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**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change THE INTERCEPT MEDIA INC Name change THE INTERCEPT 92-1198452 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ (908) 460 - 947115 WEST 38TH STREET, UNIT 636 termin-ated 18,961,623. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended NEW YORK, NY 10018 H(a) Is this a group return Applica-F Name and address of principal officer: ANNIE CHABEL Yes X No for subordinates? pending SAME AS C ABOVE ∐Yes L No **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.THEINTERCEPT.COM H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 2022 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: THE INTERCEPT MEDIA, INC. Activities & Governance PUBLISHER OF THE INTERCEPT, A NEWS ORGANIZATION THAT EDUCATES THE oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 4 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 52 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 4 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 0. 18,747,165. Contributions and grants (Part VIII, line 1h) Revenue 0. 59,475. Program service revenue (Part VIII, line 2g) 152,838. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 2,145. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,961,623. 0. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) Ō. 8,484,807. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 0. 2,704,828. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,189,635. 0. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,771,988. 0 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 7,901,490. 0. 20 Total assets (Part X, line 16) 0. 129,502. 21 Total liabilities (Part X, line 26) ,771,988. Net assets or fund balances. Subtract line 21 from line 20. 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. Date Signature of officer Sign ANNIE CHABEL, CHIEF EXECUTIVE OFFICER Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature FREDERICK MARTENS P00298107 Paid LUTZ AND CARR, CPAS LLP Firm's EIN 13-1655065 Preparer Firm's name Use Only Firm's address 551 FIFTH AVENUE, SUITE 400 Phone no. 212-697-2299 NEW YORK, NY 10176

Check if Schedule Contains a response or note to any line in this Part III.    Briefly describe the organizations mission:   THE INTERCEPT MEDIA, INC. IS THE PUBLISHER OF THE INTERCEPT, A NEWS ORGANIZATION THAT EDUCATES THE PUBLIC THOUGH ITS INVESTIGATIVE   JOURNALISM WITH A POCUS ON POLITICS, ENVIRONMENT, CRIMINAL JUSTICE,   NATIONAL SECURITY, TECHNOLOGY AND IMMIGRATION.   2 Dot the organization undertake any significant program services during the year which were not listed on the   prior form 300 or 990-E27   Yes   X  No   If Yes, 'describe these new services on Sthedule 0.   3 Dot the organization cause conducting, or make significant changes in how it conducts, any program services, as measured by expenses.   Section 501(x)3) and 501(x)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 accomplishments for each of its three largest program services, as measured by expenses.   Section 501(x)3) and 501(x)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 accomplishments for each of its three largest program services, as measured by expenses.   Section 501(x)3) and 501(x)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 accomplishments for each of its three largest program services, as measured by expenses.   Section 501(x)4) and 501(x)4) organizations are required to report the amount of grants and allocations to others, the total expenses, and   Investigation to the program services and program services are required to report the amount of grants and allocations to others, the total expenses, and	Pa	Statement of Program Service Accomplishments	
THE INTERCEPT MEDIA, INC. IS THE PUBLISHER OF THE INTERCEPT, A NEWS ORGANIZATION THAT EDUCATES THE PUBLIC THOUGH ITS INVESTIGATIVE JOURNALISM WITH A FOCUS ON POLITICS, ENVIRONMENT, CRIMINAL JUSTICE, NATIONAL SECURITY, TECHNOLOGY AND IMMIGRATION.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980-627			<u></u>
ORGANIZATION THAT EDUCATES THE PUBLIC THOUGH ITS INVESTIGATIVE JOURNALISM WITH A FOCUS ON POLITICES, ENVIRONMENT, CRIMINAL JUSTICE, NATIONAL SECURITY, TECHNOLOGY AND IMMIGRATION.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E2?  3 If 'Yes,' describe these new services on Schedule O.  3 Ord the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses.  4 Section 5016(35) and 5016(46) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses.  5 Section 5016(35) and 5016(46) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses.  5 Section 5016(35) and 5016(46) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service expenses, and revenue, if any, for each program service expenses, and revenue, if any, for each program service expenses, and revenue, if any, for each program service expenses, and revenue, if any, for each program services, and expenses, and revenue, if any, for each program services (Describe on Politics)  5 Control 10 (18) and 5016(46) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services, and required to require the program services (Described International Control 10 (18) and required to report the amount of grants and allocations to others, the total expenses in the organization of the program services (Described International Control 10 (18) and the program services (Described International	1		A ATTEMO
JOURNALISM WITH A FOCUS ON POLITICS, ENVIRONMENT, CRIMINAL JUSTICE, NATIONAL SECURITY, TECHNOLOGY AND IMMIGRATION.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E2?    Yes   X   No   If Yes, 'describe these changes on Schedule 0.   Yes   Conscious   Yes   Yes   X   No   If Yes, 'describe these changes on Schedule 0.   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 0.   Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.   Section 501(6)(3) and 501(6)(4) carginations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.   According 1   (Control 1   Yes)   (Revenue   Yes)   (Revenue   Yes)			
NATIONAL SECURITY, TECHNOLOGY AND TMMIGRATION.    Did the organization understate any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?   Yes, 'describe these new services on Schedule 0.   Yes, 'describe these new services on Schedule 0.   Yes, 'describe these new services on Schedule 0.   Yes, 'describe these changes on Schedule 0.   Yes, 'describe the organizations program service scoonplishments for each of its three largest program services, as measured by expenses. Section 501(e)(3) and 501(e)(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 expenses.   \$2.04,366 *   Insuling grants of \$   Yes, 'describe the services of the			
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27			STICE,
prior Form 990 or 990 E27    Yes   X No   If 'Yes,' describe these new services on Schedule 0.   If 'Yes,' describe these new services on Schedule 0.   Yes,' describe these changes on Schedule 0.   Yes,' describe these changes on Schedule 0.   Yes,' describe these changes on Schedule 0.   Describe the organization begram service exportant services 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 reviews, if any, for each program service reported.   4a   (code		·	
If "Yes," describe these new services on Schedule O   Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2		<b></b>
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?			Yes L▲ No
## Yes," describe these changes on Schedule O.  ## Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501c(s)(s) and 501c(s) 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.  ### (Costs:	_		<b></b>
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	46	0.004.200	
		Total program out not expended	Form <b>990</b> (2023)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		x
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	37	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.415	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	21	
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			7.7
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OFL		х
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	LI		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
ŭ	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			
_	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Ι ,,	
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the flumber of Forms W 2d indidded of fine 1a. Enter of Floor applicable.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	۵.	Х	
	(gambling) winnings to prize winners?	1c	990	(0000)

