

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

# **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 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For t	he 2012 calendar year, or tax year beginning and ending	
B Check applica	C Name of organization	D Employer identification number
X	THE INT'L CENTER FOR JOURNALISTS, INC.	
Nar	ne Daniel	11-2724905
Insti	al N. J.	
Terr	nn- 2000 M STREET NW 250	(202)737-3700
	ended C:	G Gross receipts \$ 11,979,431.
tiòr	WASHINGTON, DC 20036	H(a) Is this a group return
per	F Name and address of principal officer:JOYCE BARNATHAN	for affiliates? Yes X No
	SAME AS C ABOVE	H(b) Are all affiliates included? Yes No
		27 If "No," attach a list (see instructions)
	site: ► WWW . ICFJ . ORG	H(c) Group exemption number ▶
	<del></del>	ar of formation: 1984 M State of legal domicile: MA
Part	<u></u>	
<sub>0</sub> 1	Briefly describe the organization's mission or most significant activities SEE PART	III, LINE 1.
e		
Ë 2	Check this box  if the organization discontinued its operations or disposed of mo	I I
Governance 3 3 4	Number of voting members of the governing body (Part VI, line 1a)	3 25
	Number of independent voting members of the governing body (Part VI, line 1b)	4 24
Activities &	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 53
₹ 6	Total number of volunteers (estimate if necessary)	6 24
4 Act	a Total unrelated business revenue from Part VIII, column (C), line 12	. <mark>7a 0</mark>
	b Net unrelated business taxable income from Form 990-T, line 34	7ь О
Ì	<b> -</b>	Prior Year Current Year
<u>م</u> 8	Contributions and grants (Part VIII, line 1h)	8,483,242. 11,546,551.
ē   9	Program service revenue (Part VIII, line 2g)	4,985. 235.
Revenue 6	· · · · · · · · · · · · · · · · · · ·	<u>230,825.</u> <u>155,026.</u>
_   11		425,512. <288,785.
12		9,144,564. 11,413,027.
13	The state of the s	3,868,970. 3,962,394.
14		0. 0. 0. 2,913,310. 2,677,846.
Expenses 15		
를   16	a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
꿃	b Total fundraising expenses (Part IX, column (D), line 25) 562,327.	3,759,693. 4,154,917.
17	Other expenses (Part IX, column (A), lines 11a-11d=14f-24e)	3,759,693. 4,154,917. 10,541,973. 10,795,157.
- 1	Total expenses Add lines 13-17 (must equal Part IX, column (A) line 25) C	<1,397,409.> 617,870.
19 ≿⊗		Beginning of Current Year End of Year
sets or plances	Total secrets (Part V. Inc. 16)	20,542,748. 20,834,499.
21	Total liabilities (Part X, line 26)	457,271. 324,310.
호텔 22		20,085,477. 20,510,189.
Part		20,003,477.
	nalties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the best of my knowledge and belief, it is
-	ect, and complete. Declaration of perparer (other than officer) is based on all information of which prepa	
<u>,</u>	The Man of Town age to	8/7/13
Sign	Signature of officer	Date /
Here	LOYCE BARNATHAN, PRESIDENT	
	Type or print name and title	
	Print/Type preparer's name Pregarer's #gnature	Date Check PTIN
Paid	DAVID F. GRALING CPA UND F. KILL CPA	8-2-13 self-employed P 00366995
Prepare		Firm's EIN 52-1392008
Use Only		
	BETHESDA, MD 20814-2930	Phone no. (301) 951-9090
May the	IRS discuss this return with the preparer shown above? (see instructions)	X Yes No
232001 1		Form <b>990</b> (2012

	990 (2012) THE INT'L CENTER FOR JOURNALISTS, INC. 11-2724905 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	THE INTERNATIONAL CENTER FOR JOURNALISTS ADVANCES QUALITY JOURNALISM
	WORLDWIDE. OUR HANDS-ON PROGRAMS COMBINE THE BEST PROFESSIONAL
	PRACTICES WITH NEW TECHNOLOGIES. WE BELIEVE THAT RESPONSIBLE
	JOURNALISM EMPOWERS CITIZENS AND HOLDS GOVERNMENTS ACCOUNTABLE.
	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
	· · · · · · · · · · · · · · · · · · ·
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$7, 495, 932. including grants of \$2, 852, 924. ) (Revenue \$)
	ICFJ CONDUCTED HANDS-ON PROGRAMS TO ENABLE JOURNALISTS - PROFESSIONAL
	AND CITIZEN - AS WELL AS EDITORS AROUND THE WORLD TO PRODUCE RELIABLE,
	HIGH-OUALITY COVERAGE THAT ENRICHES THE LIVES OF THE PEOPLE THESE
	JOURNALISTS SERVE. WE EMPOWERED JOURNALISTS TO DO THEIR JOBS MORE
	EFFECTIVELY. WE HELPED BUILD PROFESSIONALISM AND LAY THE FOUNDATION FOR
	INDEPENDENT MEDIA, ENCOURAGING POSITIVE SYSTEMIC CHANGE THAT RESONATES
	LONG AFTER THE PROGRAMS END.
	DONG AFTER THE PROGRAMS END:
4b	(Code) (Expenses \$1, 612, 606. including grants of \$1, 109, 470. ) (Revenue \$)
	ICFJ'S KNIGHT INTERNATIONAL JOURNALISM FELLOWSHIPS PROGRAM IS DESIGNED
	TO INSTILL A CULTURE OF NEWS INNOVATION AND EXPERIMENTATION WORLDWIDE.
	THE GOAL IS TO SEED NEW IDEAS AND SERVICES THAT DEEPEN COVERAGE, EXPAND
	NEWS DELIVERY AND ENGAGE CITIZENS IN THE EDITORIAL PROCESS. FUNDED BY
	THE JOHN S. AND JAMES L. KNIGHT FOUNDATION, FELLOWS BUILD ON PAST
	SUCCESSES IN THE KNIGHT PROGRAM, WHICH HAS A STRONG RECORD OF ACHIEVING
	IMPACT. THEY WORK IN COUNTRIES WHERE THERE IS A GOOD OPPORTUNITY TO
	CREATE THE NEWS MEDIA OF THE FUTURE. WITH ADDITIONAL SUPPORT FROM THE
	BILL & MELINDA GATES FOUNDATION, KNIGHT FELLOWS ARE EMPOWERING
	JOURNALISTS IN SUB-SAHARAN AFRICA TO USE THE LATEST DIGITAL TOOLS TO
	TELL COMPELLING STORIES ON HEALTH AND DEVELOPMENT ISSUES.
	TEDU COMPEDITING STORIES ON READIN AND DEVELOPMENT 1350ES.
	04 527
4c	(Code) (Expenses \$84,537. including grants of \$) (Revenue \$35.)
	THE IJNET KEEPS PROFESSIONAL AND CITIZEN JOURNALISTS UP TO DATE ON THE
	LATEST MEDIA INNOVATIONS, ONLINE JOURNALISM RESOURCES, TRAINING
	OPPORTUNITIES AND EXPERT ADVICE. IJNET IS PRODUCED IN SEVEN LANGUAGES:
	ARABIC, CHINESE, ENGLISH, PERSIAN, PORTUGUESE, RUSSIAN AND SPANISH.
	USERS COME FROM MORE THAN 185 COUNTRIES TO IMPROVE THEIR JOURNALISM
	SKILLS, FIND TRAINING AND FURTHER THEIR CAREERS. DONORS AND
	MEDIA-TRAINING GROUPS USE IJNET TO PUBLICIZE THEIR WORK TO AN
	EVER-GROWING COMMUNITY DEDICATED TO IMPROVING JOURNALISM.
	Other and the Control of Control
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ▶ 9,193,075.
23200	Form <b>990</b> (2012)
12-10-	

