#### 50m 8879-TF

# IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2022, or fiscal year beginning , 2022, and ending
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2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN \*\*-\*\*\*2671 100REPORTERS DIANA SCHEMO Name and title of officer or person subject to tax PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here ...... 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here За Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here ..... b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a Form 4720 check here ..... 7a Form 5227 check here ..... 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize ROSENBERG & MANENTE, PLLC 01232 to enter my PIN Enter five numbers, but ERO firm name

do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13268501232 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date 11/15/23

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print \*\*-\*\*\*2671 100REPORTERS File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1100 15TH ST., NW, 4TH FL return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. WASHINGTON, DC 20005 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Is For Code Code Form 1041-A Form 990 or Form 990-EZ 01 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) 07 100REPORTERS The books are in the care of ► 1100 15TH ST NW, 4TH FL - WASHINGTON, DC 20005 Telephone No. ► 2026836485 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ \_\_\_ and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or \_\_\_ tax year beginning \_\_\_ , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

any nonrefundable credits. See instructions.

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

**b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form **8868** (Rev. 1-2022)

За

3b

# EXTENDED TO NOVEMBER 15, 2023 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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning

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

Open to Public Inspection

В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	100REPORTERS			
	Name change	Doing business as		**-***26	71
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Roo	m/suite	E Telephone number	,
	Final return/	1100 15TH ST.,NW 4T	H FL	20268364	00
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	431,254.
	Amend return	washington, DC 20005		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer:DIANA SCHEMO		for subordinates	? Yes X No
	pendin	$^{9}$ $ $ 1100 15TH ST, NW, 4TH FL, WASHINGTON, DC	20	<b>H(b)</b> Are all subordinates in	cluded? Yes No
Τ.	Tax-exe	mpt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions
	Websit			H(c) Group exemption	n number
K	orm of	organization: X Corporation Trust Association Other	<b>∟</b> Year o	of formation: $2011$ N	State of legal domicile: DC
Pa		Summary			
9	1 1	Briefly describe the organization's mission or most significant activities: $100 { m REP}$ "INFORM THE PUBLIC'S RIGHT TO KNOW THROUGH	ORTE	RS' MISSION	IS TO
Governance					
Ver	1	Check this box if the organization discontinued its operations or disposed			sets.
Ĝ		Number of voting members of the governing body (Part VI, line 1a)			<u> </u>
		Number of independent voting members of the governing body (Part VI, line 1b)		·····	<u>5</u>
Activities &		Fotal number of individuals employed in calendar year 2022 (Part V, line 2a)			32
ξį	6	Fotal number of volunteers (estimate if necessary)		7a	0.
¥		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
_	D	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
_	8 (	Contributions and grants (Part VIII, line 1h)		428,033.	407,700.
Revenue				36,866.	23,554.
š		Program service revenue (Part VIII, line 2g)  nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		464,899.	431,254.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		119,349.	117,848.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