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 52			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	- Ch		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
·	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			,
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

332005 12-21-23

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
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	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MIROSLAV MACALA - (908) 460-9471			
	15 W 38TH ST #636, 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 n	<del></del>	orga	aniza			npe	nsat			
(A)	(B)			( <b>)</b> Pos	C) ition	,		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direct				Ð		organization	(W-2/1099-MISC/	from the
	related	tee or	stee			ensate		(W-2/1099-MISC/	` 1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)		and related
	below	vid ua	itutior	Ser	Key employee	nest c	ner			organizations
	line)	lndi	Inst	Officer	Key	High	Former			
(1) PAT CHRISTEN	1.00								_	
CHAIR		Х		Х				0.	0.	0.
(2) ADAM GUNTHER	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) MICHAEL D. MANN	1.00									
DIRECTOR		Х						0.	0.	0.
(4) MARIA RESSA	1.00									
DIRECTOR		Х						0.	0.	0.
(5) DAVID BRALOW	40.00									
SECRETARY - GENERAL COUNSEL				Х				322,873.	0.	42,943.
(6) ANNIE CHABEL	40.00									
CHIEF EXECUTIVE OFFICER				Х				218,917.	0.	11,765.
(7) MIROSLAV MACALA	40.00									
CHIEF OPERATING OFFICER				Х				231,392.	0.	7,438.
(8) ROGER HODGE	40.00									
EDITOR-IN-CHIEF					Х			396,004.	0.	31,294.
(9) RYAN GRIM	40.00									
DC BUREAU CHIEF					Х			379,723.	0.	29,538.
(10) JEREMY SCAHILL	40.00									
SENIOR CORRESPONDENT					Х			279,647.	0.	22,286.
(11) PETER MAASS	40.00									
SENIOR EDITOR		1				Х		217,421.	0.	7,815.
(12) VANESSA GEZARI	40.00									
NATIONAL SECURITY EDITOR						Х		193,838.	0.	6,974.
(13) MICAH LEE	40.00									
DIRECTOR OF INFORMATION SECURITY						Х		216,273.	0.	22,213.
(14) KENNETH KLIPPENSTEIN	40.00									
INVESTIGATIVE REPORTER						Х		208,790.	0.	4,649.
(15) JAMES RISEN	40.00									
SR. NATIONAL SECURITY CORRESPONDENT		1				Х		193,443.	0.	31,050.
		1								
		1								

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
	(A)	(B)			•	<b>C</b> )			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	;	Es	timate	d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	on	am	ount (	of
		week	┢	er an	iu a u	recio	)r/irus	iee)	from	from related			other	
		(list any hours for	recto						the	organization			pensa	
		related	or di	æ			ated		organization	(W-2/1099-MIS			om the	
		organizations	nstee	trust		e e	ubeu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	' I	_	anizati d relate	
		below	lual tr	tional		ploye	st con	L	1099-1120)				ınizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme				0.90	Laci	5110
			_	<del> -</del>		×	<u> </u>	_			$\overline{}$			
											$\rightarrow$			
			ł											
	Subtotal				<u> </u>		<u> </u>		2,858,321.		0.	21	7,9	65.
c	Total from continuation sheets to Part VI	I. Section A						••	0.		0.			0.
	Total (add lines 1b and 1c)								2,858,321.		0.	21	7,9	65.
2	Total number of individuals (including but n								eceived more than \$100	0,000 of reportab	le			
	compensation from the organization													33
											_		Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	кеу е	emp	loye	e, o	r hig	hest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual									L	3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	Х	
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services	;			
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of con	npensa	tion f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
	(A)								(B)			(C		
	Name and business	address						- 1	Description of s	services	Cc	mper	nsatio	า

