(Rev. January 2020) Department of the Treasury

A For the 2019 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

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

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

and ending

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

Inspection

OMB No. 1545-0047

Check if applicable: C Name of organization D Employer identification number Address change 100REPORTERS Name change **-***2671 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 1875 CONNECTICUT AVE NW 10TH FLOOR 2026836485 termin-ated 441,899. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ X Amended return WASHINGTON, DC 20009 H(a) Is this a group return Applica-F Name and address of principal officer: DIANA SCHEMO Yes X No for subordinates? 1875 CONNECTICUT AVE NW 10TH FLOOR, WASHINGT H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3)) ◀ (insert no.) 4947(a)(1) or L If "No," attach a list. (see instructions) J Website: ► WWW.100R.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2011 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: 100REPORTERS' MISSION IS TO Activities & Governance "INFORM THE PUBLIC'S RIGHT TO KNOW THROUGH INVESTIGATIVE JOURNALISM, Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 1 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 26 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 7b **Current Year Prior Year** 483,529 390,951. Contributions and grants (Part VIII, line 1h) Revenue 48,969. 50,948. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 532,498. 441.899 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. $1\overline{12,512}$ 112,724. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 364,390. 334,664. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 476,902. 447,388. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -5,489. 55,596. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 123,580. 147,541. 20 Total assets (Part X, line 16) 110,647. 81,197. 21 Total liabilities (Part X, line 26) 42,383. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DIANA SCHEMO, PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature PHIL ROSENBERG 02/17/21 P00221232 Paid self-employed Firm's name ROSENBERG & MANENTE, PLLC Preparer Firm's EIN ▶ Firm's address 12 W 32ND STREET, 10TH FL Use Only Phone no. 212-563-2525 NEW YORK, NY 10001 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: 100REPORTERS' MISSION IS TO "INFORM THE PUBLIC'S RIGHT TO KNOW THROUGH
	INVESTIGATIVE JOURNALISM, ADAPTING TRADITIONAL TOOLS AND STANDARDS OF
	ETHICS AND EXCELLENCE TO THE NEW MEDIA LANDSCAPE, AND WORKING WITH
	WHISTLEBLOWERS AND CITIZEN WATCHDOGS TO EXPOSE CORRUPTION AND HEIGHTEN
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 344,785 · including grants of \$) (Revenue \$ 29,844 ·)
	DOUBLE EXPOSURE INVESTIGATIVE FILM FESTIVAL AND SYMPOSIUM: IN LINE WITH
	ITS MISSION TO "INFORM THE PUBLIC'S RIGHT TO KNOW THROUGH INVESTIGATIVE
	JOURNALISM" AND TO "[ADAPT] TRADITIONAL TOOLS AND STANDARDS TO THE NEW
	MEDIA LANDSCAPE, " 100REPORTERS PRESENTED THE FIFTH ANNUAL EDITION OF
	DOUBLE EXPOSURE, THE NATION'S ONLY INVESTIGATIVE FILM FESTIVAL AND
	SYMPOSIUM, FROM OCTOBER 10-14, 2018, IN WASHINGTON, D.C. THE FESTIVAL
	SCREENED FIFTEEN NEW FILMS DRIVEN BY THE INVESTIGATIVE INSTINCT TO
	AUDIENCES AT THE NATIONAL ARCHIVES AND THE NAVAL HERITAGE CENTER. THESE
	INCLUDED NINE FEATURE-LENGTH FILMS AND SIX SHORT FILMS, DOMINATED BY
	WORLD, U.S. OR WASHINGTON PREMIERES. OPENING NIGHT AT THE NATIONAL
	ARCHIVES FEATURED DESERT ONE, BY TWO-TIME ACADEMY AWARD WINNING
	DIRECTOR BARBARA KOPPLE, A FILM TELLS THE STORY OF THE FAILED ATTEMPT
4b	(Code:) (Expenses \$
	CIVIC ACCOUNTABILITY: 100REPORTERS USED MATERIAL, EDITORIAL AND LEGAL
	(E.G., FIRST AMENDMENT, FREEDOM OF INFORMATION, COURT) RESOURCES TO
	ADVANCE CIVIC ACCOUNTABILITY THROUGH JOURNALISM WORLDWIDE. 100REPORTERS
	PUBLISHED ORIGINAL INVESTIGATIONS AND REPORTS IN 2019 THAT HELD
	GOVERNMENT AGENCIES, COMPANIES AND INTERNATIONAL ORGANIZATIONS
	ACCOUNTABLE TO THE PUBLIC. PUBLISHED REPORTS IN 2019 INCLUDED "ASYLUM
	FOR SALE" A THREE-PART GLOBAL SERIES ON CORRUPTION IN THE LOCAL
	OPERATIONS OF THE UNHCR, THE AGENCY CHARGED WITH PROTECTING THE RIGHTS
	OF REFUGEES ACROSS THE GLOBE, WHICH SHOWED THAT CORRUPT OFFICIALS WERE
	FORCING REFUGEES TO PAY FOR BASIC SERVICES AND EVEN SIMPLE REFERRALS,
	AND FACED RETALIATION FOR BLOWING THE WHISTLE. THIS LED TO AN INTERNAL INVESTIGATION AT THE UNITED NATIONS. ANOTHER PROJECT LOOKED AT
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses > 396.134.