THE INT'L CENTER FOR JOURNALISTS, INC. 11-2724905 Page 3 Part IV Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	dunng the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ŀ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	:		
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			ĺ '
	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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			1
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ļ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			İ
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
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	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u>-</u> _
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		_	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ŀ	1	1
	complete Schedule G, Part III	19	<u> </u>	Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	L
		Form	990	(2012)

Par	t IV Checklist of Required Schedules (continued)		_	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Λ_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		Х
	contributions? If "Yes," complete Schedule M	30		Λ
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		Х
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	<b></b>	A
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
3-4	Part V, line 1	34		Х
350	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	Jou		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2012)

Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		· · ·	_لا
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		3,7	ĺ
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			İ
	filed for the calendar year ending with or within the year covered by this return 2a 53	1	<b>.</b>	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<del> </del>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		x
	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.			
E	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<del></del>
C Ga	Do it will be a second of the	- 50		
6a	any contributions that were not tax deductible as charitable contributions?	6a		x
h	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).			
a	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_	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X_
d	If "Yes," indicate the number of Forms 8282 filed during the year			<b> </b> .
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_7e		X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	-	<del></del>
9	Sponsoring organizations maintaining donor advised funds.	-	1	
а	Did the organization make any taxable distributions under section 4966?  N/A	9a		-
ь	Did the organization make a distribution to a donor, donor advisor, or related person?  N/A	9b	-	<del></del>
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10a			
a		1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:	1		
11	Gross income from members or shareholders N/A 11a			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	┪		
D	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	is the organization licensed to issue qualified health plans in more than one state?  N/A	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<u> </u>
		Forn	1990	(2012)

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

	Check if Schedule O contains a response to any question in this Part VI			$\mathbf{X}$
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 25			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			. :
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	• • • • • • • • • • • • • • • • • • • •			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	) ( ) (1)	(3 (-	[X., ]
a	The governing body?	8a	<u>X</u>	<u> </u>
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	ا ا		<b>.</b>
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vac	No
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	X
10a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	.,	. 7	<del>-</del> ,
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	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	, .		x4.''
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	7, 51	~	
	taxable entity during the year?	16a		X
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			<u> </u>
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain in Schedule O)	d 6:		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	u nnar	icial	
00	statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:		
20	NANCY FRYE - 202-737-3700	doll.		
	2000 M STREET NW #250, WASHINGTON, DC 20036			
23200 12-10	6	Form	990	(2012)
10	···			·/

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	box,	not c , unle	Posi heck i ss pe	more rson	than s bot	han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOYCE BARNATHAN PRESIDENT	35.00	х		X				273,933.	0.	30,510.
(2) MICHAEL GOLDEN	5.00									
CHAIRMAN		x		х				0.	0.	0.
(3) PAMELA HOWARD	4.00								_	
VICE CHAIRMAN		X		Х				0.	0.	0.
(4) MATTHEW WINKLER	4.00							, ,,,,,,		
VICE CHAIRMAN		X		X				0.	0.	0.
(5) JOHN MAXWELL HAMILTON	4.00									
TREASURER		X		X		L		0.	0.	0.
(6) MARCUS BRAUCHLI	4.00									
DIRECTOR		X						0.	0.	0.
(7) MICHAEL ELLIOTT	4.00						ŀ			
DIRECTOR		X						0.	0.	_0.
(8) MATTHEW EWING	4.00									
DIRECTOR		X				<u> </u>		0.	0.	0.
(9) ANNE FINUCANE	4.00									
DIRECTOR		X				<u> </u>		0.	0.	0.
(10) JAMES F. HOGE, JR.	4.00									
DIRECTOR		X					<u> </u>	0.	0.	0.
(11) ALEX S. JONES	4.00							_	_	
DIRECTOR		X				<u> </u>		0.	0.	0.
(12) RIK KIRKLAND	4.00									
DIRECTOR	4 00	X		_		<del> </del>	<u> </u>	0.	0.	0.
(13) JOANNE LEEDOM-ACKERMAN	4.00									
DIRECTOR	4 00	X				-		0.	0.	0.
(14) MARCY MCGINNIS	4.00									
DIRECTOR	4 00	X					_	0.	0.	0.
(15) RAJU NARISETTI	4.00	٦,						_		^
DIRECTOR	4 00	X		$\vdash$		$\vdash$	$\vdash$	0.	0.	0.
(16) PETER L. W. OSNOS	4.00	x						0.	0.	_
DIRECTOR	4.00	^				<del> </del>	<del> </del>		U •	0.
(17) ROB REHG	4.00	x				}		0.	0.	0.
DIRECTOR 232007 12-10-12	<u> </u>	Δ	L	Щ.	Ь		Ь			Form <b>990</b> (2012)

Part VII Section A. Officers, Directors, Trus	tees Kev Fm							Compensated Employee	es (continued)	<del>4</del> 2	<u> </u>	rage 0
(A) (B)				, <u>u</u>	<del>2</del> >)	HILL	<u> </u>	(D)	(E)		(F	:)
Name and title	Average	١		Posi	ition			Reportable	Reportable		Estim	
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)					h an		compensation		amou	int of
	week		cer an	d a d	recto	xr/trus	itee)	1 "'''' I	from related		oth	
	(list any hours for	trustee or director						the organization	organizations (W-2/1099-MISC)	'	compei from	nsation
	related	10 88	stee			Highest compensated employee		(W-2/1099-MISC)	(44-2/1033-141130)		organi	
	organizations	trust	naf tru		3,68	ош Б		, ,			and re	
	below	Individual	Institutional trustee	ᇹ	Key employee	hesto	ig i			-   -	organız	ations
	line)	를	Inst	Officer	Ke	운동	Former					
(18) WENDELL REILLY	4.00	ļ										_
DIRECTOR	4 00	X	_					0.	0	•		0.
(19) BRUCE SANFORD	4.00	<b> </b>							•			•
DIRECTOR	4 00	X	-			<u> </u>	-	0.	0	•		0.
(20) MARY ANN STERNBERG	4.00	<b>↓</b>							0			^
DIRECTOR	4 00	X					<u> </u>	0.	0	•		0.
(21) JOHN TOWRISS	4.00	₩.							0			0
DIRECTOR	4 00	X		$\vdash$			_	0.	0	+		0.
(22) JASON H. WRIGHT	4.00	X						0.	0			0.
DIRECTOR	4.00	^						0.	0	+		0.
(23) GEORGE B. IRISH	4.00	X					Į	0.	0			0.
DIRECTOR (24) PLICA DEPART DALLANGING	4.00	^						0.		+		<u> </u>
(24) ELIZABETH BALLANTINE	3.00	x						0.	0			0.
DIRECTOR (25) MARY BOIES	4.00	1						0.		+		<u> </u>
DIRECTOR	1.00	x						0.	0			0.
(26) PATRICK BUTLER	35.00									Ť		
VICE PRESIDENT		1		x				148,958.	0		11.	951.
1b Sub-total	•					▶		422,891.	0			461.
c Total from continuation sheets to Part VI	I, Section A				_	<b>•</b>		469,110.	0			907.
d Total (add lines 1b and 1c)	<u> </u>					<b></b>		892,001.	0			368.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed at	oove	e) wł	no r	eceived more than \$100	,000 of reportable			
compensation from the organization												6
										_	Ye	s No
3 Did the organization list any former officer,	•	uste	e, ke	y en	nplo	yee,	, or	highest compensated ei	mployee on			
line 1a? If "Yes," complete Schedule J for s										$\perp$	3	X
4 For any individual listed on line 1a, is the su	•							•	the organization			
and related organizations greater than \$150			-							-	4 X	
5 Did any person listed on line 1a receive or a	•				•		elat	ted organization or indivi	dual for services		_	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	<u>e J f</u>	or su	uch j	pers	son					5	X
	mnonostod in	done		nt 0				that recovered more than	\$100,000 of compos		on fron	
Complete this table for your five highest co the organization. Report compensation for		-								ısau	OH IFOH	IT
(A)	ille calelloal y	ear	enun	ng w	VILLI	OI W	16.311	(B)	real.		(C)	
Name and business	address							Description of s	ervices	Con	npensa	tion
PHILLIBER RESEARCH ASSOC	TATES						_	MONITOR MAJO	R		·-	<u>-</u>
16 MAIN ST., ACCORD, NY								PROJECTS			312.	689.
											,	
							П					
			_								_	
2 Total number of independent contractors (i	ncluding but r	ot li	mite	d to	tho	se lis	stec	d above) who received m	ore than			