(A)	(B)	(C)
Name and business address	Description of services	Compensation
FIRST AND THIRD LLC	WEBSITE	
318 AVENUE 1471, RENDONDO BEACH, CA 90277	DEVELOPMENT/MAINTENA	178,750.
RAVIX GROUP, INC., 1871 THE ALAMEDA STE		
#331, SAN JOSE, CA 95126	ACCOUNTING/FINANCE	126,858.
NONPROFITHR, 1441 L STREET NORTHWEST STE		
#620, WASHINGTON, DC 20005	HUMAN RESOURCES	122,289.
NICHOLAS TURSE, C/O THE INTERCEPT, 15 WEST	CONTRACT	
38TH STREET, UNIT 636, NEW YORK,	WRITER/JOURNALIST	105,852.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	

Form **990** (2023)

\$100,000 of compensation from the organization

		1 /		ERCEPT	MEDIA I	NC		92-1198	452 Page <b>9</b>
Pai	rt VII	II Statement of Re	venue						
		Check if Schedule O	contains	a response	or note to any lin		(B)		
						(A) Total revenue	Related or exempt function revenue		Revenue excluded from tax under
(0 (a)				1 1					sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns							
윤일		Membership dues							
fts,		Fundraising events							
		Related organizations							
Sir		Government grants (conti							
utic	f	All other contributions, gifts,		1 1	10 515 165				
Q Fi		similar amounts not included			18,747,165.				
no D	g				21,876.	10 848 165			
9 C	h	Total. Add lines 1a-1f				18,747,165.			
		T TOTNOTNO / CONSTRUTO			Business Code	FO 47F	F0 47F		
/ice	2 a				900099	59,475.	59,475.		
Je n	b								
Program Service Revenue	С.								
gra Re	d								
Pro	e	All - H							_
_	Τ	All other program service revenue				59,475.			
$\rightarrow$						33,473.			
	3	Investment income (including dividends, intercother similar amounts)  Income from investment of tax-exempt bond p				152,838.			152,838.
	4					132,030.			132,030.
	5	Royalties							
	3	noyalles		(i) Real	(ii) Personal				
	6 2	Gross rents	6a	(1) 11001	(ii) i oroona.				
			6b						
	D	Less: rental expenses Rental income or (loss)	6c						
	4	Net rental income or (loss)			1				
		Gross amount from sales of	-	Securities	(ii) Other				
	, a	assets other than inventory	7a		(.,, 5				
	h	Less: cost or other basis	14						
e l		and sales expenses	7b						
evenue	c	Gain or (loss)	7c						
Re		Net gain or (loss)	$\overline{}$		1				
ē		Gross income from fundraisi							
Other	•	including \$							
		contributions reported on							
		Part IV, line 18	•						
	b	Less: direct expenses							
		Net income or (loss) from							
		Gross income from gamin		_					
		Part IV, line 19		9a					
	b	Less: direct expenses		9b					
	С	Net income or (loss) from	gaming	activities .					
	10 a	Gross sales of inventory,	less retu	rns					
		and allowances		10	а				
	b	Less: cost of goods sold		101					
	С	Net income or (loss) from	sales of	inventory .					
<u>s</u>					Business Code				
Miscellaneous Revenue	11 a	OTHER INCOME			900099	2,145.	2,145.		
lan	b								
Sel Sel	С								
Mis		All other revenue							
	е	Total. Add lines 11a-11d				2,145.			
	12	Total revenue. See instruction	ns			18,961,623.	61,620.	0.	152,838.