Form 990 (2019) 100REPORTERS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		х
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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		Х
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		Х
С	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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3,7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	, 1 , , ,	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			₩
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2019) 100REPORTERS Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			3,7
•	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		╁
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
а	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		. v	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	X	
ı al	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Sofiedule O Contains a response of flote to any line in this Fait V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10		169	140
b				
	(gambling) winnings to prize winners?	1c	Х	
			200	

2019) 100REPORTERS Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2019) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	, , , , , , , , , , , , , , , , , , , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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			٠,,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?	l °		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
11	Section 501(c)(12) organizations. Enter:	-		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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Form 990 (2019) 100REPORTERS **-**2671 Page

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
		8a	Х	
	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	-25	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
800	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		_ 21
000	tion B. Folicies (This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
J	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 filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5		
·	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa		16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ioa		
J	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))s onl	ı) avail	able
.5	for public inspection. Indicate how you made these available. Check all that apply.	,5 51119	, avaii	4010
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial	
19	statements available to the public during the tax year.	u ma	ioiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	100REPORTERS - 2026836485			
	1875 CONNECTICUT AVENUE NW, 10TH FLOOR, WASHINGTON, DC 20009			

Form 990 (2019) 100REPORTERS **-**2671 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n		orga	aniza			npe	nsat			
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list any	_					Ĺ	from the	from related organizations	other compensation
	hours for	Individual trustee or director				_		organization	(W-2/1099-MISC)	from the
	related	96 Or	stee			ısate		(W-2/1099-MISC)	(W 2/ 1000 Wiles)	organization
	organizations	truste	Institutional trustee		yee	mper				and related
	below	idual	ution	-	key employee	est co oyee	θľ			organizations
	line)	Indiv	Instit	Officer	Key e	High est compensated employee	Former			
(1) DIANA JEAN SCHEMO	50.00									
PRESIDENT AND EXECUTIVE DIRECTOR		Х	4	X			4	68,180.	0.	12,459.
(2) RON NIXON	8.00								_	_
CHAIRMAN OF THE BOARD/TREASURER/SECR		Х		Х		K		0.	0.	0.
(3) MARGARET EBRAHIM	2.00									
BOARD MEMBER		Х		X			7	0.	0.	0.
(4) BRETT PULLEY	2.00	٠,,						_	_	0
BOARD MEMBER	0.00	Х						0.	0.	0.
(5) SUZANNE REBER BOARD MEMBER	0.00	V						0.	0.	0.
(6) KATHY DAVIDOV	2.00	^						0.	0.	0.
BOARD MEMBER	0.00	v						0.	0.	0.
BOARD MEMDER	0.00							0.	0.	0.
		<u> </u>			_					
			l							