		Check if Schedule O cont	ains a response	to any question i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1 13	ia	Federated campaigns	. 1a					
	b	Membership dues	1b			1		
, Ĕ		Fundraising events	1c	771,995.				
ar /		Related organizations	4.1					
ν E		Government grants (contribut	•	4,668,281.		Ī		
ହେଅ		All other contributions, gifts, gran						
<u> </u>	-	similar amounts not included above	k 1	6,106,275,		1		
	g	Noncash contributions included in lines	1a-1f \$					-
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		. ▶	11 546 551.			
				Business Code		_		
e 2	2 a	INFORMATION FEES		900099	235.	235.		
<u>ک</u>	b						<del></del>	
S E	С							
& 3	d							
Program Service Revenue	е							
<u> </u>	f	All other program service reve	nue					
	g	Total, Add lines 2a-2f		<b>&gt;</b>	235.			
3	3	Investment income (including	dıvıdends, inter	est, and				
		other similar amounts)			103,250.			103,250.
4	ļ	Income from investment of tax	x-exempt bond p	oroceeds 🕨				
5	5	Royalties .						
			(i) Real	(ii) Personal				1
6	3 a	Gross rents						1
	b	Less rental expenses						;
ŀ	С	Rental income or (loss)						
	d	Net rental income or (loss)		▶				
7	7 a	Gross amount from sales of	(i) Securities	(ıi) Other	·			
		assets other than inventory	269,445					
ŀ	b	Less: cost or other basis						
ŀ		and sales expenses .	217,669					
	С	Gain or (loss)	51,776					
l i	d	Net gain or (loss)		▶	51,776.			51,776.
ع   و ع	3 a	Gross income from fundraising	•					,
Other Revenue		including \$ 771	•					
ا <u>چ</u>		contributions reported on line	1c). See					
- e		Part IV, line 18	a					
8		Less: direct expenses	. b	348,735.				
		Net income or (loss) from fund	_		<288,785.	<u> </u>		<288,785.
9	Эа	Gross income from gaming ac						
		Part IV, line 19	a					
		Less direct expenses	b	L				
		Net income or (loss) from gam		<b>P</b>				
10	) a	Gross sales of inventory, less						
		and allowances	. a					
		Less: cost of goods sold	b					
-	<u>c</u>	Net income or (loss) from sale		12				<del></del>
<u> </u>		Miscellaneous Revenu		Business Code				
יין ו	1 a			-			<del></del>	<del></del>
	b			-				<del></del>
	C	All other revenue					<del></del>	
	a	Total. Add lines 11a-11d					· ·-	<del> </del>
		Total revenue. See instructions.			11 413 027.	235	0	<133,759
232009	<u> </u>	Total revenue. See manacions.	<del></del>		11,413,04/.	L 435 A		Form <b>990</b> (2012)

#### 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 to any question in this Part IX (B) Program service (C) Management and (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 727,373 organizations in the United States. See Part IV, line 21 727,373 Grants and other assistance to individuals in 291,788 291,788 the United States See Part IV. line 22 Grants and other assistance to governments, organizations, and individuals outside the 2,943,233 2,943,233 United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 480,008. 217,468. 170,370. 867,846. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,164,105. 643,870. 291,705. 228,530. 7 Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 37,738. 20,873 9,457 7,408. 109,624 437,475 241,969 85,882. Other employee benefits 170,682. 94,405 42,770. 33,507. Payroll taxes Fees for services (non-employees) Management 6,320 226,848. 220,528 **b** Legal 74,133. 72,067 2,066. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 1,059,912. 1,050,755 1,463 7,694. 238 1,653. 1,406. Advertising and promotion 12 211,591. 154,615. 51,163. 5,813. Office expenses 13 Information technology 14 Royalties 15 190,140 280,971 90,831 16 Occupancy 876,837. 843,064 12,457. 21,316. Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 12,512. 12,512. Depreciation, depletion, and amortization 29,692. 7,000 22,692. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 749,821. 749,821 a HONORARIA FACULTY EXPENSE 498,465. 498,465. c MAINTENANCE & REPAIRS 54,910. 5,500. 49.410. 16,740. SUBSCRIPTIONS 2,468 12,961 311 7,309 60,832. 53,036. 487. e All other expenses 10,795,157 9,193,075 039,755 562,327. Total functional expenses Add lines 1 through 24e 25 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

Par	LV	Balance Sneet			
_		Check if Schedule O contains a response to any question in this Part X	··	- 1	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	617,995.	1	1,090,200.
	2	Savings and temporary cash investments	2,764,222.	2	1,965,320.
	3	Pledges and grants receivable, net	11,421,688.	3	9,884,330.
	4	Accounts receivable, net	322,058.	4	125,485.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complet	e		ه آه سمنده کلیک یا پیکیاه ایران
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined u	under	^-	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contri	buting · -		(名)。
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventones for sale or use		8	
`	9	Prepaid expenses and deferred charges	56,835.	9	175,135
	10a	Land, buildings, and equipment: cost or other			1/2
		basis. Complete Part VI of Schedule D 10a 433,	663.		
	b	Less accumulated depreciation 10b 425,	272. 20,903.	10c	8,391.
	11	Investments - publicly traded securities	5,339,047.	11	7,562,368.
	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	0.	15	23,270.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	20,542,748.	16	20,834,499.
	17	Accounts payable and accrued expenses	457,271.	17	324,310.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities .		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ě	22	Loans and other payables to current and former officers, directors, truste	es,		•
Liabilities		key employees, highest compensated employees, and disqualified perso	ns į į į į	l	* *
ا '		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	of		
		Schedule D	458.084	25_	204 210
	26	Total liabilities. Add lines 17 through 25	457,271.	26	324,310.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ \( \textstyle X \)	and		'
Ses		complete lines 27 through 29, and lines 33 and 34.	2 147 261		2 767 000
auc	27	Unrestricted net assets	2,147,361.	27	2,767,080.
Bal	28	Temporarily restricted net assets	16,131,100.	28	15,935,150.
pu	29	Permanently restricted net assets	1,807,016.	29	1,807,959.
F		Organizations that do not follow SFAS 117 (ASC 958), check here	└ <b>│</b>		
Net Assets or Fund Balances		and complete lines 30 through 34.	[ -		•
set	30	Capital stock or trust principal, or current funds	<del></del>	30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund	}-	31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	20 005 477	32	20 510 100
_	33	Total net assets or fund balances	20,085,477.	33	20,510,189
	34	Total liabilities and net assets/fund balances	20,542,748.	34	20,834,499. Form <b>990</b> (2012

Form **990** (2012)

-orm	990 (2012) THE INT'L CENTER FOR JOURNALISTS, INC.	11-27	24905	Pag	ge <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u>.</u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>11,41</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>10,79</u>		
3	Revenue less expenses Subtract line 2 from line 1	3			<u>70.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>20,08</u>		
5	Net unrealized gains (losses) on investments	5	<u> 19</u>	<u>3,7</u>	<u>40.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<38	<u>6,8</u>	<u>98.</u> >
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	. 1			
_	column (B))	10	20,51	0,1	<u>89.</u>
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>		لِل
	<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 in Schedule	0			;
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,			
	consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				٠.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	,		
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.		ا بر	,
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ıgle Audıt			
	Act and OMB Circular A-133?		3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990 (	(2012)

#### SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Open

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

2012

Open to Public Inspection

Employer identification number Name of the organization 11-2724905 THE INT'L CENTER FOR JOURNALISTS Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 d Type III - Non-functionally integrated \_\_ Type !I c \_\_\_\_ Type III · Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) the governing body of the supported organization? A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (ii) EIN (iii) Type of organization (vii) Amount of monetary (i) Name of supported in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes

232021 12-04-12 Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012 THE INT'L CENTER FOR JOURNALISTS, INC. 11-2724905 Page 2

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

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

Sec	tion A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,082,707.	10,403,878,	11,584,615,	8,480,838.	11,546,551.	49,098,589.
2	Tax revenues levied for the organ-						
	ızation'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	7,082,707.	10,403,878.	11,584,615.	8,480,838.	11,546,551,	49,098,589,
	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)				, ,	,	16 143 593.
6	Public support. Subtract line 5 from line 4				,		32 954 996
	tion B. Total Support	•		<u> </u>		·	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	7,082,707.	10,403,878,	11,584,615.	_8,480,838,	11,546,551.	49 098 589.
8	Gross income from interest,			, ,			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	136,719.	81,445.	106,169.	91,390.	103,250.	518,973.
9	Net income from unrelated business			_		•	
	activities, whether or not the						
	business is regularly carried on	239,769.	277,351.	360,027.	425,512.		1,302,659.
10	Other income Do not include gain	•					
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10				* *	, , , ,	50,920,221.
	Gross receipts from related activities,	etc (see instruction	ons)			12	486,545.
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth ta	x year as a section		
	organization, check this box and stor	here		•			ightharpoonup
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2012 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	64.72 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	65.92 %
16a	33 1/3% support test - 2012. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	•		•	<b>▶</b> X
b	33 1/3% support test - 2011. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	fies as a publicly s	supported organiza	ation			. ▶□
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pai	rt IV how the organ	ızatıon
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	dorganization		
b	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and :	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	ind see instructions	s , , , <b>&gt;</b> 🗀
					Sche	edule A (Form 990	or 990-EZ) 2012

# Schedule A (Form 990 or 990-EZ) 2012 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 or if the organization failed to qualify under Part II. If the organization fails	s to
qualify under the tests listed below, please complete Part II.)	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		İ				
	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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			_		1	
6	Total. Add lines 1 through 5	<del></del>					
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					ļ	
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)		i				
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	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 carned on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)		İ				
	First five years. If the Form 990 is for	the organization's	s first, second, thu	d, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	ation,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2012 (li			column (f))	_	15	%
	Public support percentage from 2011		•		<u> </u>	16	%
_	ction D. Computation of Inves						
	Investment income percentage for 20		<del></del>			17	%
18	Investment income percentage from 2	011 Schedule A.	Part III, line 17			18	%
19a	33 1/3% support tests - 2012. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	lifies as a publicly	supported organ	zation <sub>.</sub>	ightharpoons
t	33 1/3% support tests - 2011. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anızatıon qualifies	as a publicly sup	ported organization	ightharpoons
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	▶□
_					_		=======

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

2012
Open to Public Inspection

Name of the organization

THE INT'L CENTER FOR JOURNALISTS, INC.

Employer identification number

Da	THE INT L CENTER FO		11-2/24905
Pa			s of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6. (a) Donor advised funds	# 15 made and other approvate
		(a) Donor advised lunds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	
-	impermissible private benefit?		Yes No
Pa		· · · · · · · · · · · · · · · · · · ·	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	·	storically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	* * * * * * * * * * * * * * * * * * * *	. 2c
d	Number of conservation easements included in (c) acquired a	after 8/1//06, and not on a historic struct	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	eased, extinguisned, or terminated by the	e organization during the tax
	year ▶ Number of states where property subject to conservation eas	noment is legated	
4	Does the organization have a written policy regarding the per		
5	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		<del></del>
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) abov		
0	and section 170(h)(4)(B)(ii)?	c satisfy the requirements of section 170	Yes No
9	In Part XIII, describe how the organization reports conservation	 on easements in its revenue and expense	<del></del>
9	include, if applicable, the text of the footnote to the organization	•	
	conservation easements	o manda statemento triat decembes	the organization of decounting for
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or O	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exh	•	
	the text of the footnote to its financial statements that describ		• • • • • • • • • • • • • • • • • • • •
b	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	·	•
	(i) Revenues included in Form 990, Part VIII, line 1		. • \$_
	(ii) Assets included in Form 990, Part X		. <b>&gt;</b> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>\$</b>

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

Schedule D (Form 990) 2012

Sche Par		L CENTER ollections of A							Page <b>2</b>		
3	Using the organization's acquisition, accessi										
	(check all that apply):										
а	Public exhibition	d	Loan or exc	hange progra	ms						
b	Scholarly research	е		0.0							
С	Preservation for future generations					·					
4											
5	During the year, did the organization solicit o	•		-							
•	to be sold to raise funds rather than to be ma		•	*				Yes	☐ No		
Par	t IV Escrow and Custodial Arran				Yes" to	Form 990. Pa	rt IV. I				
	reported an amount on Form 990, Par		<b>-</b>				, .				
	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other as	sets no	t included					
	on Form 990, Part X?		•					Yes	☐ No		
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:	•	•	••					
_	,,,	<b>-</b>	··-···· <b>y</b> ·-····					Amount			
С	Beginning balance					1c					
	Additions during the year		••			1d					
	Distributions during the year			•	••	1e			<del></del>		
f	Ending balance		•		•	1f					
_	Did the organization include an amount on Fo	orm 990. Part X. line	21?		•	L		Yes	☐ No		
	If "Yes," explain the arrangement in Part XIII			provided in F	art XIII	I					
Par				•							
		(a) Current year	(b) Prior year	(c) Two year		(d) Three years	back	(e) Four	ears back		
1a	Beginning of year balance	2,913,011.	3,018,812,	1		2,282			068,096.		
b	Contributions	300,943.	2,008		022.		196.		1,000.		
c	Net investment earnings, gains, and losses	305,495	<8.530		080.	404		·	786 890.>		
ď	Grants or scholarships			310	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	302,	5,5,		700,050.		
	Other expenditures for facilities										
·	and programs	57,384.	99 279	5,	163	22	908.				
f	Administrative expenses	37,304.		99,279, 58,163,							
g g	End of year balance	3,462,065.	2,913,011,	3 018	812.	2,759.	873	2	282 206.		
2	Provide the estimated percentage of the curr			•	, 011,	· · · · · · · · · · · · · · · · · · ·	0,0,	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
-	Board designated or quasi-endowment	22.88	%	,,							
b	Permanent endowment ► 15.35	%									
c											
·	c Temporarily restricted endowment ► 61.77 %  The percentages in lines 2a, 2b, and 2c should equal 100%										
За	Are there endowment funds not in the posse	•	ation that are held a	ind administe	red for	the organizatio	n				
	by:	· ·				J		- I	res No		
	(i) unrelated organizations							3a(i)	Х		
	(ii) related organizations							3a(ii)	X		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?			•		3b			
4	Describe in Part XIII the intended uses of the	•	• •				•				
Pai	t VI Land, Buildings, and Equipm										
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) A	Accumulated		(d) Book	value		
	, , , ,	basis (investr	nent) basis	(other)	d€	epreciation		• •			
1a	Land						$\top$	-			
b	Buildings										
С	Leasehold improvements		2	5,244.		25,244			0.		
d	Equipment			9,006.		78,417			589.		
	Other .			9,413.		321,611		7	,802.		
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part				>			,391.		