#### 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).

D~ .	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,973,819.	1,394,563.	463,915.	115,341
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	5,241,527.	4,370,442.	182,329.	688,756
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	124,927.	105,440.	2,228.	17,259
9	Other employee benefits	529,149.	420,374.	41,671.	67,104
0	Payroll taxes	615,385.	491,939.	53,969.	69,477
1	Fees for services (nonemployees):	·	•		· · · · · · · · · · · · · · · · · · ·
	Management				
	Legal	107,099.	15,897.	91,202.	
	Accounting	127,748.	•	127,748.	
	Lobbying	,		, -	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	1,186,241.	704,287.	244,051.	237,903
2	Advertising and promotion	9,613.	5,635.	49.	3,929
3	Office expenses	299,388.	53,715.	54,481.	191,192
4	Information technology	335,891.	206,545.	41,491.	87,855
5	Royalties	000,0020		,	0.,000
16	Occupancy	11,721.	1,978.	8,152.	1,591
17		219,916.	82,876.	95,475.	41,565
8	Payments of travel or entertainment expenses	223,3200	02/0700	33,173	,505
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
:0 ?1	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,917.	17,439.	2,558.	2,920
23		155,599.	118,820.	16,952.	19,827
.3 24	Other expenses. Itemize expenses not covered	200,000	220,0200	20,7521	
-	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) COMMUNICATIONS	122,756.	109,126.	438.	13,192
a	LICENSING/COMMISSIONS	105,939.	105,120.	649.	10,192
Ω Ω		100,000	103,250	0 = 0 •	
q					
d	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	11,189,635.	8,204,366.	1,427,358.	1,557,911
:5 26	Joint costs. Complete this line only if the organization	,,	3,201,300	1,127,3301	-,00,,011
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	oudoutional campaign and fundralsing solicitation.				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments				2	573,233.
	3	Pledges and grants receivable, net		3	6,327,426.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ		6			
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	97,037.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		137,500.			
	b	Less: accumulated depreciation	10b	22,917.	0.	10c	114,583.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	789,211.		
	16	Total assets. Add lines 1 through 15 (must ed	ual line	33)	0.	16	7,901,490.
	17	Accounts payable and accrued expenses				17	129,502.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or fo	rmer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
iab		controlled entity or family member of any of th	ese pers	ons		22	
_	23	Secured mortgages and notes payable to unre	elated th	ird parties		23	
	24	Unsecured notes and loans payable to unrela-	ted third	parties		24	
	25	Other liabilities (including federal income tax, p	oayables	to related third			
		parties, and other liabilities not included on lin	es 17-24	). Complete Part X			
		of Schedule D				25	100 -00
	26	Total liabilities. Add lines 17 through 25			0.	26	129,502.
s		Organizations that follow FASB ASC 958, c	heck he	e X			
ဥ		and complete lines 27, 28, 32, and 33.					
alai	27	Net assets without donor restrictions				27	1,360,160.
Ä	28	Net assets with donor restrictions				28	6,411,828.
Ĕ		Organizations that do not follow FASB ASC	958, ch	eck here			
ř		and complete lines 29 through 33.					
ţs c	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		<b>—</b>		31	
Ne	32	Total net assets or fund balances			0.	32	7,771,988.
	33	Total liabilities and net assets/fund balances			0.	33	7,901,490. Form <b>990</b> (2023)

5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8	Form	990 (2023) THE INTERCEPT MEDIA INC	92	-1198	452	Pag	ge <b>12</b>
Total revenue (must equal Part VIII, column (A), line 12)  2 Total expenses (must equal Part IX, column (A), line 25)  2 11, 189,633.  Revenue less expenses. Subtract line 2 from line 1  3 7,771,988.  4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain on Schedule O)  9 Other changes in ret assets or fund balances (explain on Schedule O)  9 Other Ananges in net assets or fund balances (explain on Schedule O)  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  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 X 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:  X Separate basis Consolidated basis In 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:  X Separate basis Consolidated basis In 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:  X Separate basis Consolidated basis In Independent accountant?  If the organization of its financial statements and separate basis  C If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au	Pa	rt XI Reconciliation of Net Assets					
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3	2	Total expenses (must equal Part IX, column (A), line 25)	2				
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Column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  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:  X 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?  3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	10						
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332012 12-21-23

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

Employer identification number

		TUE	INTERCEPT	MEDIA INC			9	2-1190452
Pa	art I	Reason for Public	Charity Status.	(All organizations must c	omplete tl	nis part.) S	See instructions.	
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in <b>sectio</b>	n 170(b)(	1)(A)(i).	
2		A school described in sect				, ,,		
3		A hospital or a cooperative				(b)(1)(A)(i	ii).	
4	一	A medical research organiz					•	the hospital's name
•		city, and state:	acion operated in co	njanotion with a noopita	. 400011501		(5)( 1)(1)(11)(11)(12)	the freepital e flame,
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental unit describ	ned in
3		section 170(b)(1)(A)(iv). (C		liege of difficulty owner	а ог орста	ica by a g	Overminental and accord	JCG II1
6				nontal unit described in	coetion 17	70/6\/4\/4\	(s.)	
	X	A federal, state, or local go						من ام مانسم ممان منا مانسم
7	21	An organization that norma		initial part of its support i	rom a gov	emmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C		/4WAW 13 /O				
8	H	A community trust describe						
9		An agricultural research org						
		or university or a non-land-o	grant college of agric	ulture (see instructions).	. Enter the	name, city	y, and state of the collec	je or
		university:						
10		An organization that norma						
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	iired by the organization	after June 30, 1975.
		See <b>section 509(a)(2).</b> (Co	mplete Part III.)					
11	Ш	An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, and 12g.	
a	ıL		anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
k	,	Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c	;	☐ Type III functionally inte	egrated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
c	ı 🗆	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its supported organ	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	-		•		•	
e	, [	Check this box if the orga						
		functionally integrated, or					31 , 31 , 31	
1	Ente	er the number of supported o	* *	, , , , , , , , , , , , , , , , , , , ,				
ç		vide the following information						
_		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
Tot	al							

