

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

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

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMITTEE TO PROTECT JOURNALISTS, INC.		D Employer identification number 13-3081500
	Doing business as		E Telephone number (212) 465-1004
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	509 WEST 38TH STREET		G Gross receipts \$ 12,128,697.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
F Name and address of principal officer: JODIE GINSBERG SAME AS C ABOVE		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: HTTPS://CPJ.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1981 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE PRESS FREEDOM WORLDWIDE AND DEFEND THE RIGHT OF JOURNALISTS TO REPORT THE NEWS
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 32
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 32
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 48
	6 Total number of volunteers (estimate if necessary) 6 32
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 11,381,967. Prior Year 9,654,602. Current Year
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 788,559. 661,559.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 16,950. 388,852.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12,187,476. 10,705,013.
	Expenses
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,457,041. 5,698,495.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 80,000. 80,000.	
b Total fundraising expenses (Part IX, column (D), line 25) 1,389,956.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,321,716. 5,195,767.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,204,475. 11,575,471.	
19 Revenue less expenses. Subtract line 18 from line 12 1,983,001. -870,458.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 41,395,492. Beginning of Current Year 37,742,019. End of Year
	21 Total liabilities (Part X, line 26) 5,638,179. 5,500,501.
	22 Net assets or fund balances. Subtract line 21 from line 20 35,757,313. 32,241,518.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JODIE GINSBERG, PRESIDENT	Date Nov 6, 2023			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MIKE SCHALL	Preparer's signature <i>Mike Schall</i>	Date 11/01/23	Check if self-employed <input type="checkbox"/>	PTIN P02024184
	Firm's name SAX LLP	Firm's EIN 81-2950760	Phone no. 212-661-8640		
Firm's address 1040 AVENUE OF THE AMERICAS-16TH FL NEW YORK, NY 10018					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE COMMITTEE TO PROTECT JOURNALISTS PROMOTES PRESS FREEDOM WORLDWIDE AND DEFENDS THE RIGHT OF JOURNALISTS TO REPORT THE NEWS SAFELY AND WITHOUT FEAR OF REPRISAL. CPJ ENSURES THE FREE FLOW OF NEWS AND COMMENTARY BY TAKING ACTION WHEREVER (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 8,186,394. including grants of \$ 601,209.) (Revenue \$) SINCE 1981, CPJ HAS DEFENDED THE RIGHT OF JOURNALISTS TO REPORT THE NEWS SAFELY AND FREELY ALL OVER THE WORLD. OUR ORGANIZATION IS MADE UP OF JOURNALISTS AND ADVOCATES WHO USE JOURNALISM TO EXPOSE AND ADVOCATE ON A BROAD RANGE OF VIOLATIONS. WE FOCUS ON REDUCING THE NUMBER OF JOURNALISTS IN PRISON, FIGHTING AGAINST INJUSTICE, AND BATTLING CENSORSHIP AND REPRESSIVE LEGISLATION THAT GOVERNS OUR WORLD'S INCREASINGLY COMPLEX INFORMATION LANDSCAPE. WE DOCUMENT VIOLATIONS AND MEET WITH GOVERNMENT LEADERS TO PUSH FOR CHANGE, SECURE CONVICTIONS IN MURDERS, AND FREE JAILED JOURNALISTS. OUR REPORTING AND DOCUMENTATION INFORM AND EMPOWER OUR ADVOCACY. IN DOING SO, WE ENSURE ACCESS TO INDEPENDENT INFORMATION THAT ENABLES ALL PEOPLE TO MAKE DECISIONS AND HOLD THE POWERFUL TO ACCOUNT.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,186,394.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 32		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 32		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
JODIE GINSBERG - (212) 465-1004
509 WEST 38TH STREET, NEW YORK, NY 10018