þe		Fotal fundraising expenses (Part IX, column (D), line 25) 8,197			
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		200,985.	305,086.
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		320,334.	422,934.
	19 1	Revenue less expenses. Subtract line 18 from line 12		144,565.	8,320.
or			Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)		339,782.	307,703.
ASS	21	Fotal liabilities (Part X, line 26)		183,918.	143,519.
E	22	Net assets or fund balances. Subtract line 21 from line 20		155,864.	164,184.
Pa	art II	Signature Block			
Und	ler penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	ents, 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.	
Sig		Signature of officer		Date	
Hei	re	DIANA SCHEMO, PRESIDENT			
		Type or print name and title		loto I	T DTIN
		Print/Type preparer's name Preparer's signature		Pate Check	PTIN
Pai	+	PHIL ROSENBERG	<u> </u>	1/15/23 self-employe	
		Firm's name ROSENBERG & MANENTE, PLLC		Firm's EIN *	*-***3538
USE	Only	Firm's address 12 W 32ND STREET, 10TH FL		D. 01	2 562 2525
_		NEW YORK, NY 10001		Phone no.∠⊥	2-563-2525
Ma	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Par	Statement of Program Service Accomplishments	77
	Check if Schedule O contains a response or note to any line in this Part III	X
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	<u>N</u>
2	Did the organization undertake any significant program services during the year which were not listed on the	7
	prior Form 990 or 990-EZ?	J No
	If "Yes," describe these new services on Schedule O.	7
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	J 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.  (Code: ) (Expenses \$ 325,443 • including grants of \$ ) (Revenue \$ 23,556)	1 .
4a	(Code: )(Expenses \$\frac{325,443.}{1000} including grants of \$\frac{1}{1000}\$ (Revenue \$\frac{23,550}{1000}\$) (Revenue \$\frac{1}{1000}\$ INVESTIGATIVE FILM FESTIVAL AND SYMPOSIUM: IN LINE WITH STATES OF \$\frac{1}{1000}\$ (Revenue \$\frac{1}{1000}\$) (Revenue \$\frac{1}	′
	ITS MISSION TO ""INFORM THE PUBLIC'S RIGHT TO KNOW THROUGH	тп
	INVESTIGATIVE JOURNALISM" AND TO "[ADAPT] TRADITIONAL TOOLS AND	
	STANDARDS TO THE NEW MEDIA LANDSCAPE, " 100REPORTERS PRESENTED THE	
	EIGHTH ANNUAL EDITION OF DOUBLE EXPOSURE, THE NATION'S ONLY INVESTIGATIVE FILM FESTIVAL AND SYMPOSIUM, FROM OCTOBER 13-16, 2022.	IN
	RESPONSE THE AVAILABILITY OF VACCINES AND AN EASING OF PANDEMIC-RELAT	
	RESTRICTIONS, THE FESTIVAL RETURNED TO IN-PERSON SCREENINGS, PANELS,	لانا
	WORKSHOPS, AND RECEPTIONS, WITH ALL SESSIONS RECORDED AND AVAILABLE FO	OR
	LIVE STREAMING. THE FESTIVAL SCREENED 18 NEW FILMS DRIVEN BY THE	OK
	INVESTIGATIVE INSTINCT. THESE INCLUDED 12 FEATURE-LENGTH FILMS AND 6	
	SHORT DOCUMENTARIES, DOMINATED BY WORLD, U.S. OR WASHINGTON PREMIERES	
4b	20 715	•
40	(Code: ) (Expenses \$ 28,713. including grants of \$ ) (Revenue \$ CIVIC ACCOUNTABILITY: 100REPORTERS USED MATERIAL, EDITORIAL AND LEGAL	— '
	RESOURCES (E.G., FIRST AMENDMENT, FREEDOM OF INFORMATION, LEGAL ACTION	
	IN THE COURTS) TO ADVANCE CIVIC ACCOUNTABILITY THROUGH JOURNALISM	
	WORLDWIDE. THE ORGANIZATION WORKS WITH LOCALLY-BASED JOURNALISTS, OFT	EN
	IN PLACES THAT LACK LEGAL PROTECTIONS FOR INDEPENDENT REPORTING THAT	
	CHALLENGES GOVERNMENT AND CORPORATE INTERESTS BY EXPOSING ENTRENCHED	
	CORRUPTION. IN 2022, 100REPORTERS PUBLISHED ORIGINAL INVESTIGATIONS A	$\overline{ ext{ND}}$
	REPORTS THAT HELD GOVERNMENT AGENCIES, COMPANIES AND INTERNATIONAL	
	ORGANIZATIONS ACCOUNTABLE TO THE PUBLIC. THESE INCLUDED: "CAPTIVES OF	
	INDUSTRY, " AN INVESTIGATION OF MAJOR LIFE INSURANCE COMPANIES THAT US	E
	ACCOUNTING GIMMICKS TO BOLSTER THEIR PROFITS BY OVERVALUING ASSETS AND	
	HOLDING RISKY INVESTMENTS IN SECRECY JURISDICTIONS; "RISKY BUSINESS,"	
4c	(Code:         ) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 354,158.	
4e	Total program service expenses JJ+, LJU •	