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

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

Sec	ction A. Public Support	, motor 100,000, p.100		,				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Gifts, grants, contributions, and	(4) 2010	(2) 2020	(0) 2021	(4) 2022	(0) 2020	(i) rotal	
•	membership fees received. (Do not							
	include any "unusual grants.")					18,747,165.	18,747,165.	
2	Tax revenues levied for the organ-					, , ,	, , -	
_	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
_	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3					18,747,165.	18,747,165.	
	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)							
6	Public support. Subtract line 5 from line 4.						18,747,165.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4					18,747,165.	18,747,165.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources					152,838.	152,838.	
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					0 145	0 145	
	assets (Explain in Part VI.)					2,145.	2,145.	
11	<b>Total support.</b> Add lines 7 through 10						18,902,148. <b>59,475</b> .	
12	Gross receipts from related activities,					12	59,4/5.	
13	First 5 years. If the Form 990 is for the	•	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	v	
500	organization, check this box and stor						X	
	etion C. Computation of Publ			a a la. (f))			0/	
	Public support percentage for 2023 (					15	<u>%</u>	
	Public support percentage from 2022 33 1/3% support test - 2023. If the o						<u>%</u>	
104	stop here. The organization qualifies							
h	33 1/3% support test - 2022. If the o							
	and stop here. The organization qual							
17:								
170	17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
h	b 10% -facts-and-circumstances test - 2022. 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	-						
	organization meets the facts-and-circ				-			
18	Private foundation. If the organization							
				, , ,	,			

Schedule A (Form 990) 2023

#### 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		, piease com	piete i ait ii.)				
Calendar year (or fiscal year begini		(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions,	- '	· /	,	, ,	, ,		
membership fees received.	I .						
include any "unusual grants	,						
2 Gross receipts from admiss	· ·····						
merchandise sold or service							
formed, or facilities furnished							
any activity that is related to organization's tax-exempt p							
3 Gross receipts from activities							-
are not an unrelated trade of							
in a constant and the F40							
4 Tax revenues levied for the	organ						
	•						
ization's benefit and either properties or expended on its behalf	•						
				+			<del>                                     </del>
5 The value of services or fac							
furnished by a government							
the organization without ch							1
6 Total. Add lines 1 through 5							
7a Amounts included on lines							
3 received from disqualified	· —						
<b>b</b> Amounts included on lines 2 and 3 refrom other than disqualified persons							
exceed the greater of \$5,000 or 1% of	of the						
amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c f	rom line 6.)						
Section B. Total Support							1
Calendar year (or fiscal year begini	· ·	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6							
10a Gross income from interest	' I						
dividends, payments receiv securities loans, rents, roya							
and income from similar sou	urces						
<b>b</b> Unrelated business taxable inco	ome						
(less section 511 taxes) from b	usinesses						
acquired after June 30, 1975							
c Add lines 10a and 10b							
11 Net income from unrelated							
activities not included on lir							
whether or not the business regularly carried on	s is						
12 Other income. Do not include	de gain						
or loss from the sale of cap							
assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c,							
14 First 5 years. If the Form 99		nanization's fi	ret second third	fourth or fifth tax	Vear as a section	. 501(c)(3) organizat	ion
check this box and stop he			, , ,	•	•		ion,
Section C. Computation							
15 Public support percentage				column (f))		15	9
16 Public support percentage						16	
Section D. Computation						10	
17 Investment income percent						17	(
18 Investment income percent						18	
19a 33 1/3% support tests - 20							
							I / IS HOL
more than 33 1/3%, check							
b 33 1/3% support tests - 20	•				•	•	
line 18 is not more than 33							
20 Private foundation. If the o	organization dic	not check a	box on line 14, 19	a, or 19b, check t	nıs box and see i	nstructions	L

332023 12-21-23

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9c		
30		
10a		
10b		

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions			
a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	I	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule	A (Form	990)	2023

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

<u>4</u> 5

6

Sche	dule A (Form 990) 2023 THE INTERCEPT			92	2-1198452 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ued)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D.				

Schedule A (Form 990) 2023

line 7:

and 4c.

8 Breakdown of line 7:
 a Excess from 2019
 b Excess from 2020
 c Excess from 2021
 d Excess from 2022
 e Excess from 2023

a Applied to underdistributions of prior yearsb Applied to 2023 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

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

## Schedule B

# Schedule of Contributors

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schedule B (Form 990) (2023)

OMB No. 1545-0047

THE INTERCEPT MEDIA INC 92-1198452 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X 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).

