	Net income or (loss) f Miscellaneous F		Business Code	0	0	0	0
	11a	wiscellaneous P	16 VEHILLE	Dualitess Code				
	b	***************************************						
	C							
	d	All other revenue .						
	e	Total. Add lines 11a-		>	0		della second	SUCCESSION SUCCESSION
	12	Total revenue. See in		▶	843 013	0	0	6.842

Part IX Statement of Functional Expenses

Sectic	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	All other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respon	se or note to any li			🗹
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	95,940	95,940		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	157,265	157,265		
3	Grants and other assistance to foreign				有限的 的信息。
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	21,920	21,920		
4	Benefits paid to or for members	21,320	21,320		
5	Compensation of current officers, directors, trustees, and key employees				
_	• •	68,708	33,667	13,742	21,299
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	11,667	6,667	3,000	2,000
8	Pension plan accruals and contributions (include		_		_
_	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	2,426	1,254	606	566
10	Payroll taxes	5,807	2,855	1,257	1,695
11	Fees for services (non-employees):			_	
a	Management	0	0	0	0
b	Legal	2,624	<u>_</u>	1,038	0
d	Lobbying	2,024	1,586 O	0	0
e	Professional fundraising services. See Part IV, line 17	0	Agrical Co.		0
f	Investment management fees	0	Contractor eras a procession en	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column		<u>v</u>		·
•	(A) amount, list line 11g expenses on Schedule O.)	59,277	58,777	500	o
12	Advertising and promotion	719	0	719	0
13	Office expenses	3,296	314	2,942	40
14	Information technology	4,541	2,887	1,654	0
15	Royalties	0	0	0	0
16	Occupancy	6,000	0	6,000	0
17	Travel	19,596	16,482	10	3,104
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	17,994	17,493	501	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	152	0	152	0
23	Insurance	1,404	0	1,404	0
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.)				
а	***************************************				
ь					
C					
d	A				
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	479,336	417,107	33,525	28,704
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

_		Check if Schedule O contains a response or note to any line in this Pa	ırt X		. 🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	43,248	1	58,088
	2	Savings and temporary cash investments	325,667	2	688,177
	3	Pledges and grants receivable, net	111,333	3	254,551
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
9 3	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		6	0
Assets	7	Notes and loans receivable, net	0	7	0
Ą	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	869	9	811
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,633			
	b	Less: accumulated depreciation 10b 1,168		10c	1,465
	11	Investments—publicly traded securities	98.401	11	1,012
	12	Investments-other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0		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)	579,518	16	1,004,104
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	120,249	18	154,555
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
Lia	23	Secured mortgages and notes payable to unrelated third parties	0	22	0
	24	Unsecured notes and loans payable to unrelated third parties	0		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	0		
	26		0		
_	20	Total liabilities. Add lines 17 through 25	120,249	26	154,555
ces		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
Ē	27	Unrestricted net assets	298,123		776,287
ĕ	28	Temporarily restricted net assets	161,146		73,262
Ē	29	Permanently restricted net assets	0	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33 34	Total net assets or fund balances	459,269		849,549
	34	Total liabilities and net assets/fund balances	579,518	34	1,004,104

Form 99	90 (2017)		Pag	je 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI .			
1	Total revenue (must equal Part VIII, column (A), line 12)		843	3,013
2	Total expenses (must equal Part IX, column (A), line 25)		479	,336
3	Revenue less expenses. Subtract line 2 from line 1		363	3,677
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		459	,269
5	Net unrealized gains (losses) on investments		12	2,803
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments		13	3,800
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
_	33, column (B))		849	,549
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		- 2	55 E
	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?	2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	•		enan.
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	- -	- 5	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	7	• 33%	130
	Schedule O.			
За	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?	За		1
ь	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		

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 980 or Form 980-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

d

Name of the organization
FUND FOR INVESTIGATIVE JOURNALISM INC

Employer identification number

52-0895081

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) R ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/2% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/25% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,

	functionally integrated, or i	rype III non-tunc	tionally integrated sup	oporung o	organizati	on.									
f	Enter the number of supported of	organizations .					[
g	Provide the following information	about the supp	orted organization(s).												
	(i) Name of supported organization	(ii) EiN	(iii) Type of organization (described on lines 1-10 above (see instructions))			listed in your governing		listed in your governing) listed in your gover		scribed on lines 1-10 listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No										
(A)															
(B)															
(C)															
(D)															
(E)															
Tota	1	etak menjia ji		5132											

