990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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

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

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

Open to Public Inspection

A	For the	2023 calend	dar year, or tax year beginning 01/01, 2023, and ending		12	2/31 , 20 23							
В	Check if	applicable:	D Emplo	D Employer identification number									
	Address	change	Doing business as			90-0702671							
$\overline{\Box}$	Name ch		Number and street (or P.O. box if mail is not delivered to street address) Roor	n/suite	E Teleph	none number							
$\overline{\Box}$	Initial ret	•	1100 15TH ST.,NW 4th FLOOR		(202)683-6400								
$\overline{\sqcap}$		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code										
Ħ	Amende		Washington, DC, 20005		G Gross receipts \$ 351,207								
П		on pending	F Name and address of principal officer: Diana Schemo	H(a) Is this a gro									
_	, ippout.	on ponding	1100 15TH ST.,NW, Washington, DC, 20005	1 ' '		es included? Yes No							
ī	Tax-exer	mpt status:	▼ 501(c)(3)	1 ` `		st. See instructions.							
J	Website	•		1	xemption number								
_			Corporation Trust Association Other L Year of formation			of legal domicile:							
_	art I	Summa	··· Otato										
_	1		cribe the organization's mission or most significant activities:										
ø	•	100REPORTERS' MISSION IS TO "INFORM THE PUBLIC'S RIGHT TO KNOW THROUGH INVESTIGATIVE JOURNALISM, ADAPTING											
auc		TRADITIONAL TOOLS AND STANDARDS OF ETHICS AND EXCELLENCE TO THE (continued on Schedule O)											
Ĕ	2	Chack this	box if the organization discontinued its operations or disposed of m	ore than 25	% of it	e net accete							
ŏ	3		voting members of the governing body (Part VI, line 1a)		3	5							
ত	4		independent voting members of the governing body (Part VI, line 1b)		4	5							
es	5		per of individuals employed in calendar year 2023 (Part V, line 2a)		5	1							
ξ	6				6	90							
Activities & Governance	7a		per of volunteers (estimate if necessary)		7a	0							
_	b		ted business taxable income from Form 990-T, Part I, line 11		7b	0							
_	 D	ivet uniteral	Prior Year		Current Year								
		Contributio		07,700	337,034								
Revenue	8	Contribution		23,554	14,173								
	9	•	ervice revenue (Part VIII, line 2g)		23,334	14,173							
æ	10		t income (Part VIII, column (A), lines 3, 4, and 7d)		0								
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,254	351,207								
	12		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0	0							
	13		I similar amounts paid (Part IX, column (A), lines 1–3)		0	0							
	14	-	aid to or for members (Part IX, column (A), line 4)		_								
Expenses	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)	I	117,848 122,751								
ens	16a		al fundraising fees (Part IX, column (A), line 11e)		0	13,240							
꼾	_b		raising expenses (Part IX, column (D), line 25) 15,807		05.000	007.000							
_	17	-	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		05,086	307,660							
	18	-	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4	22,934	443,651							
	19	Revenue le	ess expenses. Subtract line 18 from line 12		8,320	-92,444							
Net Assets or Fund Balances			<u>⊨</u>	ginning of Curre		End of Year							
Sset	20		ts (Part X, line 16)		07,703	274,774							
et A	21		ties (Part X, line 26)		43,519	203,089							
			or fund balances. Subtract line 21 from line 20	1	64,184	71,685							
_	art II		re Block										
			, I declare that I have examined this return, including accompanying schedules and stateme e. Declaration of preparer (other than officer) is based on all information of which preparer ha			my knowledge and belief, it is							
		T and complete	c. Declaration of prepared (other than officer) is based on an information of which prepared his	as any knowica	90.								
e:	~ ~	0											
Si	_	Signature of	officer	Date									
Here													
		1 7.	name and title Diana Schemo President			T							
Pa	aid	1	preparer's name Preparer's signature Date		Check [if PTIN							
	epare	r Casey De	•		self-emp	,							
	se Onl	Lives's man		Firm's	EIN	88-1911400							
		Firm's add	·	Phone	no.	(843)845-7875							
Ma	y the IF	RS discuss t	this return with the preparer shown above? See instructions			. 🏿 Yes 🗌 No							