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT MAHONEY DIRECTOR OF SPECIAL PROJECTS	40.00				X			249,921.	0.	38,217.
(2) JOHN D. WEIS SEC'Y/DIR. DEV.	40.00			X				209,535.	0.	37,464.
(3) JODIE GINSBERG PRESIDENT	40.00			X				212,814.	0.	26,374.
(4) HILDA ROMERO DIRECTOR OF FINANCE	40.00			X				183,719.	0.	41,567.
(5) ARLENE GETZ EDITORIAL DIRECTOR	40.00				X			170,013.	0.	24,621.
(6) GYPSY GULLEN KAISER DIRECTOR OF COMMUNICATIONS & ADVOCAC	40.00				X			156,174.	0.	31,422.
(7) CARLOS MARTINEZ DE LA SERNA PROGRAM DIRECTOR	40.00				X			147,584.	0.	38,688.
(8) MARGARET ABAM-DEPASS DEPUTY DIR OF FIN	40.00				X			129,631.	0.	40,696.
(9) MICHELE LOUHSIDON HR DIRECTOR	40.00				X			145,239.	0.	20,652.
(10) JOEL SIMON EXECUTIVE DIR.	40.00			X				130,768.	0.	9,154.
(11) KATHLEEN CARROLL CHAIR	5.00	X		X				0.	0.	0.
(12) JACOB WEISBERG VICE CHAIR	1.00	X		X				0.	0.	0.
(13) DIANE BRAYTON TREASURER	1.00	X		X				0.	0.	0.
(14) STEPHEN J. ADLER DIRECTOR	1.00	X						0.	0.	0.
(15) ANDREW ALEXANDER DIRECTOR	1.00	X						0.	0.	0.
(16) ALAN RUSBRIDGER DIRECTOR	1.00	X						0.	0.	0.
(17) AMANDA BENNETT DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MATTHEW WINKLER DIRECTOR	1.00	X						0.	0.	0.
(19) SUSAN CHIRA DIRECTOR	1.00	X						0.	0.	0.
(20) SHEILA CORONEL DIRECTOR	1.00	X						0.	0.	0.
(21) ANNE GARRELS DIRECTOR	1.00	X						0.	0.	0.
(22) CHERYL GOULD DIRECTOR	1.00	X						0.	0.	0.
(23) LESTER HOLT DIRECTOR	1.00	X						0.	0.	0.
(24) JONATHAN KLEIN DIRECTOR	1.00	X						0.	0.	0.
(25) JANE KRAMER DIRECTOR	1.00	X						0.	0.	0.
(26) ISAAC LEE DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,735,398.	0.	308,855.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,735,398.	0.	308,855.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 10

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HP RISK MANAGEMENT, SALCOT LODGE WORTHY RD, WINCHESTER, HAMPSHIRE, UNITED KINGDOM	RISK MANAGEMENT	304,874.
SAFEGUARD WORLD INTERNATIONAL LIMITED, 24-25 EDWIN FODEN BUSINESS CENTRE MOSS GLASSHOUSE, 660 12TH AVENUE FLOOR 5,, NEW YORK, NY 10019	REPRESENTATIVE	231,204.
WESTEND STRATEGY, 2401 PENNSYLVANIA AVENUE NORTHWEST SUITE 410, WASH, WASHINGTON	IPFA VENUE	172,815.
FAIRDINKIUM, 15 EAST 32 ST., 9TH FLOOR, NEW YORK, NY 10016	MEDIA RELATIONSHIP CONTRACTOR	165,565.
	CONSULTANT	165,015.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 11