# Form 990 (2022) 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)?		х	
•	If "Yes," complete Schedule A	2	X	
2		2	-25	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		Х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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,	0		<del></del>
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<del></del>
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			7,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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		X
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,"			٦,
	complete Schedule G, Part III	19		X
<b>20</b> a	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			٦,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2022) 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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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		Х
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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Wes " complete Cabadyda I Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		
·	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			F
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>  •</del>		
UZ.	Sahadula N. Dart II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		F
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
<b>-</b>		34		Х
35.2	211	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	UJa		<del></del>
b	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?	335		
30	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		<del></del>
30		38	х	
Par	Note: All Form 990 filers are required to complete Schedule O	_ 30	23	
L	Check if Schedule O contains a response or note to any line in this Part V			
	Shook it Conocado O containo a response or note to any line in this r art v		Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		10	Х	
	(gambling) winnings to prize winners?	1c	22	

# Form 990 (2022) 100REPORTERS Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	1				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	•	2b	Х		
	D. I.			За		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?						
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 Ad	ccour	nts (FBAR).				
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction	?	5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e org	anization solicit				
	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 contribution	ons o	or gifts				
	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices <sub> </sub>	provided to the payor?			X	
				7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	quired			37	
	to file Form 8282?		I	7c		X	
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		l _		v	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X	
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7 <del>f</del> 7g		X	
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
				7h		X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			8			
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.			-			
				9a			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1			
11	Section 501(c)(12) organizations. Enter:		•	1			
а	Gross income from members or shareholders	11a					
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
I2a	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					
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			
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the		ı				
	organization is licensed to issue qualified health plans	13b		4			
	Enter the amount of reserves on hand	13c				37	
				14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			1		х	
	excess parachute payment(s) during the year?			15		Λ	
16	If "Yes," see the instructions and file Form 4720, Schedule N.	. i.a	uma?	40		Х	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	r ilicc	ome?	16		Δ	
17	If "Yes," complete Form 4720, Schedule O.	tivitic	c				
•	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.			- 17			
	n 100, complete term cooc.						

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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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
h	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			
Ū	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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		
74	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-05		
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	and the state of the second to the state of		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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 filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
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 only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	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, are	nd finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	100REPORTERS - 2026836485			
	1100 15TH ST NW. 4TH FL. WASHINGTON. DC 20005			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l	41 1120		C)	прс	iioai	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week (list any		T			1	100)	from the	from related organizations	other compensation
	hours for	direct				D.		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			organizations
(1) DIANA JEAN SCHEMO	40.00		_			1 0				
PRESIDENT AND EXECUTIVE DI		Х		X				111,296.	0.	13,043.
(2) RON NIXON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(3) MARGARET EBRAHIM	2.00									
BOARD SECRETARY		Х		X				0.	0.	0.
(4) BRETT PULLEY	2.00								_	
BOARD MEMBER		Х						0.	0.	0.
(5) SUZANNE REBER	2.00								•	
BOARD CHAIR		Х		Х				0.	0.	0.
(6) KATHY DAVIDOV	2.00			l					•	•
ACTING BOARD CHAIR	0 00	Х		Х				0.	0.	0.
(7) THEODORE FRANK	2.00	,,		,,					0	0
BOARD TREASURER		Х		Х				0.	0.	0.
										_
										_
-										
		1								
		1								
		L			L					