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Part	Statement of Program Service Accomplie Check if Schedule O contains a response o		
1	Briefly describe the organization's mission: 100REPORTERS' MISSION IS TO "INFORM THE PUBLITRADITIONAL TOOLS AND STANDARDS OF ETHICS A WHISTLEBLOWERS AND CITIZEN WATCHDOGS TO E.	C'S RIGHT TO KNOW THROUGH I	NVESTIGATIVE JOURNALISM, ADAPTING IEDIA LANDSCAPE, AND WORKING WITH
2	Did the organization undertake any significant progrior Form 990 or 990-EZ?	gram services during the year w	
3	If "Yes," describe these new services on Schedule Did the organization cease conducting, or make services?		
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accor expenses. Section 501(c)(3) and 501(c)(4) organizathe total expenses, and revenue, if any, for each program of the section of the sec	ations are required to report the	
4a	(Code:) (Expenses \$ 358,616 in	cluding grants of \$) (Revenue \$
a s v fi c c ii ii F F p a ii ii	nvestigative journalism"" and to "[adapt] traditional tools and innual edition of Double Exposure, the nation's only investigative instinct. Toward, U.S. or Washington premieres. The concurrent Doubler panel discussions, hands-on workshops and master classine-of-a-kind symposium, 100Reporters works to strengthe independently and lack institutional support or infrastructure Visual Forensics for Investigative Filmmakers," taught by secords," led by a journalist who went on to win the Pulitzer property issues in documentary film, and more. The symposished producers through 115 pre-arranged private meetings, including: "Out of Step, Top of Mind: Covering War's Forgot uccessful collaborations between filmmakers and journalis	gative film festival and symposium, filese included 13 feature-length film ble Exposure Symposium brought film ses, a legal bootcamp, film pitches en investigative storytelling in print are. Workshop sessions train them in cenior members of the Washington Pr Prize in 2024; guidance for interviesium connected investigative journal and panels provided in-depth discusten Casualties;" "Using and Abusing	from November 2-5, 2023. The festival is and 10 short documentaries, dominated by smakers, journalists and students together and networking opportunities. Through this and film. Investigative filmmakers often work concrete skills they can use directly, such as, ost's visual forensic team; "Decoding Police wing victims of trauma; navigating intellectual ists and filmmakers to key funders, editors is sions with filmmakers on big-picture issues, and for Investigative Filmmaking;" tools for
the the	vic accountability: 100Reporters used material, editorial and ecourts) to advance civic accountability through journalism at lack legal protections for independent reporting that chall dertook several long-term investigations on aging in Americal forms of the control of the c	worldwide. The organization works lenges government and corporate in	with locally-based journalists, often in places terests by exposing entrenched corruption. It
4c	(Code:) (Expenses \$ine	cluding grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 0 including grants of \$	0) (Revenue \$	0)
4e	Total program service expenses	387,759	

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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4		×
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		×
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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
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? <i>If "Yes," complete Schedule D, Part VIII </i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e		x
12a		12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		×
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		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b 21		×

Part I	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		×
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		×
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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?	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		×
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		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
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		×
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> "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38		×
Part	V Statements Regarding Other IRS Filings and Tax Compliance	, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
10	Enter the number reported in hex 2 of Form 1006. Enter 10 if not applicable 10		Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	×	

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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
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).			
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?	7a		×
b	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 to file Form 8282?	7с		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		^
g	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?	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	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		
b	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. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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		×
	If "Yes," see the 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		×
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 5 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. 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 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . X 3 Y Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 X Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c 13 13 X Did the organization have a written document retention and destruction policy? X 14 14 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? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 15b 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 X 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. **✗** Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. 100REPORTERS 1100 15TH ST NW, 4TH FL, Washington, DC, 20005

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

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

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

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

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

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

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

- Check the box in holdren the organization he	arry rolato	a c. g.	٠ـ	u		OPC	····	acou arry current	omoor, anootor,	0
				((C)					
(A) Name and title	(B) Average hours	Position (do not check more than obox, unless person is both officer and a director/trust					n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KATHY DAVIDOV	2									
BOARD CHAIR		X		×				0	0	0
(2) THEODORE FRANK TREASURER	2	x		×				0	0	0
(3) MARGARET EBRAHIM	2									
SECRETARY		×		×				0	0	0
(4) RON NIXON	2									
DIRECTOR		×						0	0	0
(5) BRETT PULLEY	2									
DIRECTOR		×						0	0	0
(6) DIANA JEAN SCHEMO	50									
PRESIDENT				×				111,292	0	17,873
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
		(C) (B) Position (I							_			
	(A) Name and title		box, office	unles er and	neck ss pe d a d	more rson lirect	e than o is both or/trust	n an tee)	(D) Reportable compensation from the	(E) Report compens from rel	able sation	(F) Estimated amount of other compensation
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizatio 1099-M 1099-N	ns (W-2/ IISC/	from the organization and related organizations
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	-							111,292		0	17,873
2	Total number of individuals (including but reportable compensation from the organi			iose	list	ed	above	e) w	,	e than \$1		
3	Did the organization list any former of	officer, dire						•		•		
4	employee on line 1a? If "Yes," complete of For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ole	con	nper	nsatio	n a		nsation fr	om the	
5	Did any person listed on line 1a receive of for services rendered to the organization								,	ion or inc		
Secti	on B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Repo											
	(A) Name and business add	ress							(B) Description of serv	rices		(C) Compensation
								<u> </u>				
2	Total number of independent contractor received more than \$100,000 of compens						ed to	o th	ose listed abov 0	e) who		