(A)	(B) Average	D 141				(E)		F	(F)	لم			
Name and title	hours per	box,	(do not check more than one box, unless person is both an officer and a director/trustee)			than	h an	Reportable compensation	Reportable compensation	า	am	timate ount o	
	week (list any	\vdash	Jer an	u a u	recio	Jiruus	lee)	from the	from related organizations	6		other oensat	tion
	hours for	or director	e e			sated		organization	(W-2/1099-MIS			om the	9
	related organizations	trustee	al truste		/ee	mpens		(W-2/1099-MISC)				anizati I relate	
	below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compens employee	Former					nizatio	
	iii le)	lnc	lus	₩0	Ke	E H	혼						
							4						
			4										
						K							
1b Subtotal								68,180.		$\frac{0}{0}$	1:	2,45	59 0
c Total from continuation sheets to Part Vid. Total (add lines 1b and 1c)					7			68,180.		0.	1:	2,4!	•
2 Total number of individuals (including but n						e) wl	no r	eceived more than \$100	,000 of reportable	Э		-	
compensation from the organization											I	Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, o	r hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15			-					•	-		4		Х
5 Did any person listed on line 1a receive or a	accrue compe	nsati	ion f	rom	any	/ uni	elat	ed organization or indivi	dual for services				
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or su	ıch j	pers	son					5		Х
Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of com	pens	ation f	rom	
the organization. Report compensation for	the calendar y	ear e	endi	ng w	vith	or w	rithir		year.			_	
(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	C	(C omper		า
2 Total number of independent contractors (i	including but n	ot lir	mite	d to	tho	se li	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi	-					0		•					

Form 990 (20	19) IUUREPORTERS	~~-~~20/1	Page :
Part VIII	Statement of Revenue		

		Check if Schedule O contains a response o	or note to any lin	e in this Part VIII			X
			,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts	1	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
Ğ,		c Fundraising events 1c					
ar /		d Related organizations 1d					
s, G		e Government grants (contributions) 1e					
Sign		f All other contributions, gifts, grants, and					
he		similar amounts not included above 1f	390,951.				
들던		g Noncash contributions included in lines 1a-1f	, , , ,				
Sor		h Total. Add lines 1a-1f		390,951.			
			Business Code				
o l	2	3 DATE GOT ON TO THE COT ON T	900099	29,844.	29,844.		
Program Service Revenue		b PROGRAM CONTRACT FEES	900099	21,104.	21,104.		
Sel				, -	<u>, </u>		
E S		-d					
Ba		a					
Pr		f All other program service revenue					
		g Total. Add lines 2a-2f	•	50,948.	7		
	3	Investment income (including dividends, interes					
	•	other similar amounts)	▶				
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	-	(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	•	assets other than inventory 7a	Ü				
		b Less: cost or other basis					
e e	,	and sales expenses					
Other Revenue		c Gain or (loss) 7c					
Re		d Net gain or (loss)					
ē		a Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		b Less: direct expenses 8b					
		a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		a Gross sales of inventory, less returns	,				
		and allowances 10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
<u></u>			Business Code				
ğ a	11	а					
ane		b					
e e		с					
Miscellaneous Revenue		d All other revenue					
_		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions	—	441,899.	50,948.	0.	0.