art VII Investments - Other Securities. Se			<u>-</u>
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	tion: Cost or end-of-year market value
Financial derivatives			
Closely-held equity interests		-	
Other			
(A)			
(B)			
(C)		· · · · · · · · · · · · · · · · · · ·	-
(D)			
(E)			
(F)			
(G)			<del></del>
(H)			
(I)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  art VIII Investments - Program Related. s	) Co 000 Dod V lin	- 12	
(a) Description of investment type	(b) Book value		tion: Cost or end-of-year market value
	(b) Book Value	(O) Motified of Valuation	don't cook of one of your market raide
(1)			
(2)			
	<u> </u>		
(4)	1		
(6)			
(7)			
(8)			
(9)			
10)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			•
Part IX Other Assets. See Form 990, Part X, line	9 15.		
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
10)			
al. (Column (b) must equal Form 990, Part X, col (B) lir			<b>&gt;</b>
art X Other Liabilities. See Form 990, Part X,	line 25.		
(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			-
(8)			
(9)			
10)			
11)			
tal. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 25 )		

Sche	dule D	(Form 990) 2012 THE INT'L CENTER FOR JOURNA	LIS'	rs, inc.	11-	2724905 Page 4
	t XI	Reconciliation of Revenue per Audited Financial Statemen				
1	Total	revenue, gains, and other support per audited financial statements			1	12,006,877.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains on investments	2a	193,740.	ļ	
b	Donat	ed services and use of facilities	2b	51,375.	ļ	
C	Recov	veries of prior year grants	2c		į	
đ	Other	(Describe in Part XIII.)	2d	348,735.	ļ	
е	Add I	nes 2a through 2d			2e	593,850.
3		act line 2e from line 1			3_	11,413,027.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а		ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII)	4b			
С		nes 4a and 4b			4c	0.
5	Total	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		Cal. C	5	11,413,027.
Pa		Reconciliation of Expenses per Audited Financial Stateme	ents v	ith Expenses per	Hetu	
1		expenses and losses per audited financial statements	•		1_	11,195,267.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:	1 1	E4 0EE		
а		ed services and use of facilities	2a	51,375.		
b	Prior y	year adjustments	2b	<del></del>		
С		losses	2c	240 525		
d		(Describe in Part XIII.)	_2d	348,735.		400 110
е		nes 2a through 2d			2e	400,110.
3		act line 2e from line 1			3	10,795,157.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а		ment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII )	4b			
		nes 4a and 4b			4c	0.
<u>5</u>		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information		· · · · · · · · · · · · · · · · · · ·	5	10,795,157.
			1 4	1 4 D- + D/ 1 41		Ob Dealth and Deal
		nis part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III.				2b; Part V, line 4, Part
		rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to p				MODG MO
PAI	K.T. A	, LINE 4: CONTRIBUTIONS RECEIVED ARE RE	SIK.	ICIED BI THE	טע	NORS TO
נים כ	<b>.</b>	IN-PERPETUITY. THE INTEREST AND DIVIDE	פרוואק	GENERATED F	ъ∩м	THE
CCI	TWII	IN-PERPETUTITE THE INTEREST AND DIVIDE	SUDS	GENERALED F	KOM	ITHE
ירי	T סייזו	BUTIONS ARE TO BE USED TOWARDS THE GENE	7 D A T.	OPERATIONS	OF	ICFJ.
د ب	AILT	DOITOND ARE TO BE OBED TOWARDS THE GENE	TIVALL	OTHICHIOND	<u>Or</u>	ICIO.
זגס	אייי א	, LINE 2: IN JUNE 2006, THE FINANCIAL A	ላሮሮ01	INTING STAND	ARD	S BOARD
<u>. Aı</u>	.(1 2)	I DINU Z. IN COME 2000, THE TIMESTEE I	1000	DIVITING DITHID	1111	D DOING
(F)	ASR)	RELEASED FASB ASC 740-10, INCOME TAXES	ייף ז	HAT PROVIDES	GU	ITDANCE FOR
<u>,</u>	<u>, uu j</u>	THE THE THE PARTY OF THE PARTY	· 1 - 1	11.0 / 11/10		TELLICE TOIL
RFI	PORT	ING UNCERTAINTY IN INCOME TAXES. FOR TH	E Y	EARS ENDED D	ЕСЕ	MBER 31.
لانتدى	. 01(1	210 OHODRIIIIII IN INCOM HMDD. FOR I	<u></u>	LINE LINED D		
20.	12 A	ND 2011, ICFJ HAS DOCUMENTED ITS CONSID	)ERA'	TION OF FASE	AS	C 740-10
<u></u>						dule D (Form 990) 2012
						,

Schedule D (Form 990) 2012 THE INT'L CENTER FOR JOURNALISTS, INC. 11-2724905 Page 5 Part XIII   Supplemental Information (continued)
AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.
THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS
SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR
THREE YEARS AFTER IT IS FILED.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSE SHOWN AS EXPENSES ON THE FINANCIAL
STATEMENT AND NETTED AGAINST REVENUE ON FORM 990, PART VIII,
LINE 8B. 348,735.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSE SHOWN AS EXPENSES ON THE FINANCIAL
STATEMENT AND NETTED AGAINST REVENUE ON FORM 990, PART VIII,
LINE 8B. 348,735.
·

### SCHEDULE F (Form 990)

Department of the Treasury

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

**Employer identification number** 

THE INT'L CENTE	R FOR JO	URNALIST	S, INC.	11-27249	
		ctivities Ou	tside the United States. Comple	ete if the organization answered "	Yes"
to Form 990, Part		maintain recor	de to experantiate the amount of its ar	ante and other assistance	
•	=		ds to substantiate the amount of its grather the selection criteria used to award the	F==	Yes No
the grantees engionity it	or the grants of a	issistance, and	the selection chiefla used to award the	grants of assistance.	1163110
2 For grantmakers. Description United States	nbe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance out	tside the
3 Activities per Region. (Th	he following Part	I, line 3 table ca	an be duplicated if additional space is	needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE					
PACIFIC	0		PROGRAM SERVICES	JOURNALISM TRAINING	117,967.
				•	
		_			
EUROPE	0	0	PROGRAM SERVICES	JOURNALISM TRAINING	632,140,
MIDDLE EAST AND					
NORTH AFRICA	_1		PROGRAM SERVICES	JOURNALISM TRAINING	458,822,
NORTH AMERICA	0	_ 2	PROGRAM SERVICES	JOURNALISM TRAINING	19,665,
ļ					
SOUTH AMERICA	0	3_	PROGRAM SERVICES	JOURNALISM TRAINING	7,165.
SOUTH ASIA	0	7	PROGRAM SERVICES	JOURNALISM TRAINING	360,455,
SUB-SAHARAN AFRICA		23	PROGRAM SERVICES	JOURNALISM TRAINING	262,191,
SUB-BAHAMAN APATCA		23	A NOOLULE BENVICES	SOCIALISM TRAINING	202,131,
CENTRAL AMERICA AND	:		GRANTS TO RECIPIENTS		
THE CARIBBEAN	0	2	LOCATED IN THE REGION		148,668,
3 a Sub-total .	1	53			2,007,073,
<b>b</b> Total from continuation					
sheets to Part I	0	0			2,809,540,
c Totals (add lines 3a					
and 3b)  LHA For Paperwork Reduct	<u>.                                     </u>	53_	1	l	4 816 613

232071 12-10-12

27

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE			GRANTS TO RECIPIENTS		[
PACIFIC	0	0	LOCATED IN THE REGION		168,069
MIDDLE EAST AND	:		GRANTS TO RECIPIENTS		
NORTH AFRICA	0	0	LOCATED IN THE REGION		259,624
RUSSIA & THE NEWLY			GRANTS TO RECIPIENTS		
INDEPENDENT STATES	0	0	LOCATED IN THE REGION		24,082
			GRANTS TO RECIPIENTS		
SOUTH ASIA	0	0	LOCATED IN THE REGION		248,765
			GRANTS TO RECIPIENTS		
SUB-SAHARAN AFRICA	0	0	LOCATED IN THE REGION		1,881,864
			GRANTS TO RECIPIENTS		
SOUTH AMERICA	0	0	LOCATED IN THE REGION		227,136
-					
Totals	•				2,809,540