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,370,875.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,283,727.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f			9,654,602.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g Total. Add lines 2a-2f							
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		661,782.		661,782.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	819,304.		
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	819,527.			
	c	Gain or (loss)	7c	-223.			
d	Net gain or (loss)		-223.		-223.		
8 a	Gross income from fundraising events (not including \$ 1,370,875. of contributions reported on line 1c). See Part IV, line 18	8a	604,157.				
b	Less: direct expenses	8b	604,157.				
c	Net income or (loss) from fundraising events		0.				
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11 a	MISCELLANEOUS INCOME		388,852.		388,852.	
	b						
	c						
	d	All other revenue					
e Total. Add lines 11a-11d			388,852.				
12 Total revenue. See instructions			10,705,013.	0.	0.	1050411.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	601,209.	601,209.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,290,564.	589,131.	328,484.	372,949.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,269,680.	2,670,555.	350,273.	248,852.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	171,248.	129,963.	33,965.	7,320.
9 Other employee benefits	657,666.	483,141.	114,262.	60,263.
10 Payroll taxes	309,337.	213,121.	60,478.	35,738.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	80,000.			80,000.
f Investment management fees	73,762.		73,762.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,131,283.	2,415,298.	569,270.	146,715.
12 Advertising and promotion				
13 Office expenses	235,305.	85,935.	50,872.	98,498.
14 Information technology	112,495.	77,383.	15,389.	19,723.
15 Royalties				
16 Occupancy	263,852.	184,886.	49,890.	29,076.
17 Travel	339,142.	212,403.	48,094.	78,645.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	143,196.		143,196.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	480,441.	343,666.	81,375.	55,400.
23 Insurance	89,306.	65,926.	12,753.	10,627.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER	179,472.	95,617.	64,226.	19,629.
b POSTAGE	90,463.	11,419.	1,767.	77,277.
c FEES	57,050.	6,741.	1,065.	49,244.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,575,471.	8,186,394.	1,999,121.	1,389,956.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,044,829.	1	3,029,327.
	2 Savings and temporary cash investments	4,167,064.	2	3,789,673.
	3 Pledges and grants receivable, net	3,087,652.	3	1,419,362.
	4 Accounts receivable, net		4	432,731.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	224,738.	9	71,130.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,559,905.		
	b Less: accumulated depreciation	10b 1,535,598.		
	11 Investments - publicly traded securities	13,477,098.	10c	13,024,307.
	12 Investments - other securities. See Part IV, line 11	13,909,886.	11	12,501,316.
	13 Investments - program-related. See Part IV, line 11	3,484,225.	12	3,474,173.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	41,395,492.	15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	41,395,492.	16	37,742,019.	
Liabilities	17 Accounts payable and accrued expenses	615,697.	17	622,617.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,022,482.	23	4,877,884.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	5,638,179.	26	5,500,501.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,803,094.	27	15,465,492.
	28 Net assets with donor restrictions	19,954,219.	28	16,776,026.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	35,757,313.	32	32,241,518.
	33 Total liabilities and net assets/fund balances	41,395,492.	33	37,742,019.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,705,013.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,575,471.
3	Revenue less expenses. Subtract line 2 from line 1	3	-870,458.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35,757,313.
5	Net unrealized gains (losses) on investments	5	-2,645,337.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	32,241,518.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8863648.	10465241.	17192207.	11381967.	9654602.	57557665.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8863648.	10465241.	17192207.	11381967.	9654602.	57557665.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9222396.
6 Public support. Subtract line 5 from line 4.						48335269.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	8863648.	10465241.	17192207.	11381967.	9654602.	57557665.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	429,204.	624,710.	615,382.	788,559.	661,762.	3119617.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,775.	1,331.	36,655.	16,950.	388,852.	448,563.
11 Total support. Add lines 7 through 10						61125845.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	79.08 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	77.10 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 19b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

COMMITTEE TO PROTECT JOURNALISTS, INC.

Employer identification number

13-3081500

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

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

Schedule B (Form 990) (2022)

Name of organization COMMITTEE TO PROTECT JOURNALISTS, INC.	Employer identification number 13-3081500
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>1,665,015.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>275,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>550,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>275,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>675,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMITTEE TO PROTECT JOURNALISTS, INC.	Employer identification number 13-3081500
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 426,663.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 418,209.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMITTEE TO PROTECT JOURNALISTS, INC.	Employer identification number 13-3081500
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization COMMITTEE TO PROTECT JOURNALISTS, INC.	Employer identification number 13-3081500
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization COMMITTEE TO PROTECT JOURNALISTS, INC. Employer identification number 13-3081500

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (table with 2a-2d). 3-9. Monitoring and reporting requirements (checkboxes for Yes/No).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Text of footnote for art collection. 1b: Amounts for art collection (revenue/assets). 2: Amounts for art collection for financial gain (revenue/assets).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,343,197.	14,389,921.	13,788,119.	12,433,227.	13,327,915.
b Contributions	1,415,000.	1,585,000.			
c Net investment earnings, gains, and losses	-1,988,194.	1,850,634.	1,492,736.	2,055,877.	-646,688.
d Grants or scholarships					
e Other expenditures for facilities and programs	833,499.	482,358.	890,934.	700,985.	248,000.
f Administrative expenses					
g End of year balance	15,936,504.	17,343,197.	14,389,921.	13,788,119.	12,433,227.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0100 %
 - b Permanent endowment 99.9900 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		13,503,026.	745,850.	12,757,176.
c Leasehold improvements				
d Equipment		1,056,879.	789,748.	267,131.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,024,307.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HEDGE FUND	3,474,173.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,474,173.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	9,821,974.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-2,645,337.	
b	Donated services and use of facilities	2b	1,836,060.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-809,277.
3	Subtract line 2e from line 1		3	10,631,251.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	73,762.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	73,762.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	10,705,013.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	13,337,769.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,836,060.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	1,836,060.
3	Subtract line 2e from line 1		3	11,501,709.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	73,762.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	73,762.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	11,575,471.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