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

Name of organization

Employer identification number

#### THE INTERCEPT MEDIA INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FIRST LOOK INSTITUTE INC.	\$ <u>14,400,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WAY TO RISE	\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PARK FOUNDATION	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DEFENSE AGAINST THOUGHT CONTROL	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE MARTY AND DOROTHY SILVERMAN FOUNDATION	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ADAM GUNTHER TTEE	\$35,000.	Person X Payroll

Name of organization

Employer identification number

#### THE INTERCEPT MEDIA INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MAINE COMMUNITY FOUNDATION	\$ 27,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	VITAL PROJECTS FUND	\$ 25,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MARJORIE ROSWELL	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	NORTHWESTERN UNIVERSITY	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	NEW YORK COMMUNITY TRUST	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	MIAMI FOUNDATION	\$ 23,700.	Person X Payroll

Name of organization

Employer identification number

#### THE INTERCEPT MEDIA INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	NORBERT HORNSTEIN AND AMY WEINBERG	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	PETER PASTORET	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	WILLIAM CONNELL	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	MICHAEL MANN AND CAROL SALZMAN	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	A-MARK FOUNDATION	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	JOANNA KATZ AND JEFFREY ROTH	\$ <u>14,537.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

#### THE INTERCEPT MEDIA INC

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
19	ELAHE MIR-DJALALI	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	PAT CHRISTEN	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	YASSEN ROUSSEV	\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	TIMOTHY MAI	\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	FALCONWOOD FOUNDATION	\$7,500.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	DAVID CROSS	\$5,000.	Person X Payroll

Name of organization Employer identification number

#### THE INTERCEPT MEDIA INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	KATHLEEN SULLIVAN AND JAMES TERRELL	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	RUTH ANN HARNISH	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	THOMAS STEIN	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	DON BROWN	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	PELICAN FUND	\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

#### THE INTERCEPT MEDIA INC

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
18	PUBLICLY TRADED SECURITIES		
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	12/31/23
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	6-23	\$	

Name of organization **Employer identification number** 92-1198452 THE INTERCEPT MEDIA INC 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **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 Open to Public

Inspection

Name of the organization

THE INTERCEPT MEDIA INC

**Employer identification number** 92-1198452

Total number at end of year	Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nds or Accounts.Complete if the
2 Aggregate value of contributions to (during year)  4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charistable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of fand for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure  Preservation of some for public use (for example, recreation or education) Preservation of a certified historic structure  Preservation of pens pace  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  8 Total number of conservation easements in 2 but a conservation easement is conserved on conservation easements in content on line 2 a 2c do Number of conservation easements in content on line 2 a 2c do Number of conservation easements in content on line 2 a 2c do Number of conservation easements in content on a historic structure listed in the National Register  3 Number of conservation easements in conflict of the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year  5 Does each conservation easement reported on line 2d above satisf		organization answered Tes on Form 550, Fart IV, mile		(b) Funds and other accounts
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mpermissible private benefit?    Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 930, Part IV, line 7.  1   Purpose(s) of conservation easements held by the organization (check all that apply).	6			
Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).   Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of pen space   Preservation of open space   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements   2a				
Part II				
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Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area Protection of natural habitat  Proservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  1 Total number of conservation easements  2 D  5 Total acreage restricted by conservation easements  2 Number of conservation easements on a certified historic structure included on line 2a  2 D  4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easement is located  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements is hoids?  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcement of the conservation easements is thoids?  8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(iii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  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.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements th	1			
Protection of natural habitat			· · · · · · · · · · · · · · · · · · ·	n of a historically important land area
Preservation of open space			· —	* *
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements  Number of conservation easements on a certified historic structure included on line 2a  Number of conservation easements on a certified historic structure included on line 2a  Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Year  Number of states where property subject to conservation easement is located  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Part III organization easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)				
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c Number of conservation easements on a certified historic structure included on line 2a  d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easements in spection, handling of violations, and enforcement of the conservation easements it holds?  No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  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.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, not to report in				
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easement is located  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  No each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  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.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public				
on a historic structure listed in the National Register				
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4 Number of states where property subject to conservation easement is located  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  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.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part X  \$ [If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to	3			
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	~			nolai gairi, provide
	_		-	<b>\$</b>
				·
b Assets included in Form 990, Part X \$  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023				

332051 09-28-23

Pai	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	or Othe	r Simil	ar Asse	t <b>s</b> (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	any of the	following tha	t make s	ignificant	use of its	;		
	collection items (check all that apply).										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е									
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizati	on's exer	npt purp	se in Par	t XIII.		
5	During the year, did the organization solicit of	-		-	-						
	to be sold to raise funds rather than to be ma		-						Yes		No
Pai	t IV Escrow and Custodial Arran								ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for	contributio	ns or other as	ssets not	included				
	on Form 990, Part X?	•	•						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	, ,	,	3						Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•				j
Pai											
		(a) Current year		rior year	(c) Two year			ears back	(e) Four	rvears	back
12	Beginning of year balance	, ,	. ,		' '		, ,		,		
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
_	End of year balance		/I: 4		<u> </u>						
2	Provide the estimated percentage of the cur			g, column (	a)) neid as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С		%									
_	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	and administe	ered for th	ne		1	Yes	NI.
	organization by:									Yes	No
	(i) Unrelated organizations?										
b	If "Yes" on line 3a(ii), are the related organization				·				. 3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	1			i						
	Description of property	(a) Cost or o		` '	t or other		cumulate	ed	( <b>d</b> ) Boo	k valu	е
		basis (investn	nent)	basis	(other)	dep	reciation				
	Land										
	Buildings										
С	Leasehold improvements										
d	Equipment										
<u>e</u>	Other			13	37,500.		22,9	17.		4,5	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 1	0c. columr	n (B))				11	4,5	83.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 THE INTERCE	PT MEDIA INC	92	-1198452 Page 3
Part VII Investments - Other Securities	- 000 P + N/ I'	141 O F 000 B 1 V E 40	-
Complete if the organization answered "Yes" ( (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1) Financial derivatives	(b) Book value	(c) Mothed of Valuation. Cost of one	or your market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	on Form 000 Dort IV line	alld Con Form 000 Port V line 15	
Complete if the organization answered "Yes" (	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
DIE EDOM BEGGNE GRONGOR	<u>Jescription</u>		789,211
			109,211
(2)			
(3)			
<u>(4)</u>			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	I. (B))		789,211
Part X Other Liabilities			•
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 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)			