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III. Type III.

that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Part II

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

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

	on A. Public Support	•					
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	353,140	279,819	448,160	436,650	836,171	2,353,940
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge		o	o	,		o
4	Total. Add lines 1 through 3	353,140	279,819	448,160	436,650	836,171	2,353,940
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)						1,543,152
6	Public support. Subtract line 5 from line 4	24.2					810,788
	on B. Total Support	1					
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	353,140	279,819	448,160	436,650	836,171	2,353,940
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	985	2,703	2,458	3,743	6.842	16,731
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	o	0
11	Total support. Add lines 7 through 10				STATE OF		2,370,671
12	Gross receipts from related activities, etc					12	0
13	First five years. If the Form 990 is for the organization, check this box and stop he	-			-	ear as a sectio	
Cooti	on C. Computation of Public Suppo					· · · · · ·	
14	Public support percentage for 2017 (line			1 column (ft)	-	14	34.2 %
15	Public support percentage for 2017 (line					15	29.8 %
16a	331/a% support test—2017. If the organ				nd line 14 is 3:		
100	box and stop here. The organization qua						
b	331/3% support test—2016. If the organ						
	this box and stop here. The organization						
17a	7a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets the meets the	e "facts-and- ts-and-circum	circumstances stances" test.	" test, check The organizati	this box and	stop here.
18	Private foundation. If the organization d instructions	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec		

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

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

Section	on A. Public Support	411401 1110 10	Old Holde Doll	ow, piodoo o	on proto t are t		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Totai
1	Gifts, grants, contributions, and membership fees	(4) 2010	(4) 2014	10,2010	(0) 2010	(0, 20	17,1010
·	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise					-	
	sold or services performed, or facilities			į			
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4							·
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
6	•						
6 79	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3		-				
<i>1</i> a	received from disqualified persons .						
	·		 			-	
Ь	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	ı					
_	· · · · · · · · · · · · · · · · · · ·						
С 8	Add lines 7a and 7b	:		7.5 6	· · · · · · · · · · · · · · · · · · ·		
U	line 6.)						
Section	on B. Total Support	<u> </u>			<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(4) 20.0	1 -, - + · · ·	(0) = 0.0	(4) = 0.10	(0),2011	(,)
10a							
	payments received on securities loans, rents,				1		
	royalties, and income from similar sources .		ŀ		1		
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether		1				
	activities not included in line 100, whether		1				
	or not the business is regularly carried on						
12	or not the business is regularly carried on Other income. Do not include gain or			:			
12	or not the business is regularly carried on						
12	or not the business is regularly carried on Other income. Do not include gain or						
12	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets						
	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 VI.)						
	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 VI.)		n's first, secon	d, third, fourth	n, or fifth tax ye	ear as a sectio	on 501(c)(3)
13	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 VI.)				n, or fifth tax yo		
13 14	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 VI.)	re rt Percentag	 e				▶ 🗆
13 14 Secti	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 VI.)	re rt Percentag 8, column (f) d	e ivided by line 1			15	▶ □
13 14 Secti 15 16	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 VI.)	re rt Percentag 8, column (f) d nedule A, Part	e ivided by line 1 III, line 15				▶ 🗆
13 14 Secti 15 16 Secti	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 VI.)	re rt Percentag 8, column (f) d nedule A, Part come Perce	e ivided by line 1 III, line 15 .	13, column (f))		15	% %
13 14 Secti 15 16 Secti 17	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 VI.)	re rt Percentag 8, column (f) d nedule A, Part come Perce line 10c, colur	ivided by line 1 III, line 15 Intage nn (f) divided b	13, column (f)		15 16	% %
13 14 Secti 15 16 Secti 17 18	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 VI.)	re rt Percentag 8, column (f) d nedule A, Part come Perce line 10c, colur 6 Schedule A,	ivided by line 1 III, line 15 Intage nn (f) divided b	i3, column (f)	mn (f))	15 16 17 18	% % %
13 14 Secti 15 16 Secti 17	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 VI.)	re rt Percentag 8, column (f) d nedule A, Part come Perce line 10c, colur 6 Schedule A, ization did not	ivided by line 1 III, line 15 Intage Inn (f) divided by Part III, line 17 In the check the box	i3, column (f)) by line 13, colu c on line 14, a	mn (f))	15 16 17 18 nore than 331/3	% % % % %, and line
13 14 Secti 15 16 Secti 17 18 19a	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 VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Support Public support percentage for 2017 (line Public support percentage from 2016 Scon D. Computation of Investment Interestment income percentage from 2017 (Investment income percentage from 2017 (structure) as support tests—2017. If the organization of more than 331/3%, check this box	re rt Percentag 8, column (f) d nedule A, Part come Perce line 10c, colur 6 Schedule A, ization did not and stop here	ivided by line 1 III, line 15 Intage Inn (f) divided be Part III, line 17 In check the book. The organizati	by line 13, column (f)) ov line 13, column (f)	mn (f))	15 16 17 18 hore than 331/2 orted organization	% % % %, and line ion . ▶ □
13 14 Secti 15 16 Secti 17 18	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 VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Support Public support percentage for 2017 (line Public support percentage from 2016 Scion D. Computation of Investment Interestment income percentage from 2017 (Investment income percentage from 2017 (structure) in the organization of the	re rt Percentag 8, column (f) d nedule A, Part come Perce line 10c, colur 6 Schedule A, ization did not and stop here zation did not o	ivided by line 1 III, line 15 Intage nn (f) divided be Part III, line 17 check the boo. The organizationeck a box on	by line 13, columx on line 14, a con qualifies as line 14 or line	mn (f))	15 16 17 18 nore than 331/2 orted organizate is more than	% % % % % % % % % 33¹a%, and
13 14 Secti 15 16 Secti 17 18 19a	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 VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Support Public support percentage for 2017 (line Public support percentage from 2016 Scon D. Computation of Investment Interestment income percentage from 2017 (Investment income percentage from 2017 (structure) as support tests—2017. If the organization of more than 331/3%, check this box	re rt Percentag 8, column (f) d nedule A, Part come Perce line 10c, colur 6 Schedule A, ization did not and stop here eation did not o box and stop I	ivided by line 1 III, line 15 Intage Inn (f) divided by Part III, line 17 In check the box In organization of the companization or the organization or the organization of the organization of the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization of the organizatio	by line 13, column (f)) oy line 13, column (f)) ox on line 14, a sion qualifies as line 14 or line sization qualifies	mn (f))	15 16 17 18 nore than 331/3 orted organization is more than upported organization is more than upported organization.	% % % % % % % % % 33¹/3%, and nization ▶ □

