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Short Form
Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2009

Open to Public
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
 ► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning		and ending	
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization FUND FOR INVESTIGATIVE JOURNALISM, INC. Number and street (or P.O. box, if mail is not delivered to street address) C/O SANDY BERGO, 910 17TH STREET, N.W. Room/suite 7TH FL City or town, state or country, and ZIP + 4 WASHINGTON, DC 20006	D Employer identification number 52-0895081 E Telephone number 202-481-1218 F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)		G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►
I Website: ► WWW.FIJ.ORG		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) ► (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.		

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **101,307.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/> a Gross revenue (not including \$ _____ of contributions reported on line 1) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► MISCELLANEOUS) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► 101,307.	1 100,200. 2 3 4 536. 5a 5b 5c 6a 6b 6c 7a 7b 7c 8 571. 9 101,307.		
	Expenses 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► SEE STATEMENT 1) 17 Total expenses. Add lines 10 through 16 ► 156,666.	STMT 5	
		10 103,313. 11 12 24,375. 13 9,977. 14 5,603. 15 6,151. 16 7,247. 17 156,666.	
		Net Assets 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ► SEE STATEMENT 4	18 -55,359. 19 155,362. 20 -6,471. 21 93,532.
			18 155,362. 20 -6,471. 21 93,532.
			19 155,362. 20 -6,471. 21 93,532.
			19 155,362. 20 -6,471. 21 93,532.
			19 155,362. 20 -6,471. 21 93,532.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

RECEIVED 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► SEE STATEMENT 2) 25 101,307.00 26 Total assets (describe ► SEE STATEMENT 3) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	(A) Beginning of year 146,612.22 101,282. 23 10,000.24 250. 156,612.25 101,532. 1,250.26 8,000. 155,362.27 93,532.
	23 10,000.24 250. 156,612.25 101,532. 1,250.26 8,000. 155,362.27 93,532.
	10,000.24 250. 156,612.25 101,532. 1,250.26 8,000. 155,362.27 93,532.
	10,000.24 250. 156,612.25 101,532. 1,250.26 8,000. 155,362.27 93,532.
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	10,000.24 250. 156,612.25 101,532. 1,250.26 8,000. 155,362.27 93,532.

932171 02/08/09 OMB AFPA and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Part V Other Information (Note the statement requirements in the instructions for Part V)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

	Yes	No
33		X
34		X

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?
 b If "Yes," has it filed a tax return on Form 990-T for this year?
 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N

► 37a 0.

36	X
37b	X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
 b Did the organization file Form 1120-POL for this year?
 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?

38b N/A

38a	X
38b	N/A

39 Section 501(c)(7) organizations. Enter:

39a N/A

39a	N/A
39b	N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

39b	X
40a	

section 4911 ► 0. ; section 4912 ► 0. , section 4955 ► 0.

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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

40b	X
40c	

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

► 0.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

► 0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

40e	X
41	

41 List the states with which a copy of this return is filed. ► NONE

42a The organization's books are in care of ► THE ORGANIZATION Telephone no. ► 202-481-1218
 Located at ► C/O SANDY BERGO, 910 17TH STREET, N.W., WASHINGTON ZIP + 4 ► 20006

Yes	No
42b	X
42c	X

b 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)?

42b	X
42c	X

If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

42c	X
43	

If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

► 43 N/A

43	
44	X

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

44	X
45	X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

45	X
Form 990-EZ (2009)	

932173
02-08-10

15500913 745960 15373

3 2009.04011 FUND FOR INVESTIGATIVE JOUR 15373_1

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► _____

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	► <u>Sandra Bergo Neutbauer</u> 9-30-10 Signature of officer		
► <u>Sandra Bergo Neutbauer, Executive Director</u> Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ► <u>Jan Shuman, CPA</u>	Date 9/23/10	Check if self-employed ► <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE., SUITE 650 NORTH BETHESDA, MARYLAND 20814-2930	Preparer's identifying number (See instr) ► <u>P00648515</u>	EIN ►
		Phone no. ► (301) 951-9090	

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Employer identification number

FUND FOR INVESTIGATIVE JOURNALISM, INC.