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...

Schedule D (Form 990) 2023

(8)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

	Complete if the organization answered "Yes" on Form 990, Part I	•		1	10 051 004
1	Total revenue, gains, and other support per audited financial statements	3		1	19,051,994.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
	Net unrealized gains (losses) on investments		00 054	_	
	Donated services and use of facilities		90,371.	_	
	Recoveries of prior year grants			_	
	Other (Describe in Part XIII.)				00 254
е	Add lines 2a through 2d			2e	90,371.
3	Subtract line 2e from line 1			3	18,961,623.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	9 12.)	<u></u>	5	18,961,623.
Par	T XII Reconciliation of Expenses per Audited Financia		i Expenses per	Retu	ırn
	Complete if the organization answered "Yes" on Form 990, Part I				11 000 006
1	Total expenses and losses per audited financial statements			1	11,280,006.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	00 074		
а	Donated services and use of facilities	2a	90,371.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	90,371.
3	Subtract line 2e from line 1			3	11,189,635.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b				-	
D	Other (Describe in Part XIII.)	4b			
	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	· · · · · · · · · · · · · · · · · · ·		4c	0.
c 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, lines 1)			4c 5	0. 11,189,635.
c 5	Add lines 4a and 4b				_
c 5 Par	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, lines 1)	ne 18.)		5	11,189,635.
5 Par	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, lines <b>1</b> Supplemental Information	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	ne 18.)and 4; Part IV, lines 1b	and 2b; Part V, line	5	11,189,635.

Schedule D (Form 990) 2023

#### SCHEDULE F (Form 990)

#### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization **Employer identification number** THE INTERCEPT MEDIA INC 92-1198452 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, 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.) (e) If activity listed in (d) (b) Number of (f) Total (a) Region (c) Number of (d) Activities conducted in the region émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE (INCLUDING ICELAND & GREENLAND) PROGRAM SERVICE EDITORIAL SERVICES 105,857. 3 a Subtotal 105,857. **b** Total from continuation sheets to Part I ...... c Totals (add lines 3a 105,857. and 3b)

LHA 332071 11-29-23

Schedule F (Form 990) 2023

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

01100000	. (										
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.										
•				· ·			The state of the s	,			

1 (a) Name of organization	<b>(b)</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 Part III can be duplicated if a			ates. Complete i	f the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
(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)

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"

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

the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain

5

ched	ule F (Form 990) 2023 THE INTERCEPT MEDIA INC	92-1190432	Page 4
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 the Instructions for Form 926)	Yes	X 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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 the Instructions for Form 5471)	Yes	X 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 the Instructions for Form 8621)

Foreign Partnerships (see the Instructions for Form 8865)

the Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2023

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
-	

#### SCHEDULE J (Form 990)

**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.

Name of the organization

Department of the Treasury

Part I

Open to Public Inspection

OMB No. 1545-0047

THE INTERCEPT MEDIA INC

**Questions Regarding Compensation** 

 $\begin{array}{c} \textbf{Employer identification number} \\ 92 - 1198452 \end{array}$ 

			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  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	1b		
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?	2		
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.			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X 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:			37
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 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			
J	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		X
~	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:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
-	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	7		Х
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

LHA 332111 11-06-23

Schedule J (Form 990) 2023

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

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		other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID BRALOW	(i)	322,873.	0.	0.	10,424.	32,519.	365,816.	0.
SECRETARY - GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANNIE CHABEL	(i)	218,917.	0.	0.	5,501.	6,264.	230,682.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MIROSLAV MACALA	(i)	221,392.	10,000.	0.	7,438.	0.	238,830.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROGER HODGE	(i)	296,004.	100,000.	0.	12,156.	19,138.	427,298.	0.
EDITOR-IN-CHIEF	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RYAN GRIM	(i)	254,723.	125,000.	0.	9,020.	20,518.	409,261.	0.
DC BUREAU CHIEF	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JEREMY SCAHILL	(i)	229,647.	50,000.	0.	7,768.	14,518.	301,933.	0.
SENIOR CORRESPONDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PETER MAASS	(i)	217,421.	0.	0.	7,815.	0.	225,236.	0.
SENIOR EDITOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) VANESSA GEZARI	(i)	193,838.	0.	0.	6,974.	0.	200,812.	0.
NATIONAL SECURITY EDITOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICAH LEE	(i)	216,273.	0.	0.	3,655.	18,558.	238,486.	0.
DIRECTOR OF INFORMATION SECURITY	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KENNETH KLIPPENSTEIN	(i)	183,790.	25,000.	0.	4,649.	0.	213,439.	0.
INVESTIGATIVE REPORTER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JAMES RISEN	(i)	193,443.	0.	0.	5,488.	25,562.	224,493.	0.
SR. NATIONAL SECURITY CORRESPONDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