Form 990 (2019) 100REPORTERS
Part IX Statement of Functional Expenses

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

3601	on 501(c)(3) and 501(c)(4) organizations must com			, , ,	
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	40.400			
	trustees, and key employees	68,180.	58,215.	4,982.	4,983.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	26 010	22 000	1 060	1 050
7	Other salaries and wages	26,819.	22,900.	1,960.	1,959.
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	12,458.	10,734.	863.	861.
9	Other employee benefits	5,267.	4,540.	363.	364.
10 11	Payroll taxes Fees for services (nonemployees):	5,201	1,510.	303.	504.
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		_		
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	7,529.	6,819.		710.
13	Office expenses	2,168.	1,042.	1,126.	
14	Information technology	1,860.	430.	1,130.	300.
15	Royalties	14 000		14 000	
16	Occupancy	14,822.	22 (50	14,822.	
17	Travel	23,406.	22,658.	748.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	69,155.	68,193.	278.	684.
19	Conferences, conventions, and meetings	09,100.	00,193.	210.	004.
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	9,122.		9,122.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	CONTRACT SERVICES	139,106.	137,787.		1,319.
b	FACILITIES AND EQUIPMEN	43,563.	43,467.	96.	
С	PRINTING AND COPYING	9,475.	9,475.		
d	EDITORIAL EXPENSES	7,262.	7,262.	4 504	
	All other expenses	7,196.	2,612.	4,584.	11 100
25	Total functional expenses. Add lines 1 through 24e	447,388.	396,134.	40,074.	11,180.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2010)

Form 990 (2019)
Part X Balance Sheet

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	44,222.	1	6,297.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	75,000.	4	140,539.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges	2,558.	9	0.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	7	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,800.	15	705.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	123,580.	16	147,541.
	17	Accounts payable and accrued expenses	50,147.	17	86,997.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
တ္ဆ	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	31,050.	22	23,650.
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	81,197.	26	110,647.
		Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	-59,247.	27	-64,736.
Ва	28	Net assets with donor restrictions	101,630.	28	101,630.
P I		Organizations that do not follow FASB ASC 958, check here			
Ē.		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	42,383.	32	36,894.
- 1	33	Total liabilities and net assets/fund balances	123,580.	33	147,541.

Form **990** (2019)

Form 990 (2019) 100REPORTERS **-**2671 Page 12

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,3	
3	Revenue less expenses. Subtract line 2 from line 1	3		5,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	2,3	83.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3	6,8	94.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cther				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie 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 on Sc	hedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number **-***2671 100REPORTERS Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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 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, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	393,177.	303,300.	333,427.	483,529.	340,951.	1,854,384.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	393,177.	303,300.	333,427.	483,529.	340,951.	1,854,384.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			1			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.)			1,854,384.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	393,177.	303,300.	333,427.	483,529.	340,951.	1,854,384.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,				_	_	
	and income from similar sources	6,185.	7,245.	0.	0.	0.	13,430.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						1,867,814.
	Gross receipts from related activities,					12	128,939.
13	First five years. If the Form 990 is for	-	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
800	organization, check this box and stoperion C. Computation of Publ	here	roontago				<u></u> ▶∟⊥
						44	99.28 %
	Public support percentage for 2019 (14	45 50
	Public support percentage from 2018					15	
Ioa	33 1/3% support test - 2019. If the containing and life of	-					
h	stop here. The organization qualifies 33 1/3% support test - 2018. If the o						
D		•		•		•	
170	and stop here. The organization qual 10% -facts-and-circumstances tes						
1 <i>1</i> a							
	and if the organization meets the "fact meets the "facts-and-circumstances"						
h							
O	10% -facts-and-circumstances tes more, and if the organization meets the						
	organization meets the "facts-and-circ						
12							
10	Private foundation. If the organization	in ala not check a	DUX UIT IIITE TO, TO	a, 100, 17a, 01 17t	, crieck tris box a	nu see mstruction	·

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.)

qualify under the tests listed	below, please com	plete Part II.)				
Section A. Public Support				(0 00 : 5	1300:5	(n = · ·
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities				4		
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5		1		1		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
	1 1 2015	# N 22 42	() 2017	4,00040	1 1 2 2 2 2 2	
Calendar year (or fiscal year beginning in)		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	;					
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is form	or the organization?	s first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) organiz	zation,
check this box and stop here	li - 0					▶∟
Section C. Computation of Pub					11	
15 Public support percentage for 2019			column (f))			-
16 Public support percentage from 201					16	-
Section D. Computation of Inve					1 1	
17 Investment income percentage for 2						1
18 Investment income percentage from						
19a 33 1/3% support tests - 2019. If th	-					17 is not
more than 33 1/3%, check this box b 33 1/3% support tests - 2018. If the						▶ L and
line 18 is not more than 33 1/3%, ch	neck this box and s	t op here. The orga	nization qualifies	as a publicly supp	oorted organization	▶□
20 Private foundation If the organizat						