11-2724905

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2012 Part II

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	,	CENTRAL	PRODUCING SHORT INVESTIGATIVE TV SEGMENTS TO AIR ON	i t		•		
	-	AND THE CARIBBEAN	PANAMANIAN TELEVISION	.6/0.02	WIKE PAIMENTS	0		
			INVESTIGATIVE					
•		CENTRAL AMERICA AND THE CARTEREAN	JOURNALISM TRAINING	24 141 6	WIRE PAYMENTS	0		
			A MULTIMEDIA NEWS					
•	-		PROJECT FOR					
		EAST ASIA AND THE	DEVELOPING COMMUNITY					
,	_	PACIFIC	REPORTING &	74,847	WIRE PAYMENTS	0		
V			GLOBAL BUSINESS					
-		EAST ASIA AND THE	JOURNALISM PROGRAM AT					
		PACIFIC	TSINGHUA UNIVERSITY	28,080.	WIRE PAYMENTS	0		
	, -							
			BUILDING A DIGITAL					
		MIDDLE EAST AND	GATEWAY TO BETTER	0 9 9	מחזימונט גמ ממדי	c		
	-	NORTH AFRICA	LIVES		WIRE PAYMENTS	0		
	<u>.</u> .		BUILDING A DIGITAL					
	-	MIDDLE EAST AND NORTH AFRICA	GATEWAY TO BETTER LIVES	46,614,	WIRE PAYMENTS	0		
		CINA TRACT SILICITY	BUILDING A DIGITAL					,
		NORTH AFRICA	LIVES	20,742,	20,742, WIRE PAYMENTS	0		
,	, <sup>2</sup>		BREAKING DOWN					
		RUSSIA AND THE	BARRIERS: A					
	-	NEWLY INDEPENDENT						
		STATES	FOR BELARUS	24 082	24,082, WIRE PAYMENTS	0		
2 Enter total number of	recipient organizatio	ons listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	foreign country,	recognized as tax·ex	cempt by		•

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS 29

Schedule F (Form 990) 2012

9

(i) Method of valuation (book, FMV, appraisal, other)									
(h) Description of non-cash assistance									
(g) Amount of non-cash assistance	0	0	0	0	0	0	0		
(f) Manner of cash disbursement	WIRE PAYMENTS	WIRE PAYMENTS	WIRE PAYMENTS	WIRE PAYMENTS	WIRE PAYMENTS	WIRE PAYMENTS	WIRE PAYMENTS		
(e) Amount of cash grant	11,765,	9 000 9	638,761,	123,268,	220,000,	7,200	8 000		
(d) Purpose of grant	U.S. & PAKISTAN PROFESSIONAL PARTNERSHIP PROGRAM IN JOURNALISM	ONLINE JOURNALISM TRAINING FOR SOUTH ASIAN PROFESSIONALS 2011	BETTER COVERAGE OF DEVELOPMENT ISSUES IN AFRICA	BETTER COVERAGE OF DEVELOPMENT ISSUES IN AFRICA	AFRICAN NEWS INNOVATION CHALLENGE	PROFESSIONALISM, PRIDE AND PRESS FREEDOM: A HOLISTIC PROGRAM TO STRENGTHEN	STRENGTHENING THE TRUTH TELLERS: A MULTIMEDIA PROGRAM TO BOLSTER MEDIA		
(c) Region	SOUTH ASIA	SOUTH ASIA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA		
(b) IRS code section and EIN (if applicable)		V	V S	¥4 - 54					
- e									
	(c) Region  (d) Purpose of grant cash disbursement assistance to Organizations or Entities Outside the United States, (scriedule F (Form 1950), Fait 1, line 1)  (a) Amount (f) Manner of non-cash of cash grant cash disbursement assistance assistance	(b) IRS code section and EIN (if applicable)  (c) Region  (d) Purpose of organization of organizations or entities Outside the	(b) IRS code section and Other Assistance to Organizations of Carlottine States. Society of Cash grant (cash disbursement)  (b) IRS code section and EIN (if applicable)  (c) Region grant (d) Purpose of (e) Amount (f) Manner of non-cash of non-cash of non-cash assistance  U.S. & PAKISTAN  PROFESSIONAL  PARTYNERSHIP PROGRAM  SOUTH ASIA IN JOURNALISM  FRAINING FOR SOUTH ASIAN PROFESSIONALS  SOUTH ASIA 2011  SOUTH ASIA 2011  C) Region (d) Purpose of (e) Amount of (h) Manner of (g) Amount of (h) Description of cash grant (ash disbursement assistance	The of organization of drafts and Other Assistance to Organization of GP House of Organization (b) HS code section (c) Region grant (d) Purpose of (e) Amount (f) Manner of Of mon-cash and EIN (if applicable) (c) Region grant (d) Purpose of Of cash grant (f) Manner of Of mon-cash assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance of Nature Program (in Journalism of Cash grant Cash disbursement assistance assistance assistance assistance assistance assistance of Nature Payments (f) Manner of (h) Description of Cash grant Cash disbursement (f) Manner of (h) Description of Cash grant (f) Manner of (h) Description of Cash grant (f) Manner of (h) Description of Cash grant (f) Manner of (h) Description of Cash grant (f) Manner of (h) Description of Cash grant (f) Manner of (h) Description of Cash grant (f) Manner of (h) Description of Cash grant (f) Manner of (h) Description of Cash grant (f) Manner of (h) Description of Cash grant (f) Manner of (h) Description of Cash grant (f) Manner of (h) Description of Cash grant (f) Manner of (h) Description of Cash grant (f) Manner of (h) Description of Cash grant (f) Manner of (h) Description of Cash grant (f) Manner of (h) Description of Cash grant (f) Descr	The continuation of Grants and Otter Assistance to Organizations or Entries Outside the United States, Continuation of Grants and Otter Assistance to Organization  (b) IRS code section and EIN (if applicable) (c) Region grant grant and EIN (if applicable) (d) Process of Grash grant cash disbursement assistance assistance assistance assistance assistance assistance assistance assistance and EIN JOHNALISM TRAINING FOR SOUTH ASIA IN JOHNALISM TRAINING FOR SOUTH ASIA ASIAN PROFESSIONALS SOUTH ASIA ARIAN BETTER COVERAGE OF SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN SUB-S	The continuation of trains and Other Assistance to Organization and trains and Other Assistance to Organization  The of organization (c) Region (d) Purpose of (e) Amount (f) Manner of (g) Amount of non-cash (applicable)  The of organization (d) Purpose of (e) Amount (f) Manner of (g) Amount of non-cash (applicable)  The of organization (d) Purpose of (e) Amount (d) Manner of (g) Amount of (h) Description (d) Purpose of (e) Amount (ask dispursement assistance)  The of organization (d) Purpose of (e) Amount (d) Manner of (e) Manne	Continuation of urants and utner Assistance to Organizations or entities Outside the United States, Octobrous (17) Manner of (18) Amount (18) Amount (19) Amount	The continuation of drafts and the continuation of entries Unstant of the continuation of cash discussioned to Continuation of cash discussioned to Continuation of cash discussioned to Cash discussi	Togramization of white and other passions to Change of China Continuation of the Strain China Ch

THE INT'L CENTER FOR JOURNALISTS, INC.