CPJ DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS. TAX FILINGS FOR THE PERIODS ENDING DECEMBER 31, 2019 AND LATER ARE SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization COMMITTEE TO PROTECT JOURNALISTS, INC.	Employer identification number 13-3081500
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
AFRICA		7	JOURNALIST DISTRESS GRANT	JOURNALIST DISTRESS GRANT	81,794.
ASIA		5	JOURNALIST DISTRESS GRANT	JOURNALIST DISTRESS GRANT	161,474.
CENTRAL & SOUTH AMERICA		6	JOURNALIST DISTRESS GRANT	JOURNALIST DISTRESS GRANT	105,230.
EUROPE/CENTRAL ASIA		4	JOURNALIST DISTRESS GRANT	JOURNALIST DISTRESS GRANT	218,028.
MIDDLE EAST & NORTH AFRICA		2	JOURNALIST DISTRESS GRANT	JOURNALIST DISTRESS GRANT	27,983.
NORTH AMERICA			JOURNALIST DISTRESS GRANT	JOURNALIST DISTRESS GRANT	6,700.
3 a Subtotal	0	24			601,209.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	24			601,209.

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

Schedule F (Form 990) 2022

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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.

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
JOURNALIST DISTRESS GRANT	AFRICA	0	81,794.	WIRE	0.		
JOURNALIST DISTRESS GRANT	ASIA	0	161,474.	WIRE	0.		
JOURNALIST DISTRESS GRANT	CENTRAL & SOUTH AMERICA	0	105,230.	WIRE	0.		
JOURNALIST DISTRESS GRANT	EUROPE/CENTRAL ASIA	0	218,028.	WIRE	0.		
JOURNALIST DISTRESS GRANT	MIDDLE EAST & NORTH AFRICA	0	27,983.	WIRE	0.		
JOURNALIST DISTRESS GRANT	NORTH AMERICA	0	6,700.	WIRE	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **COMMITTEE TO PROTECT JOURNALISTS, INC.** Employer identification number **13-3081500**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BUCKLEY HALL - 33 KATONAH AVENUE, KATONAH, NY 10536	GALA		X	1,975,032.	80,000.	1,895,032.
Total				1,975,032.	80,000.	1,895,032.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

NY

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	1,975,032.		1,975,032.
	2	Less: Contributions	1,370,875.		1,370,875.
	3	Gross income (line 1 minus line 2)	604,157.		604,157.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	604,157.		604,157.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			604,157.
	11	Net income summary. Subtract line 10 from line 3, column (d)			0.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

COMMITTEE TO PROTECT JOURNALISTS, INC.

Employer identification number

13-3081500

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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 on 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 aren't 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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT MAHONEY DIRECTOR OF SPECIAL PROJECTS	(i) 249,921.	0.	0.	17,935.	20,282.	288,138.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN D. WEIS SEC 'Y/DIR. DEV.	(i) 209,535.	0.	0.	15,227.	22,237.	246,999.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JODIE GINSBERG PRESIDENT	(i) 212,814.	0.	0.	7,236.	19,138.	239,188.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(4) HILDA ROMERO DIRECTOR OF FINANCE	(i) 183,719.	0.	0.	13,548.	28,019.	225,286.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ARLENE GETZ EDITORIAL DIRECTOR	(i) 170,013.	0.	0.	12,091.	12,530.	194,634.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GYPSY GULLEN KAISER DIRECTOR OF COMMUNICATIONS & ADVOCAC	(i) 156,174.	0.	0.	11,140.	20,282.	187,596.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CARLOS MARTINEZ DE LA SERNA PROGRAM DIRECTOR	(i) 147,584.	0.	0.	10,669.	28,019.	186,272.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARGARET ABAM-DEPASS DEPUTY DIR OF FIN	(i) 129,631.	0.	0.	9,889.	30,807.	170,327.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHELE LOUHSIDON HR DIRECTOR	(i) 145,239.	0.	0.	10,202.	10,450.	165,891.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

**SCHEDULE K
(Form 990)**
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization: **COMMITTEE TO PROTECT JOURNALISTS, INC.** Employer identification number: **13-3081500**

Part I Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	BUILD NYC RESOURCE CORP	45-4040561	NONE	03/04/21	5,500,000.	PURCHASE OF BUILDING SPACE		X		X		X
B												
C												
D												

Part II Proceeds	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	Amount of bonds retired							
2	Amount of bonds legally defeased							
3	Total proceeds of issue							
4	Gross proceeds in reserve funds							
5	Capitalized interest from proceeds							
6	Proceeds in refunding escrows							
7	Issuance costs from proceeds							
8	Credit enhancement from proceeds							
9	Working capital expenditures from proceeds							
10	Capital expenditures from proceeds							
11	Other spent proceeds							
12	Other unspent proceeds							
13	Year of substantial completion							

	Yes		No		Yes		No	
	Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?							
16	Has the final allocation of proceeds been made?							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule K (Form 990) 2022

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2 Are there any lease arrangements that may result in private business use of bond-financed property?								
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?								
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?								