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	•
Part VIII	Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	ıy line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaig Membership dues Fundraising events Related organization Government grants All other contribution and similar amounts no Noncash contribution lines 1a–1f	ns . (cont ot included include	ributions) fts, grants, uded above cluded in	1a 1b 1c 1d 1e 1f	145,108 191,926	337,034			
Program Service (2a b c d e f	All other program se Total. Add lines 2a-	ervice	revenue		Business Code 900099	14,173 14,173			
	3 4 5 6a b	Investment income other similar amoun Income from investr Royalties Gross rents Less: rental expenses Rental income or (loss)	e (inclats) . ment o 6a 6b	uding divi	dends npt bo	s, interest, and	.,,			
nue	d 7a b	Net rental income of Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses.	r (loss	s) (i) Securit		(ii) Other	0			
Other Revenue		Gain or (loss) . Net gain or (loss) Gross income from events (not including of contributions replace). See Part IV, lines	\$ porte	-	0 8a	0	0			
		Less: direct expens Net income or (loss) Gross income f activities. See Part I Less: direct expens Net income or (loss)	es .) from from IV, line es .	n fundraisin gaming e 19 	8b g eve 9a 9b		0			
s	10a		nvento ices s sold	ory, less	10a 10b		0			
Miscellaneous Revenue	11a b c d	All other revenue Total. Add lines 11a					0			
	12	Total revenue. See					351,207	0	0	0

Form 990 (2023) Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	
Check if Schedule O contains a response or note to any line in this Part IX		 Т

_					
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	94,632	75,705	14,194	4,733
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 8	Other salaries and wages				
9	Other employee benefits	17,873	14,298	2,681	894
10	Payroll taxes	10,246	8,197	1,537	512
11	Fees for services (nonemployees):	-, -	-, -	,	
а	Management				
_	Legal				
b	=	4.004		4.004	
C .	Accounting	4,204		4,204	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	13,240			
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	35,993	22,840	3,485	9,668
13	Office expenses	12,175	7,042	5,133	
14	Information technology	10,191	5,894	4,297	
15	Royalties	-, -	-,	, -	
16	Occupancy	20,910		20,910	
17	Travel	49,984	48,513	1,471	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	49,904	40,310	1,471	
19	Conferences, conventions, and meetings .	3,237	3,237		
20	Interest	-, -	-, -		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	0			
23	Insurance	7,592		7,592	
24	Other expenses. Itemize expenses not covered	1,532		7,592	
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
		04.415	0.4.1.5		
a	CATERING	31,416	31,416		
b	OPERATIONAL SUPPORT	115,698	115,698		
C	FILM LICENSING FEES	5,050	5,050		
d	OTHER CONTRACT SERVICES	11,210	11,210		
е	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	443,651	349,100	65,504	15,807
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)				
					200

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in t	his Part X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	. 100,872	1	6,550
	2	Savings and temporary cash investments		2	· · · · · · · · · · · · · · · · · · ·
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	265,836
	5	Loans and other receivables from any current or former officer, dire trustee, key employee, creator or founder, substantial contributor, or controlled entity or family member of any of these persons	ector, 35%	5	
	6	Loans and other receivables from other disqualified persons (as deunder section 4958(f)(1)), and persons described in section 4958(c)(3)			
' 0	7		•	6 7	
Assets	7	Notes and loans receivable, net		8	
\ss	8	Inventories for sale or use		<u> </u>	
•	9 10a	Prepaid expenses and deferred charges	1,113	9	
	b	Less: accumulated depreciation 10b		10c	1,113
	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		15	1,275
	16	Total assets. Add lines 1 through 15 (must equal line 33)			274,774
	17	Accounts payable and accrued expenses		-	203,089
	18	Grants payable		18	<u> </u>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to any current or former officer, dire			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or			
ig		controlled entity or family member of any of these persons		22	
Lia	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 parties, and other liabilities not included on lines 17–24). Complete P	third		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	. 143,519		203,089
<u>ي</u>		Organizations that follow FASB ASC 958, check here	1 10,010		
nce		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	. 14,184	27	62,498
Ä	28	Net assets with donor restrictions	. 150,000	28	9,187
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ϋ́Α	32	Total net assets or fund balances		_	71,685
Š	33	Total liabilities and net assets/fund balances			274,774