Supporting Organizations Part IV

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

Section	A. All	Supporting	Organizations

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	•	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	41	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	* .	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	:	
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	7 7	

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
		لــــا	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	3		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			:
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		V	- N-
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No_
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Part VI).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		,
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> . Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	2-		
ь	trustees of each of the supported organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3a 3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	(A.S.		
factors (explain in detail in Part VI):	(2.4) (1.6)		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		· · · · · · · · · · · · · · · · · · ·
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	Date Company	
2 Enter 85% of line 1.	2	tern a transcrip	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	70 77 13 14	
4 Enter greater of line 2 or line 3.	4	7,000 to 6000 to 5000 to 6000 to	·····
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
emergency temporary reduction (see instructions).	6	ride de la lacide	
7 Check here if the current year is the organization's first as a non-functional	lv in	tegrated Type III supporting	organization (see

Part		3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017		entrine period the entries	
а		at with the late of the		
b	From 2013	are sealed the	AND DESCRIPTION OF	
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			MCS CITY COLOR
h	Applied to 2017 distributable amount	创作者。《中 <u>世</u> 里》至1		
i	Carryover from 2012 not applied (see instructions)	MARKET STATE OF THE STATE OF	STONE DESCRIPTION	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			10
8	Breakdown of line 7:		2000 00 WEST	
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
d	Excess from 2016	America april - September 1		PACE STREET, VOL.
е	Excess from 2017			

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

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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

OMB №. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization **FUND FOR INVESTIGATIVE JOURNALISM INC** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X