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed 11-2724905 Schedule F (Form 990) 2012

, ,			1	1	t	ı	ı	ı	ı	ı
(h) Method of valuation (book, FMV, appraisal, other)										
(g) Description of non-cash assistance										
(f) Amount of non-cash assistance	0,	0	0	0	0	0				
(e) Manner of cash disbursement	WIRE TRANSFER	WIRE TRANSFER	110,600, WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER				
(d) Amount of cash grant	103,948,	65,142.	110,600.	227,136,	231,000					
(c) Number of recipients	2	က	2	3	ক	41				
(b) Region	CENTRAL AMERICA AND THE CARIBBEAN	EAST ASIA AND THE PACIFIC	MIDDLE EAST AND NORTH AFRICA	SOUTH AMERICA	SOUTH ASIA	SUB-SAHARAN AFRICA				
(a) Type of grant or assistance (b) Region	FELLOWSHIP GRANTS (HONORARIA & EXPENSES)	FELLOWSHIP GRANTS (HONORARIA & EXPENSES)	FELLOWSHIP GRANTS (HONORARIA & EXPENSES)	FELLOWSHIP GRANTS (HONORARIA	FELLOWSHIP GRANTS (HONORARIA & EXPENSES)	FELLOWSHIP GRANTS (HONORARIA				

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012

#### SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service

Name of the organization **Employer identification number** THE INT'L CENTER FOR JOURNALISTS, INC. 11-2724905 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations J Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes □No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity have custody or control of contributions? to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

232081 01-07-13

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

Schedule G (Form 990 or 990-EZ) 2012

Schedule G (Form 990 or 990-EZ) 2012 THE INT'L CENTER FOR JOURNALISTS, INC. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events PHOTO NONE AWARDS (add col. (a) through AUCTION DINNER col. (c)) (total number) (event type) (event type) 831,945. 791,745 40,200 Gross receipts . . 755,745 16,250 771,995. 2 Less: Contributions 23,950. 59,950. 36,000. Gross income (line 1 minus line 2) 1,500. 1,500 Cash prizes Noncash prizes Expenses Rent/facility costs 102,525. 102,525 7 Food and beverages 8 Entertainment 208,908. 35,802 244,710. Other direct expenses 348,735) 10 Direct expense summary. Add lines 4 through 9 in column (d) <288,785.> 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: Yes a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain:

232082 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

Sche	edule G (Form 990 or 990-EZ) 2012 THE INT'L CENTER FOR JOURNALISTS, INC. 11-2724905 Page 3
11	Does the organization operate gaming activities with nonmembers?
13	
а	The organization's facility
14	•
	Name
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount
С	
	Name
	Address >
16	Gaming manager information:
	Name ▶
	Coming manager companyation • \$
	Garning manager compensation
	Description of services provided >
	Director/officer Employee Independent contractor
17	Mandatory distributions.
	·
b	
	organization's own exempt activities during the tax year > \$
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
13 Indicate the percentage of gaming activity operated in: a The organization's facility b An outside facility  13a   13b   1	
	•

11130726 745960 09506

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service
Name of the organization

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

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

1545-0047	12
OMB No	20

Open to Public

Inspection

Name of the organization	G G T T T T T T T T T T T T T T T T T T	מחמד ז גוומווסד מסם	משמ				Employer identification number
			j				このとます/ ターヤエ
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selec	
criteria used to award the grants or assistance?	stance?		•			:	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use	ocedures for monit		of grant funds in the United States	J States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States, C	omplete if the orga	ınızatıon answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated	\$5,000. Part II can	be duplicated if addit	if additional space is needed	pel	And Machine of the		
1 (a) Name and address of organization or government	( <b>p</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO CREATE LEARNING
RELIGION DATA ARCHIVING SERVICES							MODULES FOR AN
211 OSWALD TOWER							ASSOCIATION OF
UNIVERSITY PARK, PA 16802-6207	27-5551161	501(C)(3)	13,333.	0			INTERNATIONAL RELIGION
JOURNALISM DEVELOPMENT NETWORK,							TO IMPLEMENT ICFJ'S
INC 4401A CONNECTICUT AVE NW							REGIONAL INVESTIGATIVE
#321 - WASHINGTON DC 20008	26-0898750	501(C)(3)	632,140.	0.			JOURNALISM NETWORK
							TO DESIGN AND BUILD A
JEFFERSON INSTITUTE							SOPHISTICATED REGIONAL,
310 9TH ST, NE.							INVESTIGATIVE REPORTING
WASHINGTON DC 20002	94-2932134	501(C)(3)	81,900.	0.	3		INFRASTRUCTURE ON A
2 Enter total number of section 501(c)(3) and government organizations list	ind government or	ganizations listed in th	ted in the line 1 table				<b>A</b>
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2012)

3 Enter total number of other organizations listed instructions for Form 990.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS 37

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed TO THE AN PROGRAM CONDITIONS. GRANT AWARDS ARE MONITORED BY A PROGRAM DIRECTOR AND ASSOCIATION OF INTERNATIONAL RELIGION REPORTERS, SPECIFICALLY TO IMPROVE ΒY (H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE LEARNING MODULES FOR AN TO ADHERE NAME OF ORGANIZATION OR GOVERNMENT: RELIGION DATA ARCHIVING SERVICES RECIPIENTS OF GRANT AWARDS ARE SELECTED FINAL PAYMENTS ARE MADE UPON SUCCESSFUL COMPLETION OF THE PROJECT (d) Amount of non-cash assistance THE GRANT RECIPIENTS SIGN AN AGREEMENT 291,788 (c) Amount of cash grant (b) Number of recipients COLUMN (H): LINE 2: (a) Type of grant or assistance ADVISORY COMMITTEE. PART I LINE 1, SCHEDULE I PART II, 232102 12-18-12 FELLOWSHIP Part III

Page 2

11-2724905

THE INT'L CENTER FOR JOURNALISTS,

Schedule I (Form 990) (2012)

Schedule   (Form 990) THE INT'L CENTER FOR JOURNALISTS, INC. 11-2724905 Page 2  Part IV   Supplemental Information
COVERAGE OF ISLAM IN MUSLIM AND NON-MUSLIM COUNTRIES.
NAME OF ORGANIZATION OR GOVERNMENT: JEFFERSON INSTITUTE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO DESIGN AND BUILD A SOPHISTICATED
REGIONAL, INVESTIGATIVE REPORTING INFRASTRUCTURE ON A COLLABORATIVE
WEB-BASED PLATFORM THAT WILL TIE REPORTERS TOGETHER REGIONALLY AND
INTERNATIONALLY.
•

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

THE INT'L CENTER FOR JOURNALISTS, INC. 11-2724905

Employer identification number

Pa	art I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990	),			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items				
	First-class or charter travel  Housing allowance or residence for personal	use			-
	Travel for companions Payments for business use of personal reside	ence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				;
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef	)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, director	ors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization	า'ร			
	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization	to			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract		,		;
	Independent compensation consultant  X Compensation survey or study				:
	Form 990 of other organizations  X Approval by the board or compensation com	mittee			
					Ι ΄
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization		,		,
а	Receive a severance payment or change-of-control payment?		4a		X
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	••	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			•	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.				
5					
	contingent on the revenues of:				
а	The organization?		5a		X
b	Any related organization?		5b		X
	If "Yes" to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of				
а	The organization?		6a		_x_
b	Any related organization?		6b		X
	If "Yes" to line 6a or 6b, describe in Part III.				_
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments				
	not described in lines 5 and 6? If "Yes," describe in Part III		7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in				
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee    Oromensation committee   Written employment contract   Written employment contract   Independent compensation consultant   X Compensation survey or study   Independent compensation consultant   X Compensation survey or study   Approval by the board or compensation committee   Porm 990 of other organizations   X Approval by the board or compensation committee   A During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization   A seceive a severance payment from, a supplemental nonqualified retirement plan?   4a    4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?   4b    5 Participate in, or receive payment from, an equity-based compensation arrangement?   4c    6 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III   Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.   For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:   5a    5 The organization?   5a    6 For persons listed from 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of   For persons listed from 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments   For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments   7   X   Were any amo					
LHA	Indicate which, if any, of the following the filing organization used to establish the compensation of the OEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Independent compensation consultant  Independent compensation consultant  Independent compensation consultant  Independent compensation consultant  Independent compensation consultant  Independent compensation consultant  Independent compensation consultant  Independent compensation consultant  Independent compensation consultant  Independent compensation consultant  Independent compensation consultant  Independent compensation consultant  Independent compensation consultant  Independent compensation consultant  Independent compensation consultant  Independent compensation consultant  Independent compensation committee  Independent compensation committee  Independent compensation committee  Independent compensation committee  Independent compensation  Independent compensation committee  Independent compensation  Ind				