Part IV | Supporting Organizations

(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

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

		Yes	No
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	9b		
	9с		
	30		
	40		
	10a		
	4		
	10b		
m 9	90 or 99	90-EZ	2019

Do	det IV Commerce of the EZ 2010			igo o
Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	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. tion B. Type I Supporting Organizations	11c		<u> </u>
360	tion b. Type i Supporting Organizations		Voc	No
4	Did the directors, trustees, or membership of one or more supported organizations have the newer to		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.	1		
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		
Sec	tion C. Type II Supporting Organizations			
	and on type in capper and one		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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
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	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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> .	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruc					
	other Type III non-functionally integrated supporting organizations must con	nplete	Sections A through E.		
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c	7		
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 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			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, Jine 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally	/ integr	rated Type III supporting org	ganization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2019

Par	t V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
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 which the	ne organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019	_		
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
ī	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the	organization
-------------	--------------

Employer identification number

100REP	ORTERS			**_**	**267	1	
Part I Excess Benefit Tran	sactions (section 501(c)(3), sect	ion 501(c)(4), and se	ction 501(c)(29) orga	anizations c	nly).		
Complete if the organization	n answered "Yes" on Form 990, Pa	<u> </u>	o, or Form 990-EZ, P	art V, line 4	0b.		
(a) Name of disqualified person	(b) Relationship between disqual	ified (c	(c) Description of transaction		(d) Corrected?		
(-)	person and organization	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, = =====			Yes	No
2 Enter the amount of tax incurred by	the organization managers or disc	qualified persons du	ring the year under				
3 Enter the amount of tax, if any, on	ine 2, above, reimbursed by the or	ganization		> \$			
Part II Loans to and/or From	m Interested Persons.		-				
	n answered "Yes" on Form 990-EZ	Port V line 22a or I	Form 000 Port IV lin	o 26: or if th	ho organ	vization	
•	m 990, Part X, line 5, 6, or 22.	, Part v, line soa or r	-onii 990, Part IV, III	ie 26, or ii ti	ne organ	lization	
(a) Name of (b) Relation	onship (c) Purpose (d) Loan to or	(e) Original	(f) Balance due	(g) In	(h) Appr	oved (i	i) Written
interested person with organ	ization of loan from the organization?	principal amount	(7 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -	default?	commit	tee? ag	reement?
	To From			Yes No	Yes	No Y	es No
DIANA SCHEMO PRESI	DENCASHFLOW X	40,000.	23,650.	X	X		X
							_
			00 650		\perp		
Total Part III Grants or Assistance	e Benefiting Interested Pe	> \$	23,650.				
	n answered "Yes" on Form 990, Pa						
(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Type	of	(e)	Purpos	e of
(a) Name of interested person	interested person and	assistance	assistan			ssistano	
	the organization						

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

Schedule L (Form 990 or 990-EZ) 2019

(a) Name of interested person	(In) Deletional Color	8b, or 28c.	(-N.D	(e) Sha	aring of		
	(b) Relationship between interested person and the organization	Relationship between interested person and the organization (c) Amount of transaction (d) Description transaction		nsnip between interested (c) Amount of (d) Descri n and the organization transaction transac		(e) Sha organiz rever	ation's nues?
				Yes	No		
				1			
				1			
				+			
				1			
D . W. C							
Part V Supplemental Information.	annes to supptions on Cabadula I (and	:					
Provide additional information for resp	onses to questions on Schedule L (see	instructions).					
SCHEDULE L, PART II, LOANS	S TO AND FROM INTERES	STED PERSO	NS:				
(A) NAME OF PERSON: DIANA	SCHEMO						
(B) RELATIONSHIP WITH ORGA	ANIZATION: PRESIDENT						
		· · · · · · · · · · · · · · · · · · ·					
	·						