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	990 (2022) 100REPOR!	TERS								**_**	<b>*</b> 2	671	Р	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than	h an	( <b>D</b> ) Reportable compensation from	<b>(E)</b> Reportable compensation from related	1		(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS( 1099-NEC)		fı org an	pensa om th anizat d relat anizati	e tion ted
					,			K						
	Subtotal								111,296.		0.	1	3,0	43.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								111,296.		0.	1	3,0	43.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed al	bove	e) w	no r	eceived more than \$100	0,000 of reportable	)			1
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes." complete Schedule J for s	•	-	•	•	•	•	_	ghest compensated emp	•		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportab	le co	omp	ensa	atior	n an	d ot	her compensation from	the organization		4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•			•			5		Х
1	tion B. Independent Contractors  Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	 oens	ation	from	
	the organization. Report compensation for								n the organization's tax					
	(A) Name and business	address	NO	INC	E				<b>(B)</b> Description of s	services	C		C) nsatio	n
	Takah pumban at industria				-1.	41-								
	Total number of independent contractors (i \$100,000 of compensation from the organi	•	IOT III	mite	u 10		se li 0	stec	above) who received h	nore trian		Form	990	0000

Form	199	90 (2	2022) IUUREPORTERS				^^-^^2	<b>6</b> / ⊥ Page <b>S</b>
Pa	rt \	VIII	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f	407,700.	407,700.			
Program Service Revenue	2	b c	ADMISSION TO INVESTIGA	Business Code 900099	23,554.	23,554.		
Prograi Re			All other program service revenue  Total. Add lines 2a-2f		23,554.			
	3 4 5		Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond pre Royalties	st, and roceeds				
	6	b c	Gross rents 6a 6b 6c Net rental income or (loss) 6c (i) Real 6a 6b	(ii) Personal				
evenue	7	a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b Gain or (loss) (i) Securities 7a 7a 7b 7b	(ii) Other				
Other Re	8	d a	Net gain or (loss)  Gross income from fundraising events (not including \$ of contributions reported on line 1c). See  Part IV, line 18 8a					
	•	С	· · ·					
	9		Gross income from gaming activities. See Part IV, line 19 Less: direct expenses  9b					
	10		Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
		_		Business Code				
Miscellaneous Revenue	11	а		2				
ane	•	b						
		c						
Ais B			All other revenue					
2			Total. Add lines 11a-11d					

0.

23,554.

Total revenue. See instructions

# Form 990 (2022) 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).

	Check if Schedule O contains a respon	<u>'</u>		· · · · · · · · · · · · · · · · · · ·	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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		СХРОПОСО	general expenses	скрепосо
	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,				
	trustees, and key employees	96,293.	77,252.	14,484.	4,557.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	13,042.	10,434.	1,956.	652.
10	Payroll taxes	8,513.	5,149.	3,070.	294.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	5,849.		5,849.	
d	Lobbying				
е	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 0.)	3,919.		3,919.	
12	Advertising and promotion	10,029.	6,364.	971.	2,694.
13	Office expenses	6,743.	3,900.	2,843.	
14	Information technology	983.	384.	599.	
15	Royalties	F 866		F 766	
16	Occupancy	5,766.	40.000	5,766.	
17	Travel	49,455.	48,000.	1,455.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	265	265		
19	Conferences, conventions, and meetings	365.	365.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,720.		10,720.	
23	Other eveness Itamize eveness not severed	10,720.		10,720.	
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.)  OPERATIONAL SUPPORT	91,467.	91,467.		
a	CONTRACT SERVICES	36,293.	34,893.	1,400.	
D -	CATERINGS	30,293.	30,955.	1,400.	
C 	FACILITIES RENTAL	26,400.	26,400.		
d		26,142.	18,595.	7,547.	
	All other expenses  Total functional expenses. Add lines 1 through 24e	422,934.	354,158.	60,579.	8,197.
25	Joint costs. Complete this line only if the organization	400,JJ4•	334,130.	00,313.	0,1010
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 IOIIOWING SOF 96-2 (ASC 958-720)				F 000 (2222)