52-0895081

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1	<input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/> A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
5	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6	<input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8	<input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
9	<input type="checkbox"/> An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

Total

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

Schedule A (Form 990 or 990-EZ) 2009

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	30,615.	140,387.	86,980.	195,220.	100,200.	553,402.
2 Tax revenues levied for the organization'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	30,615.	140,387.	86,980.	195,220.	100,200.	553,402.
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)						461,618.
6 Public support. Subtract line 5 from line 4						91,784.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	30,615.	140,387.	86,980.	195,220.	100,200.	553,402.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,772.	3,917.	3,118.	1,738.	536.	16,081.
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 IV)						571.
11 Total support. Add lines 7 through 10						570,054.
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	16.10	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	16.97	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions

PART II, SECTION B, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

ALTHOUGH THE FUND FOR INVESTIGATIVE JOURNALISM, INC. DOES NOT HAVE 33 1/3% PUBLIC SUPPORT, IT DOES RECEIVE A SUBSTANTIAL AMOUNT OF ITS SUPPORT FROM CONTRIBUTIONS MADE DIRECTLY OR INDIRECTLY FROM A COMBINATION OF SOURCES, INCLUDING THE GENERAL PUBLIC.

AS REQUIRED IN SECTION 1.170A-9T SECTION (F) SUBSECTION 3(I) THE FUND FOR INVESTIGATIVE JOURNALISM DOES RECEIVE MORE THAN 10% OF ITS SUPPORT FROM PUBLIC SOURCES.

AS OUTLINED IN SECTION 1.170A-9T SECTION (F) SUBSECTION 3 (II), THE FUND FOR INVESTIGATIVE JOURNALISM IS UNDERTAKING A MAJOR CAMPAIGN FOR ADDITIONAL FINANCIAL SUPPORT. IN ADDITION TO FUNDRAISING WITH FOUNDATIONS THAT SUPPORT JOURNALISM, THE FUND HAS ORGANIZED A CAMPAIGN TO APPROACH PREVIOUS WINNERS AS WELL AS PROMINENT INDIVIDUALS AND JOURNALISTS TO INCREASE THE LEVEL OF PUBLIC SUPPORT OF OUR WORK. THE FUND IS ALSO DEVELOPING A FUNDRAISING CAMPAIGN USING ONLINE SOCIAL NETWORK SITES.

AS OUTLINED IN SECTION 1.170A-9T SECTION (F) SUBSECTION (III) THE LEVEL OF PUBLIC SUPPORT FOR THE FUND HAS VARIED OVER THE YEARS, AND IN 2009, THE LEVEL WAS 16.10%.

MOST OF OUR CONTRIBUTIONS ARE FROM A LIMITED NUMBER OF UNRELATED PRIVATE FOUNDATIONS. AS OUTLINED ABOVE, WE ARE WORKING HARD TO BROADEN OUR BASE OF PUBLIC SUPPORT.

THE FUND FOR INVESTIGATIVE JOURNALISM WAS FOUNDED IN 1969. IT HAS AN 11-MEMBER BOARD THAT CONSISTS OF ACTIVE AND RETIRED INVESTIGATIVE REPORTERS, INCLUDING A NUMBER OF PULITZER PRIZE WINNERS, AND PROFESSORS AND FACULTY MEMBERS AT MAJOR UNIVERSITIES AROUND THE COUNTRY WITH WELL ESTABLISHED JOURNALISM AND INVESTIGATIVE REPORTING PROGRAMS. THE ACADEMIC INSTITUTIONS REPRESENTED CURRENTLY ON THE BOARD INCLUDE THE UNIVERSITY OF MARYLAND, THE UNIVERSITY OF ILLINOIS AND THE AMERICAN UNIVERSITY.