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

100REPORTERS

Employer identification number **-***2671

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADAPTING TRADITIONAL TOOLS AND STANDARDS OF ETHICS AND EXCELLENCE TO

THE NEW MEDIA LANDSCAPE, AND WORKING WITH WHISTLEBLOWERS AND CITIZEN

WATCHDOGS TO EXPOSE CORRUPTION AND HEIGHTEN PUBLC ACCOUNTABILITY"

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PUBLIC ACCOUNTABILITY." 100REPORTERS WORKS WITH ACCOMPLISHED

JOURNALISTS EXPERIENCED IN "DEEP DIVE" INVESTIGATIVE REPORTING, WITH

EXPERTISE COVERING A RANGE OF ISSUES AND AREAS, FROM GOVERNMENT,

ENVIRONMENT AND EDUCATION TO ART, POLITICS AND NATIONAL SECURITY. THEY

WORK ON INDIVIDUAL ARTICLES AND COLLABORATE ON CROSS-BORDER PROJECTS.

THE RESULTING STORIES APPEAR ON BOTH THE 100REPORTERS PLATFORM AND IN

PARTNER PRINT, BROADCAST AND ONLINE NEWS OUTLETS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TO RESCUE AMERICAN HOSTAGES FROM IRAN FOLLOWING THE FUNDAMENTALIST

REVOLUTION THERE, AND RELIES HEAVILY ON ARCHIVAL RECORDS AND INTERVIEWS

WITH SURVIVORS AND PROTAGONISTS; BULLY. COWARD. VICTIM: THE STORY OF

ROY COHN EXAMINED THE LIFE AND LEGACY OF THE MAN BEHIND THE MCCARTHY

HEARINGS AND MUCH MORE, DIRECTED BY IVY MEEROPOL, THE GRANDDAUGHTER OF

JULIUS AND ETHEL ROSENBERG; THE CAVE, DIRECTED BY FERAS FAYYAD, WHICH

TOOK AUDIENCES INSIDE AN UNDERGROUND HOSPITAL IN SYRIA DURING THE SIEGE

OF GHOUTA. (THE FULL PROGRAM IS AVAILABLE AT

HTTPS://DOUBLEEXPOSUREFESTIVAL.COM/2019-SCHEDULE/.) THE CONCURRENT

DOUBLE EXPOSURE SYMPOSIUM BROUGHT FILMMAKERS, JOURNALISTS AND STUDENTS

TOGETHER FOR PANEL DISCUSSIONS, HANDS-ON WORKSHOPS AND MASTER CLASSES,

Name of the organization ${\tt 100REPORTERS}$

Employer identification number **-**2671

A PRO BONO LEGAL CLINIC, FILM PITCHES AND NETWORKING OPPORTUNITIES.

THROUGH THIS ONE-OF-A-KIND SYMPOSIUM, 100REPORTERS WORKS TO STRENGTHEN

INVESTIGATIVE STORYTELLING IN PRINT AND FILM. WORKSHOP SESSIONS TAUGHT

CONCRETE SKILLS LIKE WORKING SAFELY IN HIGH-RISK ENVIRONMENTS, FACT

CHECKING FOR FILMMAKERS, AND MORE. A BRO BONO LEGAL CLINIC PROVIDED

GUIDANCE TO FILMMAKERS AND JOURNALISTS IN AREAS RANGING FROM

WHISTLEBLOWER PROTECTIONS, TO OPEN SOURCE INVESTIGATIONS, TO

INTELLECTUAL PROPERTY AND LIBEL LAW. THE SYMPOSIUM CONNECTED

INVESTIGATIVE JOURNALISTS AND FILMMAKERS TO KEY FUNDERS, EDITORS AND

PRODUCERS THROUGH 131 PRE-ARRANGED MEETINGS, AND TACKLED BIG-PICTURE

ISSUES: THE #METOO MOVEMENT, BUILDING IMPACT CAMPAIGNS FOR

INVESTIGATIVE FILMS, AND MORE. DOUBLE EXPOSURE 2019 HOSTED 117

SPEAKERS, INCLUDING SCORES OF AWARD-WINNING FILMMAKERS AND JOURNALISTS

AT THE TOP OF THEIR FIELDS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CONFLICTS OF INTEREST IN DOCUMENTARY FILMMAKING. IN ADDITION,

100REPORTERS ADVANCED CIVIC ACCOUNTABILITY THROUGH SEVERAL AVENUES.