**SCHEDULE O
(Form 990)**

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

COMMITTEE TO PROTECT JOURNALISTS, INC.

Employer identification number

13-3081500

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

SAFELY AND WITHOUT FEAR FROM REPRISAL.

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

JOURNALISTS ARE ATTACKED, IMPRISONED, KILLED, KIDNAPPED, THREATENED,
CENSORED, OR HARASSED.

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

CPJ'S REGIONAL PROGRAMS COVER AFRICA, THE AMERICAS, ASIA, EUROPE AND
CENTRAL ASIA, AND THE MIDDLE EAST AND NORTH AFRICA. THEY ARE LED BY
EXPERTS FROM ALL OVER THE WORLD WHO REPORT DAILY ON PRESS FREEDOM
ABUSES IN CLOSE COLLABORATION WITH OUR CORRESPONDENTS' CITIES, WHO HAVE
DEEP TIES WITH LOCAL JOURNALISTS AND ADVOCATES. WE ARE UNIQUE IN OUR
ABILITY TO ENGAGE GOVERNMENT LEADERS LOCALLY AND GLOBALLY, AND IN
MOBILIZING THE MEDIA TO SUPPORT THE PRESS. OUR ADVOCACY TEAM LEADS OR
COORDINATES STRATEGIC EFFORTS AND IMPACTFUL CAMPAIGNS THAT WEAVE CASES
INTO THE MOST PRESSING ISSUES. THE TEAM ENGAGES WITH POLICYMAKERS AND
LEADERS FROM THE UNITED STATES, THE EUROPEAN UNION, AND THE UNITED
NATIONS, AMONG OTHER ENTITIES. IN PARTNERSHIP WITH TEAMS ACROSS THE
ORGANIZATION, THEY INJECT OUR REPORTING INTO MULTILATERAL SYSTEMS AND
MECHANISMS THAT CHAMPION PRESS FREEDOM, PROTECT JOURNALISTS AND HELP TO
DELIVER JUSTICE. OUR EMERGENCIES TEAM PROVIDES PRE-EMPTIVE, TAILORED
TOOLS AND RAPID RESPONSE SUPPORT TO JOURNALISTS UNDER THREAT ALL OVER
THE WORLD. THEY ARE A PILLAR OF ASSISTANCE FOR JOURNALISTS FORCED TO
FLEE FOR THEIR SAFETY AND PROVIDE TRAINING, CONSULTATIONS AND GUIDANCE

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

Schedule O (Form 990) 2022

Name of the organization COMMITTEE TO PROTECT JOURNALISTS, INC.	Employer identification number 13-3081500
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TO PREVENT DEATHS, DETENTIONS, KIDNAPPINGS, AND OTHER DANGERS.

CPJ'S VAST INTERNATIONAL NETWORKS AND COLLABORATIVE RELATIONSHIPS WITH LOCAL AND INTERNATIONAL FREEDOM OF EXPRESSION AND HUMAN RIGHTS GROUPS, ALLOWS FOR JOINT ADVOCACY AND STRATEGIC INTERVENTIONS TOGETHER WITH GROUPS LIKE HUMAN RIGHTS WATCH, ARTICLE 19, AMNESTY INTERNATIONAL, FREE PRESS UNLIMITED AND REPORTERS SANS FRONTIERS. CPJ IS A FOUNDING MEMBER OF IFEX, AN ORGANIZATION OF 100 GLOBAL FREEDOM OF EXPRESSION GROUPS.