Form 990 (2023) Page **12**

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		35	1,207
2	Total expenses (must equal Part IX, column (A), line 25)		443	3,651
3	Revenue less expenses. Subtract line 2 from line 1	-92,444		2,444
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		164	4,184
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			-56
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		7	1,684
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			_ <u>_</u>
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
0-		0-		×
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	2a		
	reviewed on a separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		×
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	:		
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

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

ion. Open to Public Inspection

Employer identification number

100F	REPORTERS					90-07			
Par	rt I Reason for Public Char	rity Status. (All	l organizations mus	t comple	ete this p	oart.) See instructi	ons.		
The o	organization is not a private foundat	tion because it i	s: (For lines 1 through	12, ched	ck only or	ne 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).)							
3	A hospital or a cooperative hos						···· - · · · ·		
4	A medical research organization hospital's name, city, and state	•	onjunction with a nosp	oital desc	ribed in s	section 1/U(b)(1)(A)	(III). Enter the		
5	An organization operated for t		collogo or university	owned o	r operate	d by a gayarnmant	al unit described in		
3	section 170(b)(1)(A)(iv). (Comp		college of university	owned c	operate	tu by a government	ai unii described in		
6	☐ A federal, state, or local govern	•	mental unit described	l in secti	on 170(h)	(1)(Δ)(_V)			
7	An organization that normally						n the general public		
	described in section 170(b)(1)(J		J. J. P.		
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)					
9	☐ An agricultural research organiz	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college		
	or university or a non-land-grar university:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or		
10	An organization that normally re	eceives (1) more	than 33 ¹ /3% of its su	pport fro	m contrib	outions, membership	fees, and gross		
	receipts from activities related support from gross investment	income and un	related business taxal	ble incom	eptions, a ne (less s	ection 511 tax) from	businesses		
	acquired by the organization af	fter June 30, 197	75. See section 509(a	a)(2) . (Coi	mplete Pa	art III.)			
11	An organization organized and	•	•	-					
12	An organization organized and one or more publicly supported								
	the box on lines 12a through 12								
а			• • • • • • • • • • • • • • • • • • • •			•	. •		
_	the supported organization								
	supporting organization. Yo								
b	☐ Type II. A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having		
	control or management of t organization(s). You must o				persons	that control or man	age the supported		
С		-	•		onnection	n with and functions	ally integrated with		
C	its supported organization(s						any integrated with,		
d	☐ Type III non-functionally in	ntegrated. A su	pporting organization	operated	d in conn	ection with its suppo	orted organization(s)		
	that is not functionally integ	rated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an			
	requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A	and D, ar	nd Part V.			
е							e II, Type III		
_	functionally integrated, or T	• •	tionally integrated sup	oporting	organizat	ion.			
f	Enter the number of supported o	•							
g					vacnization	(A) Amount of monotony	(vi) Amount of		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10	listed in you	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
			above (see instructions))	docu	ment?	instructions)	instructions)		
				Yes	No				
/A\									
(A)									
(B)									
(C)									
(D)									
/E\									
(E)				<u> </u>					
Total									

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.) . 340.951 305,913 428,033 407,700 337,034 1,819,631 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge 0 **Total.** Add lines 1 through 3 340.951 305.913 407.700 337.034 4 428.033 1.819.631 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) 67,214 **Public support.** Subtract line 5 from line 4 1,752,417 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 340,951 305,913 428,033 407,700 337,034 Amounts from line 4 1,819,631 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 **Total support.** Add lines 7 through 10 11 1,819,631 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 96.31 % Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this X 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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Schedule A (Form 990) 2023 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.)

Section	on A. Public Support			,	<u> </u>	,	
Calend	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.)						0
	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						0
	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
	_	0	0	0		0	0
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	0	0	0	0	0	0
	received from disqualified persons .						0
	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						0
С	Add lines 7a and 7b	0	0	0	0	0	0
	Public support. (Subtract line 7c from						
	line 6.)						0
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	0	0	0	0	0	0
	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources						
							0
	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0
•	Add lines 10a and 10b	0	0	0	0	0	0
_	Net income from unrelated business			0	- U		
	activities not included on line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
	First 5 years. If the Form 990 is for the organization, check this box and stop he	re			-	ar as a section	
	on C. Computation of Public Suppor						
	Public support percentage for 2023 (line 8					15	0 %
16	Public support percentage from 2022 Sch	nedule A, Part I	II, line 15 .			16	%
	on D. Computation of Investment Inc				(5)	47	
	Investment income percentage for 2023 (I			•		17	<u>%</u>
	, ,						
40-							
19a							
	17 is not more than 331/3%, check this box	and stop here .	The organization	on qualifies as a	a publicly suppo	orted organization	on 🔲
		and stop here . ation did not ch	The organizationeck a box on l	on qualifies as a line 14 or line 1	a publicly suppo 9a, and line 16	orted organization is more than 3	on \square $3^1/3\%$, and