THROUGH A LAWSUIT, IT WON PUBLIC RELEASE OF MONITORING REPORTS FILED

WITH THE U.S. GOVERNMENT FOLLOWING A LANDMARK CORPORATE PLEA AGREEMENT

BY SIEMENS, THE GLOBAL ENGINEERING FIRM, OVER BRIBERY CHARGES; IT

PROVIDED A GLOBAL PLATFORM FOR INDIGENOUS INVESTIGATIVE REPORTERS,

PARTICULARLY FROM COUNTRIES AND REGIONS THAT DO NOT TOLERATE A FREE

PRESS; IN 2019, 100REPORTERS WORKED WITH LOCAL REPORTERS IN THE US AND

AROUND THE GLOBE TO DEVELOP, REPORT AND PUBLISH INVESTIGATIVE NEWS ON

ISSUES AND FROM PLACES OFTEN OVERLOOKED BY COMMERCIAL MEDIA. IT

RECRUITED TOP PROFESSIONALS TO ITS CORPS OF JOURNALISTS, AND IT

PARTNERED DIRECTLY WITH LOCAL AND INTERNATIONAL NEWS OUTLETS TO PUBLISH

Name of the organization 100REPORTERS Employer identification number **-**2671

THE RESULTING STORIES.

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

THE BOARD OF DIRECTORS REVIEWS THIS FORM 990 IN ADVANCE AND APPROVES ITS SUBMISSION TO THE INTERNAL REVENUE SERVICE.

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

BOARD MEMBERS ARE ASKED TO SIGN A CONFLICT OF INTEREST POLICY UPON JOINING
THE BOARD. ALL MEMBERS ARE ASKED TO DISCLOSE ANY CONFLICTS OF INTEREST.

NONE HAVE BEEN REPORTED TO DATE.

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

SALARIES ARE DETERMINED FOLLOWING REVIEW OF PAY SCALES AT COMPARABLE

NONPROFIT JOURNALISM ORGANIZATIONS, DELIBERATION AND APPROVAL BY THE BOARD

OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX LINES 5

THE 990 WAS AMENDED AND AS RESULT ALLOCATIONS ON PART IX LINE 5B

DECREASED BY \$1,090, LINE 5C INCREASED BY \$2,937 AND 5D DECREASED BY

\$1,849. LINE 5A DID NOT CHANGE.

FORM 990, PART III LINE 4A

THE 990 WAS AMENDED AND AS A RESULT PART III, LINE 4A (EXPENSES)

DECREASED BY \$19,676 AND REVENUES INCREASED BY \$1,318.

Name of the organization 100REPORTERS Employer identification number **-***2671

FORM 990, PART III LINE 4B

THE 990 WAS AMENDED AND AS A RESULT PART III, LINE 4B (EXPENSES)

INCREASED BY \$736 AND REVENUES DECREASED BY \$1,318.

FORM 990, PART I, LINE 16B

THE 990 WAS AMENDED, AS A RESULT PART I, LINE 16B DECREASED BY \$3,820

(FUNDRAISING EXPENSES).

FORM 990, PART IX LINES 7

THE 990 WAS AMENDED, AS RESULT LINE 7B DECREASED BY \$429, LINE 7C

INCREASED BY \$1,156, LINE 7D INCREASED BY \$727. LINE 7A DID NOT CHANGE.