CPJ IS ALSO A MEMBER OF THE CONSULTATIVE NETWORK FOR THE MEDIA FREEDOM COALITION (MFC), A GROUP OF 52 COUNTRIES COMMITTED TO SUPPORTING A FREE PRESS. AS SUCH, CPJ WORKS WITH THE MFC TO DEFEND SPECIFIC JOURNALISTS AND PARTICIPATES IN DIPLOMATIC NETWORKS TO PROTECT MEDIA. THESE RELATIONSHIPS ARE PART OF ORGANIZATIONAL EFFORTS TO COLLABORATE WITH LOCAL, REGIONAL, AND INTERNATIONAL MEDIA AND HUMAN RIGHTS GROUPS TO ENSURE THE PERSPECTIVE AND VOICE OF THOSE ON THE FRONT LINES IS ALWAYS IN OUR WORK.

IN FEBRUARY OF 2022, AS RUSSIA BEGAN ITS FULL-SCALE INVASION OF UKRAINE, CPJ DECLARED AN ORGANIZATION-WIDE EMERGENCY, AN INTERNAL MOVE TO SHIFT RESOURCES AND PERSONNEL TO ADDRESS THE CRISIS. OVER THE PAST SEVERAL YEARS FROM THE CRIMINALIZATION OF JOURNALISTS AROUND THE WORLD, TO WAR IN UKRAINE AND A CRACKDOWN IN IRAN. CPJ HAS FINE-TUNED A RAPID RESPONSE IN THE FACE OF THESE EMERGENCIES.

IN RECENT YEARS, CPJ HAS RECORDED THE HIGHEST NUMBERS OF JAILED JOURNALISTS SINCE THE EARLY 1990S. IN 2022, THE NUMBER OF JOURNALISTS IMPRISONED GLOBALLY WAS THE HIGHEST ON RECORD, WITH 363 BEHIND BARS AS POLITICAL UPHEAVAL AND MEDIA CRACKDOWNS REFLECT INCREASING INTOLERANCE FOR INDEPENDENT REPORTING AROUND THE WORLD. BUT THIS IS WHY CPJ'S WORK IS SO IMPORTANT. WE DOCUMENT EACH IMPRISONMENT AND ADVOCATE AROUND IT.

WE CARRY OUT ANNUAL "FREE THE PRESS" CAMPAIGNS AND RAISE INDIVIDUAL

Name of the organization

COMMITTEE TO PROTECT JOURNALISTS, INC.

Employer identification number

13-3081500

CASES IN MEETINGS WITH RELEVANT LEADERS. AND OUR IMPACT IS GLOBAL: IN 2022, CPJ HELPED WIN THE RELEASE OF AT LEAST 150 IMPRISONED JOURNALISTS, THE MOST WE HAVE EVER HELPED FREE. THE PREVIOUS YEAR, CPJ HELPED FREE AT LEAST 101 IMPRISONED JOURNALISTS FROM DOZENS OF COUNTRIES. IN 2022, CPJ ALSO LAUNCHED A CAMPAIGN TO DEMAND THE RELEASE OF JOS RUBN ZAMORA, A FORMER CPJ AWARDEE IMPRISONED IN GUATEMALA UNDER POLITICALLY MOTIVATED CHARGES. CPJ MOBILIZED MORE THAN FIFTY NEWS LEADERS FROM AROUND THE WORLD AND SECURED MEDIA ATTENTION ON THE CASE, AS WELL AS THE DETERIORATION OF PRESS FREEDOM AND DEMOCRACY IN GUATEMALA. IN ANOTHER CRITICAL CASE, CPJ ALSO MOBILIZED SUPPORT FOR IMPRISONED PUBLISHER AND FORMER AWARDEE, JIMMY LAI, WHO FACES A POTENTIAL LIFE SENTENCE IN HONG KONG. CPJ ORGANIZED MEETINGS WITH GOVERNMENT OFFICIALS IN WASHINGTON D.C. AND BRUSSELS, COMPLEMENTED BY SUSTAINED MEDIA COVERAGE TO EXERT PUBLIC PRESSURE.

MURDER IS THE ULTIMATE FORM OF CENSORSHIP, AND IMPUNITY BREEDS FEAR. THAT IS WHY CPJ HAS CARRIED OUT A GLOBAL CAMPAIGN FOR JUSTICE IN JOURNALIST MURDERS FOR MORE THAN A DECADE, AND WE ARE COMMITTED TO FIGHTING FOR JUSTICE. WE REPORT ON EACH CASE, MEET WITH LEADERS, AND CAMPAIGN FOR CONVICTIONS. WE PUBLISH AN ANNUAL IMPUNITY INDEX, WHICH SPOTLIGHTS COUNTRIES WHERE JOURNALISTS ARE MURDERED, AND THEIR KILLERS GO FREE. CPJ ADVOCACY HELPED WIN CONVICTIONS IN THE MURDERS OF AT LEAST 12 JOURNALISTS IN 2022.