Part	III Organizations Maintaining Co	ollections of Art, His	torical Treasures	s, or Other Similar	Assets (continued)
3	Using the organization's acquisition, according to the collection items (check all that apply):	cession, and other reco	rds, check any of t	he following that are a	a significant use of its
а	☐ Public exhibition	d	□ Loan or exchan	ge programs	
b	☐ Scholarly research	e	Other		
C	☐ Preservation for future generations				
4	Provide a description of the organization XIII.				
5	During the year, did the organization so assets to be sold to raise funds rather that				
Part					_
	Complete if the organization ar 990, Part X, line 21.				
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?	ustodian or other interr	nediary for contribu	tions or other assets	not Pes No
b	If "Yes," explain the arrangement in Part	XIII and complete the fo	ollowing table:		Amount
C	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount of				
b	If "Yes," explain the arrangement in Part	XIII. Check here if the e	xplanation has beer	provided on Part XIII	<u> </u>
Par	Endowment Funds.				
	Complete if the organization ar				
_	}	(a) Current year (b) Pr	for year (c) Two year	ars back (d) Three years b	ack (e) Four years back
1a	Beginning of year balance		<i>'</i>		
b	Contributions				 -
С	Net investment earnings, gains, and losses				
d	Grants or scholarships				
е	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the		ce (line 1g, column (a)) held as:	
a	Board designated or quasi-endowment	<u> </u>			
Ь	Permanent endowment >	.%			
С	Temporarily restricted endowment ▶	% 			
2-	The percentages on lines 2a, 2b, and 2c	should equal 100%.	innting that are bald	l and administered for	tha
3a	Are there endowment funds not in the programization by:	ossession of the organ	ization that are nero	i and administered for	Yes No
	•				. 3a(i)
	(i) unrelated organizations (ii) related organizations				. 3a(ii)
b	If "Yes" on line 3a(ii), are the related orga				. 3b
4	Describe in Part XIII the intended uses of				. 601
	VI Land, Buildings, and Equipme				
	Complete if the organization ar		rm 990. Part IV. lin	ne 11a. See Form 99	0, Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)		(d) Book value
1a	Land	0	0		0
b	Buildings	O	0	0	0
¢	Leasehold improvements	0	0	0	0
d	Equipment	0	2,633	1,168	1,465
<u>e</u>	Other				
Total.	Add lines 1a through 1e. (Column (d) mus	st equal Form 990, Part	X, column (B), line 1	0c.) ▶	1,465

Part VII	Investments—Other Securities.	N/ line 11h Coo F	000	Dart V. line 10
	Complete if the organization answered "Yes" on Form 990, Part			
	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation: -of-year market value
(1) Financial				
• •	neld equity interests			
(3) Other	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
(A)				
(B)				
(C)				
(D)	***************************************			•
(E)	~~~			
(F)				
(G)				
(H)				
	n) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related.	N/ U 44 . O F		3-4V !! 40
	Complete if the organization answered "Yes" on Form 990, Part			
	(a) Description of investment	(b) Book value		thod of valuation: -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	o) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See F	orm 990, I	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)		····		
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
Larex	Complete if the organization answered "Yes" on Form 990, Part	IV. line 11e or 11f.	See Form	990. Part X
	line 25.	11, 1110 110 01 1111	000 1 0	
1.	(a) Description of liability			(b) Book value
(1) Federal in				
(2)			<u>-</u>	
(3)				
(4)				
(5)				<u> </u>
(6)				
(7)				
(8)				
(9)				
	n) must equal Form 990, Part X, col. (B) line 25.) ▶			
	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ			
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the te	ext of the footnote has	been provi	ded in Part XIII 🔲

Part			return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	T 4 T
1	Total revenue, gains, and other support per audited financial statements	• • • • • • • • •	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		: , ·
a	Net unrealized gains (losses) on investments	2a	4 . .
þ	Donated services and use of facilities		4 7 ≈ 1
C	Recoveries of prior year grants		4 : 1
d	Other (Describe in Part XIII.)		4 124
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	- h
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4 1
b	Other (Describe in Part XIII.)	4b]	4
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses po	er Heturn.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	11	
a	Donated services and use of facilities	2a	4 1
ь	Prior year adjustments		4:
C	Other losses	2c	4.
ď	Other (Describe in Part XIII.)		e gran
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	, , , , , , , , , , ,	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	4-4-1-1
_			4c
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5
	XIII Supplemental Information.		
2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	nformation.

			•••••
			•••••

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#### **SCHEDULE F** (Form 990)

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

OMB No. 1545-0047 2017

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990.