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions

THE FUND EXISTS TO PROVIDE A CRITICAL SERVICE TO THE PUBLIC BY SELECTING AND FINANCING WELL QUALIFIED JOURNALISTS TO PRODUCE SIGNIFICANT, INDEPENDENT AND OFTEN GROUNDBREAKING INVESTIGATIVE STORIES IN THE UNITED STATES AND AROUND THE WORLD. THE JOURNALISTS WHO RECEIVE GRANTS FROM THE FUND HAVE PRESENTED AND DISTRIBUTED THEIR WORK IN NEWSPAPERS, MAGAZINES, ON BROADCAST PROGRAMS - BOTH TELEVISION AND RADIO, AND ON WEB SITES IN TEXT, AUDIO, AND VIDEO. THESE STORIES KEEP GOVERNMENT AND BUSINESS ACCOUNTABLE TO THE PUBLIC, PROTECT THE WEAK AND POWERLESS, SHINE LIGHT ON INJUSTICES AND THE NEED FOR REFORM, AND REVEAL SECRET ILLEGAL ACTIVITIES THAT POLLUTE THE ENVIRONMENT, PLUNDER THE PUBLIC COFFERS, OR THAT RESULT IN THE KILLING OR PHYSICAL ABUSE OF CITIZENS.

THE WORK SUPPORTED BY THE FUND HAS BEEN RECOGNIZED WITH NUMEROUS AWARDS AND SPURRED FOLLOW-UP INVESTIGATIONS AND REFORM THAT CONTINUE TO BENEFIT THE PUBLIC.

THE WATCHDOG ROLE OF JOURNALISTS THAT THE FUND HAS SUPPORTED FOR MORE THAN 40 YEARS IS CRUCIAL TO CREATING AND PRESERVING FREE AND DEMOCRATIC SOCIETIES. BECAUSE OF THE FUND, THE PUBLIC HAS RECEIVED A GREATER AWARENESS AND UNDERSTANDING OF THE MAJOR ISSUES AND PROBLEMS IN THE U.S. AND AROUND THE WORLD.

THE FUND IS NOW MORE IMPORTANT THAN EVER BECAUSE OF THE MAJOR REDUCTIONS IN STAFF AND RESOURCES OCCURRING IN THE NEWS MEDIA IN THE U.S. AND BECAUSE OF THE SHOCKING LACK OF RESOURCES FOR FOREIGN JOURNALISTS IN DEVELOPING COUNTRIES. WITHOUT THE FUND, MANY OF THE MOST NECESSARY AND VALUABLE INVESTIGATIVE STORIES WOULD NOT BE DONE.

FUND FOR INVESTIGATIVE JOURNALISM, INC.

52-0895081

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
BOOKS, SUBS, REFERENCE	119.
TELEPHONE	20.
INSURANCE	770.
MEETINGS	4,575.
TRAVEL	903.
MISCELLANEOUS	424.
BANK FEES	436.
TOTAL TO FORM 990-EZ, LINE 16	<u>7,247.</u>

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES	0.	250.
ACCOUNTS RECEIVABLE	10,000.	0.
TOTAL TO FORM 990-EZ, LINE 24	<u>10,000.</u>	<u>250.</u>

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
GRANTS PAYABLE	0.	8,000.
ACCOUNTS PAYABLE	1,250.	0.
TOTAL TO FORM 990-EZ, LINE 26	<u>1,250.</u>	<u>8,000.</u>

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
UNREALIZED GAIN	-6,471.
TOTAL TO FORM 990-EZ, LINE 20	<u>-6,471.</u>

FUND FOR INVESTIGATIVE JOURNALISM, INC.

52-0895081

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
GRANT - INDIVIDUAL	NONE	8,000.
GRANT - INDIVIDUAL	NONE	25,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>33,000.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

THE ORGANIZATION PROVIDES GRANTS TO PEOPLE AND ORGANIZATIONS WHO INVESTIGATE AND PUBLISH NEWS STORIES REGARDING PUBLIC CORRUPTION, MISBEHAVIOR, OR FUNDS MISAPPROPRIATIONS.