IN OCTOBER 2022, FIVE YEARS AFTER LEADING INVESTIGATIVE JOURNALIST DAPHNE CARUANA GALIZIA WAS BRUTALLY MURDERED IN A BOMB ATTACK IN MALTA, A COURT SENTENCED TWO BROTHERS TO 40 YEARS EACH FOR THEIR ROLE AS HITMEN. FURTHER LEGAL PROCEEDINGS ARE PENDING AGAINST THE ALLEGED MASTERMIND, AND TWO MEN WHO ALLEGEDLY SUPPLIED THE BOMB. YEARS OF ADVOCACY BY CPJ AND ITS PARTNERS HAS HELPED BRING JUSTICE FOR HER

Name of the organization

COMMITTEE TO PROTECT JOURNALISTS, INC.

Employer identification number

13-3081500

MURDER.

CPJ'S EMERGENCIES TEAM, FORMED IN 2016, HELPS TO KEEP JOURNALISTS SAFER

ALL OVER THE WORLD. THE TEAM DISSEMINATES PRACTICAL ADVICE TO

JOURNALISTS AND, DURING HIGH-RISK SITUATIONS, WORKS WITH SECURITY

EXPERTS TO PROVIDE TACTICAL INFORMATION AND PRACTICAL SUPPORT TO

JOURNALISTS. THE TEAM ALSO PROVIDES GRANTS, INCLUDING FOR EVACUATION,

TRAUMA THERAPY, AND LEGAL FEES. IN 2022, CPJ PROVIDED FINANCIAL AND

NON-FINANCIAL ASSISTANCE TO MORE THAN 520 JOURNALISTS IN 49 COUNTRIES,

WITH GRANTS TO JOURNALISTS WHO NEEDED SUPPORT FOR EMERGENCY RELOCATION,

IMPRISONMENT, MEDICAL ISSUES, AND TRAUMA.

AS RUSSIAN TROOPS UNDERTOOK A FULL INVASION OF UKRAINE IN FEBRUARY

2022, CPJ WORKED TO DISBURSE CRUCIAL SAFETY ADVICE FOR JOURNALISTS

COVERING THE CONFLICT. ALMOST AS SOON AS THE WAR BEGAN, ATTACKS ON

JOURNALISTS MADE CLEAR A NEED FOR PERSONAL PROTECTIVE EQUIPMENT (PPE)

AND FIRST AID SUPPLIES.

CPJ SET UP A TEMPORARY "HUB" IN BERLIN AND TRAVELED TO GEORGIA, NORWAY,

AND POLAND TO UNDERSTAND THE THREATS JOURNALISTS WERE FACING.

CPJ ALSO PARTNERED WITH MEDICAL SUPPLIES COMPANY MEDTRADE AND UKRAINIAN

NEWS OUTLET ZABORONA, TO DISTRIBUTE HUNDREDS OF FIRST AID KITS. CPJ

ALSO DISSEMINATED INFORMATION SAFETY MEASURES IN ENVIRONMENTS

CONTAINING UNEXPLODED ORDNANCE (UXO) AND A GUIDE TO BRINGING PERSONAL

PROTECTIVE EQUIPMENT (PPE) INTO UKRAINE. CRUCIALLY, THE ORGANIZATION

UNDERTOOK AN INNOVATIVE STEP AND SET UP A WHATSAPP CHATBOT TO PROVIDE

JOURNALISTS WITH ON-DEMAND SAFETY INFORMATION, AND ISSUED A GUIDE TO

UNDERSTANDING RUSSIA'S "FAKE NEWS" LAWS, TO ASSIST THE DECIMATED

INDEPENDENT PRESS CORPS TRYING TO CONTINUE REPORTING WITHIN RUSSIA.

FINALLY, CPJ ALSO PROVIDED FINANCIAL AND NON-FINANCIAL ASSISTANCE TO

MORE THAN 200 JOURNALISTS AFFECTED BY THE WAR.