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

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

Inspection Employer identification number

FUN	D FOR INVESTIGATIVE JOURNA						0895081
Pai	Form 990, Part IV, line	14b.		the United States. Comp			vered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for th	e grants or as				<b></b> ✓Yes □No
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for monit	toring the use o	of its grants	and other
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is need	ded.)	
-	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specifi service(s) in the	ervice, ic type of	(f) Total expenditures for and investments in the region
(1)	South America	o	1	Grantmaking	Investigative jou	ırnalism	4,500
(2)	North America (including Cana	0	2	Grantmaking	Investigative jou	ırnalism	13,970
(3)	Europe (including Iceland and t	0	1	Grantmaking	Investigative jou	ımalism	3,450
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a							
b	Total from continuation sheets to Part I						

c Totals (add lines 3a and 3b)

21,920

Page 2

Schedule F (Form 990) 2017

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(6)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2 Enter total nu	umber of recipient	it organizations lis	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ognized as charitie	es by the foreign cour	reign country, recognized as tax-ex	ax-exempt	

Schedule F (Form 990) 2017

Enter total number of other organizations or entities

က

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

				-4-:-		
(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
North America (including	2	13,970	wire			book value
South America	1	4,500	wire	ļ		book value
Europe (including Iceland	1	3,450	wire			book value
	(b) Region  North America (including  South America	North America (including 2  South America 1	(c) Number of recipients (d) Amount of cash grant  North America (including 2 13,970  South America 1 4,500	(b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash grant disbursement  North America (including 2 13,970 wire  South America 1 4,500 wire	(c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash disbursement (e) Manner of cash disbursement (f) Amount of noncash disbursement (f) Amo	(b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash assistance (g) Description of noncash assistance (south America (including 2 13,970 wire

Page	4

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

Dart	W	 $\overline{}$

#### Supplemental Information

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

Schedule F, Part I, Line 2 · 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 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 proposal. The Fund also
establishes deadlines for completion and monitors progress of grantees for the duration of the grant period.
establishes deadlines for completion and monitors progress of grantees for the duration of the grant period.
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#### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

2017
Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization **FUND FOR INVESTIGATIVE JOURNALISM INC** 52-0895081 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ✓ Yes □No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Part II 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant 1 (a) Name and address of organization (book, FMV, appraisal, other) noncash assistance or assistance (if applicable) grant cash assistance or government (1) Sch I, Stmt 1 (2) (4) (8) (9) (10)(11) (12)5 

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistan
Investigative journalism grant	13	98,365	0	book value	
		-			
V Supplemental Information. Prov	ride the information re	equired in Part I, line	e 2; Part III, columr	(b); and any other additi	onal information.
ule I, Part I, Line 2 - Before awarding grants, ti	he Fund requires written	commitments from ne	ws outlets that suppor	rted work will be published or	broadcast, as long as it meets
organization's standards. The Fund pays half					
ne original proposal. The Fund also establishe					
RE Original proposal. The Full also established	is deadines for complete	on and monitors progr	cos or grantees for the		
				•••••	
				•••••	

Page: 1

Part II, Line 1

Form: Schedule I (2017) EIN: 52-0895081

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst
Name and address	EARTH ISLAND INSTITUTE	94-2889684	8,000	C
	2150 Allston Way Suite 460			
	Berkeley, CA 94704			
IRC code section	501(c)(3)			
Method of valuation	book value			
Desc. of Non-Cash Asst.				
Purpose of grant	Investigative journalism grant			
Name and address	INVESTIGATEWEST	27-0170663	9,950	C
	P O Box 9574			
	Seattle, WA 98109			
IRC code section	501(c)(3)			
Method of valuation	book value			
Desc. of Non-Cash Asst.				
Purpose of grant	Investigative journalism grant			
Name and address	SAN FRANCISCO PUBLIC PRESS	27-1275141	9,000	C
	44 Page Street			
	Suite 504			
	San Francisco, CA 94110			
IRC code section	501(c)(3)			
Method of valuation	book value			
Desc. of Non-Cash Asst.				
Purpose of grant	Investigative journalism grant			
Name and address	SOUTHERN CALIFORNIA PUBLIC RADIO	95-4765734	6,500	(
	474 South Raymond Avenue			
	Pasadena, CA 91105			
IRC code section	501(c)(3)			
Method of valuation	book value			
Desc. of Non-Cash Asst.				
Purpose of grant	Investigative journalism grant			
Name and address	TEXAS TRIBUNE	26-4527097	8,000	(
	823 Congress			
	Suite 1400			
	Austin, TX 78701			
IRC code section	501(c)(3)			
Method of valuation	book value			
Desc. of Non-Cash Asst.				
Purpose of grant	Investigative journalism grant			
Name and address	BELLY OF THE BEAST LLC	38-3925899	8,500	(
	4631 South Idlewild Road			
	Salt Lake City, UT 84124			
IRC code section				
Method of valuation	book value			
Desc. of Non-Cash Asst.				
Purpose of grant	Investigative journalism grant			
Name and address	PUBLIC SOURCE	25-1229210	6,750	(
	746 East Warrington Avenue			
	Pittsburgh, PA 15210			