TO PROVIDE GRANTS TO PERSONS AND ORGANIZATIONS WHO, IN A NONPARTISAN MANNER, INVESTIGATE AND INFORM THE PUBLIC ABOUT PUBLIC CORRUPTION AND MISBEHAVIOR.

Power of Attorney
and Declaration of Representative

► Type or print ► See the separate instructions

OMB No. 1545-0150

For IRS Use Only

Received by

Name _____

Telephone _____

Function _____

Date / /

Power of Attorney

Caution: Form 2848 will not be honored for any purpose other than representation before the IRS

1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address

Social security number(s)

Employer identification number
52-0895081FUND FOR INVESTIGATIVE JOURNALISM, INC.
C/O SANDY BERGO, 910 17TH STREET, N.W., NO. 7
WASHINGTON, DC 20006Daytime telephone number
202-481-1218

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address

STEPHEN J. KELIN
C/O GELMAN, ROSENBERG & FREEDMAN
4550 MONTGOMERY AVENUE, SUITE 650N
BETHESDA, MD 20814CAF No. 5000-45865R
Telephone No. 301-951-9090
Fax No. 301-951-3570Check if new: Address Telephone No. Fax No.

Name and address

WENDY G. ROLDAN
C/O GELMAN, ROSENBERG & FREEDMAN
4550 MONTGOMERY AVENUE, SUITE 650N
BETHESDA, MD 20814CAF No. 0100-47213R
Telephone No. 301-951-9090
Fax No. 301-951-3570Check if new: Address Telephone No. Fax No.

Name and address

CAF No.
Telephone No.
Fax No.Check if new: Address Telephone No. Fax No.

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax matters

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
EXEMPT ORG	FORM 3115 FORM 990EZ	12/31/2009

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4 Specific Uses Not Recorded on CAF. ►

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, or additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See Unenrolled Return Preparer on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: _____

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ►

7 **Notices and communications** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2

a If you also want the second representative listed to receive a copy of notices and communications, check this box

b If you do not want any notices or communications sent to your representative(s), check this box

8 **Retention/revocation of prior power(s) of attorney** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT

9 **Signature of taxpayer(s)**. If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED

Signature

Date

Title (if applicable)

FUND FOR INVESTIGATIVE JOURNALISM,
INC.

Print Name

PIN Number

Print name of taxpayer from line 1 if other than individual

Signature

Date

Title (if applicable)

Print Name

PIN Number

Part II Declaration of Representative

Caution. Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service,
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there, and
- I am one of the following:
 - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent - enrolled as an agent under the requirements of Circular 230
 - d Officer - a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee - a full-time employee of the taxpayer.
 - f Family Member - a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister).
 - g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230)
 - h Unenrolled Return Preparer - the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 1 of the instructions.
 - k Student Attorney - student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230.
 - l Student CPA - student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230.
 - r Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e))

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED See the Part II instructions.

Designation - Insert above letter (a-r)	Jurisdiction (state) or identification	Signature	Date
B			
B			

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)		
Type or print <small>File by the extended due date for filing the return. See instructions</small>	Name of Exempt Organization FUND FOR INVESTIGATIVE JOURNALISM, INC.	Employer identification number 52-0895081
	Number, street, and room or suite no. If a P O box, see instructions C/O SANDY BERGO, 910 17TH STREET, N.W., NO. 7	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20006	

Check type of return to be filed (File a separate application for each return)

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION - C/O SANDY BERGO, 910 17TH STREET,

- The books are in the care of ► **N.W., NO. 7 - WASHINGTON, DC 20006**

Telephone No ► **202-481-1218** 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 box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**
- 5 For calendar year **2009**, or other tax year beginning , and ending
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Form 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 and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ► **CPA**

Date ►

Form 8868 (Rev. 4-2009)