232111 12-10-12

INC. CENTER FOR JOURNALISTS,

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	orner deterred compensation	Denemis	(a)-(i)(a)	reported as deferred in prior Form 990
(1) JOYCE BARNATHAN	€	254,93	19,000.	0.	14,73	15,771.	304,44	0.
PRESIDENT		143 958	.000 R		8 663	3 288	160 909	
(Z) FAIRICA BOILDEA VICE PRESIDENT	3	7021	0	0		0.0		0
	Ξ							
	3							
	Ξ							
`	Ξ							
	Ξ							
	ε							
	: E							
	ε							
	Ξ							
	(i)							
	(ii)							
	Θ							
	(ii)							
	(i)							
	(ii)							
	ε							
	Ξ		,					
	ε							
				:				
	Ξ							
	3							
	Ξ							
	⊞							
	Ξ							
	=							
	Ξ							
	∄							
232112				7			Sched	Schedule J (Form 990) 2012

232112 12-12-12

₃ny	
s part for ar	
iplete this	
Also com	
Part II A	
, and for	
7, and 8	
1b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for	
, 5a, 5b,	
a, 4b, 4c	
1b, 3, 4	
bart I, lines 1a,	
quired for	
ptions re	
or descri	
anation, o	
on, expla	
omplete this part to provide the information, explanation, or descri	
ide the i	
olete this part to provide the i	tion.
this part	Informat
mplete	ditional

	11-2724905	Page 3
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.	rt II. Also complete this part for any	,   
PART I, LINE 7: DURING 2012, THE FOLLOWING EMPLOYEES RECEIVED BONUSES:		
-JOYCE BARNATHAN RECEIVED \$19,000		
-PATRICK BULTER RECEIVED \$5,000		
-NANCY FRYE RECEIVED \$5,000		
-SHARON MOSHAVI RECEIVED \$5,000		
-VJOLLCA SHYTLLA RECEIVED \$7,500		
-ELISA TINSLEY RECEIVED \$3,000		
		!

Schedule J (Form 990) 2012

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

THE INT'L CENTER FOR JOURNALISTS, INC.

Employer identification number 11-2724905

FORM 990, PART VI, SECTION B, LINE 11: THE RETURN WAS PREPARED BY THE

OUTSIDE ACCOUNTANTS AND REVIEWED BY THE FINANCE AND AUDIT COMMITTEE. ICFJ

SENT THE COMPLETED FORM 990 ELECTRONICALLY TO ALL BOARD MEMBERS FOR THEIR

REVIEW AND APPROVAL BEFORE SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ICFJ'S DIRECTORS AND EMPLOYEES

UPDATE THEIR CONFLICT OF INTEREST POLICY STATEMENT ANNUALLY AND WHEN

CHANGES ARISE. EMPLOYEES ARE REMINDED TO UPDATE THIS POLICY WHEN CHANGES

ARISE.

WHEN A CONFLICT OF INTEREST MAY EXIST, EACH EMPLOYEE OR BOARD MEMBER IS

REQUIRED TO DISCLOSE SUCH CONFLICT AND ABSTAIN FROM THE DISCUSSION, VOTING,

RESOLUTION OR ACTION(S) RELATED TO THE MATTER. A MAJORITY OF THE BOARD

MEMBERS PRESENT AT ANY MEETING MAY ALSO DISQUALIFY A BOARD MEMBER FROM

DISCUSSING AND/OR VOTING ON ANY MATTER UNTIL THEY DETERMINE IF A CONFLICT

OF INTEREST EXISTS. AFTER FULL DISCLOSURE, AND WITH DUE DELIBERATION, A

MAJORITY OF THE DISINTERESTED DIRECTORS MAY APPROVE OR RATIFY A TRANSACTION

WHICH INVOLVES A CONFLICT OF INTEREST WITH A DIRECTOR, OFFICER, OR EMPLOYEE

OF ICFJ PROVIDED THE TRANSACTION IS FAIR TO ICFJ.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE BOARD REQUIRES THAT
TWO DIRECTORS PERFORM AN ANNUAL REVIEW OF THE PRESIDENT AND REPORT THEIR
FINDINGS TO THE EXECUTIVE BOARD. THE EXECUTIVE BOARD DETERMINES THE
COMPENSATION OF THE PRESIDENT. THE COMPENSATION IS DETERMINED ON THE BUDGET
SIZE, OVERALL PERFORMANCE AND LOCATION OF THE ORGANIZATION. THE PROCESS
INCLUDED COMPARABILITY DATA AND DOCUMENTATION OF THE PROCESS.

Schedule O (Form 990 or 990-EZ) (2012)

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

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization  THE INT'L CENTER FOR JOURNALISTS, INC.	Employer identification number 11-2724905
THE PRESIDENT DETERMINES THE SALARY COMPENSATION OF THE S	TAFF BASED ON A
PERCENTAGE THAT HAS BEEN APPROVED BY THE FINANCE COMMITTE	E AND IN LINE WITH
OTHER COMPARABLE POSITIONS IN THE WASHINGTON, DC AREA. AL	L EMPLOYEES ARE
REVIEWED ANNUALLY WITH A PERFORMANCE REVIEW BY THEIR SUPE	RVISOR AND THE
PRESIDENT. THE MOST RECENT REVIEW WAS CONDUCTED IN JANUAR	Y 2012 AND WAS
FINALIZED IN MARCH OF 2012.	
FORM 990, PART VI, SECTION C, LINE 19: ICFJ'S GOVERNING D	OCUMENTS,
CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE	MADE AVAILABLE TO
THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  PRIOR YEAR GRANT FUNDS RESCINDED BY DONOR	-386,898.

								LISTS, INC.	<u> 11-272</u>	4905
Part VII Section A. Officers, Directors, Tru	<u>istees, Key Er</u>	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	l		Pos	ition	ı		Reportable	Reportable	Estimated
	hours	(c	heck	all '	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					oyee	ļ	the	organizations	compensation
	(list any	ecto				e e		organization	(W-2/1099-MISC)	from the
	hours for	or di	2			å		(W-2/1099-MISC)		organization
	related	ustee	ī		8	bens				and related
	organizations below	ual tr	le le		ge	5	١.			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) NANCY FRYE	35.00		l							
VICE PRESIDENT		ĺ	ŀ	х				130,661.	0.	13,282.
(28) VJOLLCA SHYTLLA	35.00									
VICE PRESIDENT	-			х				112,940.	0.	16,754.
(29) SHARON MOSHAVI	35.00									
VICE PRESIDENT				X				112,221.	0.	16,636.
(30) ELISA TINSLEY	35.00					l_	ŀ		_	4
KNIGHT DIRECTOR				<u> </u>	ļ	X	-	113,288.	0.	15,235.
		ł	1							
					ļ	<del> </del>				
		1		l						
		ļ				<u> </u>	_			
			$\vdash$	_	-		_			
				<u> </u>						
				_						
		-	-							
		_		_	$\vdash$	-	_			
									1.	
<u> </u>										
	-									
	1					<u> </u>	1			
Total to Part VII, Section A, line 1c								469,110.		61,907.