#### FUND FOR INVESTIGATIVE JOURNALISM INC

Schedule I, Part IV, Statement 1

IRC code section

Method of valuation

book value

Desc. of Non-Cash Asst.

Purpose of grant Investigative journalism grant

#### 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.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

**FUND FOR INVESTIGATIVE JOURNALISM INC** 52-0895081 Form 990, Part VI, Section B, Line 11b - The Fund provides an electronic copy of the Form 990 to the Board to review prior to filing the form. Form 990, Part VI, Section B, Line 12c - 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. Form 990, Part VI, Section B, Line 15 - The Executive 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 Form 990, Part VI, Section C, Line 19 - The Fund's governing documents, conflict of interest policy and financial statements are available to the public upon written request. Form 990, Part IX, Line 11g - Technology Consultant (\$10,800); Administrative support (\$60); Mentor Honorarium (\$1,000); and Fellowships

Schedule O, Statement 1

#### **FUND FOR INVESTIGATIVE JOURNALISM INC**

Form: Form 990 (2017)

EIN: 52-0895081

Page: 1

Header Section

#### Reasonable Cause Explanations

#### Explanation

The Fund for Investigative Journalism applied for an extension of time to file to enable us to file a complete and accurate return. The request for the extension was approved by the Internal Revenue Service.

Schedule B (I	Form 990, 990-EZ, or 990-PF) (2017)				Page	of	of Part II	
Name of or					Employer ide			
	R INVESTIGATIVE JOURNALISM INC				* *	-089508		
Part III	Exclusively religious, charitable, etc (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional and the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of the copies of th	the year from any ons completing Pa e year. (Enter this in	one contributor. It III, enter the tota formation once. S	Complete (	n section 50 columns (a) t vely religious	1(c)(7) through	), (8), or h (e) and	
(a) No.		4.0.5	d) Description of how gift is held					
from Part I	(b) Purpose of gift	(c) Use	or gift	(a) Des	scription of h	ow git	t is held	
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
⊢	Transieree's name, address, and	J 21F + 4	Neiatioi	isinp or ira	ilsieror to trai	1516166	<del></del>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift (d)		(d) Des	) Description of how gift is held		t is held	
-				<b>†</b>				
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4 Relationship of tr					nsfere	e	
[.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift (d		(d) Des	scription of h	ow gif	it is held	
ļ				<b></b>				
				<b></b>		•••••		
-	·····-			<b>†</b>				
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						e	
[.								
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) De:	scription of h	ow gif	it is held	
				<b>ֈ</b>				
	·····-			<b>†</b>				
<u> </u> -				<del> </del>				
<u> </u>		(e) Trans	fer of gift					
ĺ	Transferee's name, address, an	d ZIP + 4	Relatio	nship of tra	nsferor to tra	nsfere	e	

#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

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

For to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

**FUND FOR INVESTIGATIVE JOURNALISM INC** 52-0895081 Organization type (check one): Filers of: Section: Form 990 or 990-EZ √ 501(c)( ) (enter number) organization 3 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **FUND FOR INVESTIGATIVE JOURNALISM INC**  Page 1 of 2 of Part I
Employer identification number

52-0895081

Part I	Contributors (see instructions). Use duplicate copies o	f Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$15,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 45,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$25,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$75,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 15,000	Person

Name of organization **FUND FOR INVESTIGATIVE JOURNALISM INC**  Page 2 of 2 of Part I
Employer identification number

52-0895081

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$75,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$200,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>127,200</u>	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$100,000	Person  Payroli  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Employer Identification number

52-0895081

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	