Form 990 (2022)
Part X Balance Sheet

Ра	πx	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	23,159.	1	100,872.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	200,292.
	5	Loans and other receivables from any current or former officer, director			
		trustee, key employee, creator or founder, substantial contributor, or 3	15%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as define	ed		
		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	
Ř	9	Prepaid expenses and deferred charges		9	5,264.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	1	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		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,275.	15	1,275.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	339,782.	16	307,703.
	17	Accounts payable and accrued expenses	169,768.	17	143,519.
	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	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 3			_
jap		controlled entity or family member of any of these persons	14,150.	22	0.
_	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 Par	t X		
		of Schedule D		25	142 540
	26	Total liabilities. Add lines 17 through 25	183,918.	26	143,519.
ç		Organizations that follow FASB ASC 958, check here			
nce		and complete lines 27, 28, 32, and 33.	04 126		1 4 104
ala	27	Net assets without donor restrictions		27	14,184.
d B	28	Net assets with donor restrictions	250,000.	28	150,000.
Ë		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
χ̈́Α	31	Retained earnings, endowment, accumulated income, or other funds	1== 011	31	164 104
ž	32	Total net assets or fund balances		32	164,184.
	33	Total liabilities and net assets/fund balances	339,782.	33	307,703.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,9	
3	Revenue less expenses. Subtract line 2 from line 1	3			20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15	5,8	64.
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	16	4,1	84.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	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 separat				
	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	e 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 Scl				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

100REPORTERS

Employer identification number \*\*-\*\*2671

<b>D</b>	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
Pa	ırt I	Reason for Public	Charity Status.	(All organizations must o	omplete th	his part.) S	See instructions.	
The	orgar	nization is not a private found	dation because it is: (	(For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(	1)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)			
3		A hospital or a cooperative				)(b)(1)(A)(i	ii).	
4		A medical research organiz					•	the hospital's name
•		city, and state:	anen operatea in ee	nganosaon man a noopha				and market
_			or the benefit of a co	llogo or university owner	d or opera	tod by a a	overnmental unit describ	and in
5		An organization operated for		niege of university owner	u or opera	ted by a g	overninental unit descri	Jeu III
		section 170(b)(1)(A)(iv).						
6		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>						
7	X	An organization that norma	ally receives a substa	antial part of its support t	rom a gov	ernmental	unit or from the general	l public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a land-grant	college
		or university or a non-land-	-			-	_	-
		university:	g. a 555g5 5. a.g5			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	,
10			ally receives (1) more	than 22 1/20/ of its our	nort from	oontributie	no momborobio foco o	nd areas ressints from
10		An organization that norma						
		activities related to its exen						
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See <b>section 509(a)(2).</b> (Co	mplete Part III.)					
11	Щ	An organization organized	and operated exclus	sively to test for public sa	ifety. See	section 50	09(a)(4).	
12		An organization organized	and operated exclus	sively for the benefit of, to	perform	the function	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	section	509(a)(2).	See section 509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete line:	s 12e, 12f, and 12g.	
а		Type I. A supporting orga						v aivina
		the supported organization						
		organization. <b>You must o</b>		1 1 1 1	a majority	or the dire		заррогинд
		¬ ~						a, dia a
b	,		·					-
		control or management of			ame perso	ons that co	ontrol or manage the sur	oportea
		organization(s). <b>You mus</b>	st complete Part IV,	Sections A and C.				
C	: L_		egrated. A supportin	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		_ its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
c	ıL		y integrated. A supp	orting organization oper	ated in co	nnection v	with its supported organ	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	tiveness
		requirement (see instruct	tions). <b>You must cor</b>	nplete Part IV, Sections	A and D	and Part	V.	
e		Check this box if the orga	·	-				
		functionally integrated, o					,	
f	Ent	er the number of supported				zation.		
'				ad arganization(a)				
		vide the following information  (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
	'	organization	(11) = 114	(described on lines 1-10	in your governi	ing document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		обррого (обо жениелого)
			1					
_								
Tota	al						I	I