FORM 990, PART IX, LINE 9

THE 990 WAS AMENDED, AS A RESULT LINE 9B DECREASED BY \$100, LINE 9C

INCREASED BY \$489 AND LINE 9D DECREASED BY \$389. LINE 9A DID NOT

CHANGE.

FORM 990, PART IX, LINE 10

THE 990 WAS AMENDED, AS A RESULT PART IX, LINE 10B DECREASED BY \$40,

LINE 10C INCREASED BY \$205 AND LINE 10D DECREASED BY \$165.

FORM 990, PART IX, LINE 12

THE 990 WAS AMENDED, AS A RESULT PART IX, LINE 12B INCREASED BY \$1,388

AND LINE 12D DECREASED BY \$1,388.

FORM 990, PART IX, LINE 13

THE 990 WAS AMENDED, AS A RESULT PART IX, LINE 13A DECREASED BY \$22,

Name of the organization

100REPORTERS

Employer identification number **-***2671

LINE 13B INCREASED BY \$734, LINE 13C DECREASED BY \$712.

FORM 990, PART IX, LINE 14

THE 990 WAS AMENDED, AS A RESULT PART IX, LINE 14A DECREASED BY \$297,

LINE 14B DECREASED BY \$567, LINE 14C INCREASED BY \$684 AND LINE 14D

INCREASED BY \$177.

FORM 990, PART IX, LINE 16

THE 990 WAS AMENDED, AS A RESULT LINE 16B DECREASED BY \$12,893, LINE 16C INCREASED BY \$14,377 AND LINE 16D DECREASED BY \$1,484.

FORM 990, PART IX, LINE 19

THE 990 WAS AMENDED, AS A RESULT LINE 19A DECREASED BY \$204,839, LINE

19B DECREASED BY \$205,801, LINE 19C INCREASED BY \$278 AND INCREASED BY

\$684.

FORM 990, PART IX, LINE 24A

THE FORM 990 WAS AMENDED, AS A RESULT LINE 24A CHANGED FROM PAYROLL

FEES TO CONFERENCES, LINE 24(A) INCREASED BY \$137,401, LINE 24A(B)

INCREASED BY \$137,787 AND LINE 24A(C) DECREASED BY \$1,705 AND LINE

24A(D) INCREASED BY \$1,319.

FORM 990, PART IX, LINE 24B

THE 990 WAS AMENDED, AS A RESULT PART IX, LINE 24B CHANGED FROM BANK

FEES TO FACILITIES AND EQUIPMENT, LINE 24B(A)INCREASED BY \$43,186, LINE

24B(B) INCREASED BY \$43,467 AND LINE 24B(C) DECREASED BY \$281.

FORM 990, PART IX, LINE 24C

100REPORTERS	**-**2671
THE 990 WAS AMENDED, AS A RESULT PART IX, LINE 24C WAS AD	DED AS
"PRINTING AND COPYING", AMOUNT OF \$9,475 WAS ADDED ON LIN	E 24C(A),
AMOUNT OF \$9,475 WAS ADDED ON LINE 24C(B).	
FORM 990, PART IX, LINE 24D	
THE 990 WAS AMENDED, AS A RESULT LINE 24D WAS ADDED AS "E	DITORIAL
EXPENSES", AMOUNT OF \$7,262 WAS ADDED ON LINE 24D(A), AMO	UNT OF \$7,262
WAS ADDED ON LINE 24D(B).	
FORM 990, PART IX, LINE 24E	
THE 990 WAS AMENDED, AS A RESULT AMOUNTS WERE ADDED LINE	24E (ALL OTHER
EXPENSES), \$7,196 WAS ADDED TO LINE 24E(A), \$2,612 WAS AD	DED TO LINE
24E(B), \$4,584 WAS ADDED TO LINE 24E(C).	
FORM 990, PART IX, LINE 25	
THE 990 WAS AMENDED, AS A RESULT LINE 25B DECREASED BY \$1	8,940, LINE
25C INCREASED BY \$22,760 AND LINE 25D DECREASED BY \$3,820	•