Schedule A (Form 990) 2023 Page 4

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.)

ecu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		162	NO
2	class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status	1		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization "Ye" "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	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 .	9b		
С	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 .	9c		
l0a	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.	10a		
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.)

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a 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 c 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 Part VI. 11c Section 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 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 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 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section 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 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 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 Part VI the role the organization's supported organizations played in this regard. 3 Section 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 year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 on line 2a, above, 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 Parent of Supported Organizations. Answer lines 3a and 3b below. a 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? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2023 Page **6**

				•	
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations		
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970 (explair	n in Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Section	ns A through E.	
Sec	tion 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	0	0	
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	0	0	
Section B—Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d	0	0	
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	0	0	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0	
6	Multiply line 5 by 0.035.	6	0	0	
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8	0	0	
Sec	tion C-Distributable Amount	•		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		0	
2	Enter 0.85 of line 1.	2		0	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		0	
4	Enter greater of line 2 or line 3.	4		0	
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		0	
7	☐ Check here if the current year is the organization's first as a non-functional	_	integrated Type III supporting		
•	(see instructions)	y		.5 5.9424	

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 0 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 0 9 10 0 10 Line 8 amount divided by line 9 amount (ii) (iii) **Distributable** Section E—Distribution Allocations (see instructions) **Underdistributions Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 0 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 **a** From 2018 From 2019 **c** From 2020 **d** From 2021 From 2022 Total of lines 3a through 3e 0 Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 0 Distributions for 2023 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. 0 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 0 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. n Excess distributions carryover to 2024. Add lines 3j and 4c. 0 Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Internal Revenue Service

Name of the organization

100REPORTERS

(Form 990)
Department of the Treasury

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

90-0702671

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

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

Name of organization

Employer identification number

TOUREPC	DRIERS		90-0702671
Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Part I Contributors Statement	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization 100REPORTERS

Employer identification number 90-0702671

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

Name of organization **Employer identification number** 100REPORTERS 90-0702671 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held fŕom Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE O (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

FORM 990 PART I LINE 1	NEW MEDIA LANDOCADE AND WODIVING WITH MURITIES CAMEDO AND OUTZEN WATCHES CO.
	NEW MEDIA LANDSCAPE,AND WORKING WITH WHISTLEBLOWERS AND CITIZEN WATCHDOGS TO EXPOSE CORRUPTION AND HEIGHTEN PUBLIC ACCOUNTABILITY."
FORM 990 PART III LINE 4A	IN PERIL; REPRESENTATION AND RACE, AND MORE. DOUBLE EXPOSURE 2023 HOSTED 68 SPEAKERS, MANY OF THEM AWARD-WINNING FILMMAKERS AND JOURNALISTS AT THE TOP OF THEIR FIELDS."
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. NONE HAVE BEEI 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 INTREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT THE ORGANIZATION'S WEBSITE, HTTPS:/100R.ORG/ABOUT/100REPORTERS-GOVERNING-DOCUMENTS-AND-MORETS/
FORM 990 PART IX LINE 5	OFFICER'S COMPENSATION ON PAGE 7, PART VII, LINE 1 IS REPORTABLE COMPENSATION PER TH W-2 IN THE AMOUNT OF \$111,296 PLUS NON TAXABLE BENEFITS OF \$13,043. COPY OFFICER'S COMPENSATION ON PAGE 10, PART IX, LINE 5 IS \$96,296 PER BOOKS. THE W2 INCLUDES AN ADDITIONAL \$15,000 IN COMPENSATION, DEFERRED PAYMENT ON SALARY EARNED IN PRIOR YEARS (2014-2019).
FORM 990 SCHEDULE A PART II SECTION C LINE 14	A LARGE GOVERNMENT GRANT IMPACTED THE ORGANIZATION'S PUBLIC SUPPORT PERCENTAGE FOR 2023.

ichedule O (Form 990) 2023		Page 2
lame of the organization 100REPORTERS	Employer identification number 90-0702671	
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