### 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) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	483,529.	340,951.	305,913.	428,033.	407,700.	1,966,126.
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	483,529.	340,951.	305,913.	428,033.	407,700.	1,966,126.
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)						1,199,062. <b>767,064.</b>
_	Public support. Subtract line 5 from line 4.						767,064.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	483,529.	340,951.	305,913.	428,033.	407,700.	1,966,126.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						1 066 126
	<b>Total support.</b> Add lines 7 through 10	-4- ( !4::4!	1			40	1,966,126.
	Gross receipts from related activities,	•				12	201,201.
13	First 5 years. If the Form 990 is for the	-					
Sec	organization, check this box and storection C. Computation of Publ						<u></u>
	Public support percentage for 2022 (			column (fl)		14	39.01 %
	Public support percentage from 2021					15	35.25 %
	<b>33 1/3% support test - 2022.</b> If the o						, -
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2021. If the o						
_	and <b>stop here.</b> The organization qual	-					
<b>17</b> a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to		ŕ	-	•	VI HOW the organiz	
h	10% -facts-and-circumstances tes	-					
~	more, and if the organization meets the						
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization		-				

100REPORTERS

Schedule A (Form 990) 2022

\*\*-\*\*\*2671 Page 3

### 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.)

Sec	ction A. Public Support	slow, please com	ipiete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and			1	, ,		,,
	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						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						,
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(=, = = : =	(,,====	(-,	(-,	(-/	(7)
	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						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's f	first, second, third,	fourth, or fifth tax	vear as a section	501(c)(3) organizat	tion.
	check this box and <b>stop here</b>	ga <u>-</u> a			. ,		
Sec	ction C. Computation of Publi	ic Support Ρε	ercentage				
15	Public support percentage for 2022 (li	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			)		•	
17	Investment income percentage for 20	<b>22</b> (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2021</b> Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	-					
b	33 1/3% support tests - 2021. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization						

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
_		
2		
За		
Sa		
3b		
3с		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
7		
,		
8		
9a		
9b		
9с		
10a		
401-		
10b	000	

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, 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			
		,	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	<u> </u>		
		-	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		3		
Sec	supported organizations played in this regard. stion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions			
1	The organization satisfied the Activities Test. Complete line 2 below.	•		
a				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	otructio	no)	
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	Struction		Nia
2	Activities Test. Answer lines 2a and 2b 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				
	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 lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		i .

Schedule A (Form 990) 2022

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	inizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
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					
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
•	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1 1					
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting ora	anization (see			

Schedule A (Form 990) 2022

instructions).

Sche	edule A (Form 990) 2022 100REPORTERS			*	*-***2671
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued</sub>	d)	
Sect	tion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemple	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
		<i>(</i> :)	/::\		/:::\

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
<u>e</u>	Excess from 2022			

Schedule A (Form 990) 2022

### SCHEDULE O (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

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

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 PUBLIC 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:

THE CONCURRENT DOUBLE EXPOSURE SYMPOSIUM BROUGHT FILMMAKERS,

JOURNALISTS AND STUDENTS TOGETHER FOR PANEL DISCUSSIONS, HANDS-ON

WORKSHOPS AND MASTER CLASSES, A LEGAL BOOTCAMP, FILM PITCHES AND

NETWORKING OPPORTUNITIES. THROUGH THIS ONE-OF-A-KIND SYMPOSIUM,

100REPORTERS WORKS TO STRENGTHEN INVESTIGATIVE STORYTELLING IN PRINT

AND FILM. INVESTIGATIVE FILMMAKERS OFTEN WORK INDEPENDENTLY AND LACK

INSTITUTIONAL SUPPORT OR INFRASTRUCTURE. WORKSHOP SESSIONS TRAIN THEM

IN CONCRETE SKILLS THEY CAN USE DIRECTLY, SUCH AS HOW TO ACCESS

GOVERNMENT AUDIO VISUAL MATERIALS THROUGH THE FREEDOM OF INFORMATION

ACT; GUIDANCE FOR INTERVIEWING VICTIMS OF TRAUMA; NAVIGATING

INTELLECTUAL PROPERTY ISSUES IN DOCUMENTARY FILM, AND MORE. THE

Schedule O (Form 990) 2022 Page **2** 

Name of the organization

100REPORTERS

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SYMPOSIUM CONNECTED INVESTIGATIVE JOURNALISTS AND FILMMAKERS TO KEY

FUNDERS, EDITORS AND PRODUCERS THROUGH 145 PRE-ARRANGED PRIVATE

MEETINGS, AND PANELS TACKLED BIG-PICTURE ISSUES: WHISTLEBLOWERS AND THE

CREATIVE ECONOMY; RREADING THE SUPREME COURT ON FREEDOM OF THE PRESS;

REPRESENTATION AND RACE, AND MORE. DOUBLE EXPOSURE 2022 HOSTED 96

SPEAKERS, MANY OF THEM AWARD-WINNING FILMMAKERS AND JOURNALISTS AT THE

TOP OF THEIR FIELDS.

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

WHICH INVESTIGATED HIGH-RISK INVESTMENTS BY INSURERS THAT TRADE CLIENT

SECURITY FOR BIGGER PAYOUTS FOR EXECUTIVES AND SHAREHOLDERS; "DID

INDUSTRY FUNDING INFLUENCE AN FDA INVESTIGATION OF CANINE HEART DISEASE

AND GRAIN-FREE DOG FOOD?", A DEEP DIVE INTO THE SPECIAL INTERESTS THAT

SOUGHT TO INFLUENCE GOVERNMENT RESEARCH INTO THE CAUSES OF A RISE IN A

CANINE HEART CONDITION.

100REPORTERS FURTHER ADVANCED CIVIC ACCOUNTABILITY THROUGH SEVERAL

AVENUES. IT PROVIDED A GLOBAL PLATFORM FOR INDIGENOUS INVESTIGATIVE

REPORTERS, PARTICULARLY FROM COUNTRIES AND REGIONS THAT DO NOT TOLERATE

A FREE PRESS. IT PARTNERED DIRECTLY WITH LOCAL AND INTERNATIONAL NEWS

OUTLETS TO ADVANCE DISTRIBUTION OF THE RESULTING STORIES.

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

BOARD MEMBERS ARE PROVIDED A COPY OF THE RETURN FOR REVIEW AND THE OPPORTUNITY FOR INPUT BEFORE FILING.

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.

Schedule O (Form 990) 2022 Page **2** 

Name of the organization 100REPORTERS	Employer identification number  **-***2671
NONE HAVE BEEN REPORTED TO DATE.	
FORM 990, PART VI, SECTION B, LINE 15:	
SALARIES ARE DETERMINED FOLLOWING REVIEW OF PAY SCALES A	r COMPARABLE
NONPROFIT JOURNALISM ORGANIZATIONS, DELIBERATION AND APPR	ROVAL 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.	
990, PAGE 7, PART VII, LINE 1 AND PAGE 10, PART IX, LINE	5
OFFICER'S COMPENSATION ON PAGE 7, PART VII, LINE 1 IS RE	PORTABLE
COMPENSATION PER THE W-2 IN THE AMOUNT OF \$111,296 PLUS I	NON TAXABLE
BENEFITS OF \$13,043.	
OFFICER'S COMPENSATION ON PAGE 10, PART IX, LINE 5 IS \$90	5,296 PER
BOOKS.	
THE W2 INCLUDES AN ADDITIONAL \$15,000 IN COMPENSATION, DI	EFERRED PAYMENT
ON SALARY EARNED IN PRIOR YEARS (2014-2019).	