Name of the organization COMMITTEE TO PROTECT JOURNALISTS, INC.	Employer identification number 13-3081500
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WHEN CPJ WAS FOUNDED BY A GROUP OF U.S. JOURNALISTS 40 YEARS AGO, IT WAS TO DEFEND THEIR INTERNATIONAL COLLEAGUES WHO WERE AT RISK. SINCE THEN, WE HAVE USED EVERY TOOL OF JOURNALISM TO CARRY OUT OUR MISSION FROM NEWS ALERTS TO SPECIAL REPORTS, TO DOCUMENTARIES, TO SOCIAL MEDIA. WE HAVE DEVELOPED AN UNPARALLELED REPUTATION FOR THE ACCURACY AND TIMELINESS OF OUR REPORTING, THE QUALITY OF OUR DATA, AND OUR ABILITY TO OFFER INFORMED POLICY RECOMMENDATIONS AND CONDUCT IMPACTFUL ADVOCACY. OUR REPORTING INFLUENCES POLITICAL, NEWS AND TECHNOLOGY LEADERS, DRIVES COVERAGE IN THE MEDIA, AND SHAPES PUBLIC DISCOURSE THAT LEADS TO CHANGE.

BY ENSURING JOURNALISTS ARE ABLE TO REPORT THE NEWS FREELY, CPJ DEFENDS THE RIGHT OF PEOPLE GLOBALLY TO ACCESS THE CRITICAL INFORMATION THEY NEED TO MAKE INFORMED DECISIONS IN ALL AREAS OF THEIR LIVES AND TO HOLD DECISION-MAKERS ACCOUNTABLE. WHEN A COUNTRY'S JOURNALISTS ARE SILENCED, ITS PEOPLE ARE SILENCED. BY PROTECTING JOURNALISTS, CPJ PROTECTS FREEDOM OF EXPRESSION AND DEMOCRACY.

A RECOGNIZED LEADER IN THE GLOBAL FIGHT TO PROTECT PRESS FREEDOM, CPJ HAS BEEN HONORED WITH A RANGE OF AWARDS, INCLUDING THE 2018 CHATHAM HOUSE PRIZE AND MOST RECENTLY, WITH THE NATIONAL UNION OF JOURNALISTS OF UKRAINE'S CERTIFICATE OF APPRECIATION, IN RECOGNITION OF CPJ'S CONTRIBUTIONS TO EMBATTLED UKRAINIAN JOURNALISTS. SIMILARLY, CPJ AND LAW FIRM ALLEN & OVERY, WON THE TRUSTLAW IMPACT AWARD FOR DEVELOPING A 'KNOW YOUR RIGHTS' GUIDE FOR JOURNALISTS COVERING PROTESTS IN THE US.

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

MANAGEMENT REVIEWS A DRAFT OF THE FORM 990 WITH THE BOARD CHAIR AND FINANCE COMMITTEE CHAIR AND PROVIDES ANY EDITS TO THE TAX PREPARER. AFTER THIS PROCESS IS PERFORMED, THE FORM 990 IS SENT TO THE FULL BOARD OF DIRECTORS

Name of the organization

COMMITTEE TO PROTECT JOURNALISTS, INC.

Employer identification number

13-3081500

PRIOR TO BEING FILED WITH THE IRS.

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

THE ORGANIZATION HAS A BOARD-APPROVED CONFLICT OF INTEREST POLICY. EACH BOARD MEMBER MUST FILL OUT AN ANNUAL DECLARATION STATING THEY HAD NO CONFLICTS OR IDENTIFYING THE NATURE OF THEIR INTERESTED PARTY TRANSACTIONS.

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

EVERY OTHER YEAR, THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE SALARIES BASED ON A RECOGNIZED STUDY AND REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR, OFFICERS AND KEY EMPLOYEES TO DETERMINE IF THE EXISTING SALARY FALLS WITHIN THESE RANGES. AFTER A DELIBERATION OF THIS MATTER, A NEW PROPOSED SALARY AND BENEFIT PACKAGE IS VOTED ON. THE MINUTES OF THE BOARD OF DIRECTORS REFLECT THE NATURE OF THIS PROCESS.

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

THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC DURING THE 2022 TAX YEAR BY POSTING THEM ON ITS WEBSITE AND MAKING THEM AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	2,415,298.
MANAGEMENT AND GENERAL EXPENSES	569,270.
FUNDRAISING EXPENSES	146,715.
TOTAL EXPENSES	3,131,283.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,131,283.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. COMMITTEE TO PROTECT JOURNALISTS, INC.	Taxpayer identification number (TIN) 13-3081500
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 509 WEST 38TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10018	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

JODIE GINSBERG

- The books are in the care of ▶ **509 WEST 38TH STREET - NEW YORK, NY 10018**

Telephone No. ▶ **(212) 465-1004** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2022** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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