Part I

#### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

THE INTERCEPT MEDIA INC 92-1198452 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

Complete if the diganization answered Tes of Form 330, Fair IV, line 238 of 238, or Form 330-Ez, Fair V, line 408.						
1 (a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Corrected?			
(a) Name of disquaimed person	person and organization	(c) Description of transaction	Yes	No		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
2 Enter the amount of tax incurred b	y the organization managers or disqualific	ed persons during the year under				
section 4958		\$				
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$						

#### Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of (b) Relationship (d) Loan to or (i) Written (c) Purpose (e) Original (f) Balance due (g) In by board or from the agreement? interested person with organization of loan principal amount default? cómmittee? organization? To From Yes No Yes No Yes No (1) (2)(3)(4) (5) (6) (7) (8) (9) (10)Total

#### Part III **Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	<b>(d)</b> Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Part IV Business Transactions Involv	ing Interested Persons				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	GDOUGE OF GENERAL G	12 207	TEGAL CERTIT	Yes	No
17	SPOUSE OF GENERAL C	13,347.	LEGAL SERVI		Х
(2) (3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10) Part V Supplemental Information					
Provide additional information for response	onses to questions on Schedule L. See	instructions.			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: PAULA	BROCK BRALOW				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	ION:		
SPOUSE OF GENERAL COUNSEL	DAVID BRALOW				
(D) DESCRIPTION OF TRANSAC	TION: LEGAL SERVICE	S			

#### **SCHEDULE 0** (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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE INTERCEPT MEDIA INC

**Employer identification number** 92-1198452

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PUBLIC THOUGH ITS INVESTIGATIVE JOURNALISM WITH A FOCUS ON POLITICS, ENVIRONMENT, CRIMINAL JUSTICE, NATIONAL SECURITY, TECHNOLOGY AND IMMIGRATION. DURING 2023, THE INTERCEPT PURSUED ITS TRADEMARK MIX OF DEEP INVESTIGATIONS, HARD HITTING SCOOPS AND INCISIVE ANALYSIS. THE INTERCEPT COVERED CORRUPTION AT THE SUPREME COURT, RON DESANTIS'S RUTHLESS POLITICAL MACHINE, QUESTIONABLE AI WEAPONS DETECTION SYSTEMS, AND THE GROWING PHENOMENON OF SURVEILLANCE BY HOMEOWNERS ASSOCIATIONS. IT EXPOSED FBI ENTRAPMENT SCHEMES, ONE OF WHICH TARGETED A MENTALLY THE INTERCEPT ENDED THE YEAR WITH A BLOCKBUSTER DISABLED CHILD. ARTICLE ON HOW THE UNITED STATES STATE DEPARTMENT TRIED TO INFLUENCE PAKISTAN'S NEUTRALITY TOWARD THE WAR IN UKRAINE.

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

THE 990 IS SUBMITTED TO THE AUDIT COMMITTEE OF THE BOARD DIRECTORS FOR REVIEW AND APPROVAL OF THE FINAL DRAFT. ALL DIRECTORS RECEIVE THE FINAL DRAFT PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY IS DESIGNED TO FOSTER PUBLIC CONFIDENCE IN INTEGRITY OF THE INTERCEPT MEDIA, INC. AND TO PROTECT ITS INTERESTS WHEN IT IS CONTEMPLATING ENTERING A TRANSACTION THAT MIGHT BENEFIT THE PRIVATE INTERESTS OF A DIRECTOR, A CORPORATE OFFICER, KEY EMPLOYEE, A PERSON WITH SUBSTANTIAL INFLUENCE OVER THE INTERCEPT OR OTHER DISQUALIFIED PERSONS. DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO COMPLY WITH THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY CONFLICTS OF INTEREST ON For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

332211 11-14-23

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** THE INTERCEPT MEDIA INC 92-1198452 AN ANNUAL BASIS. THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS PERIODICALLY REVIEWS AND MONITORS SUCH REPORTED CONFLICTS AND AFFILIATED PARTY TRANSACTIONS AND MAKES RECOMMENDATIONS THERETO TO THE BOARD. FORM 990, PART VI, SECTION B, LINE 15: AT THE OUTSET OF 2023, THE ORGANIZATION'S KEY PERSONNEL AND MANAGEMENT TRANSFERRED FROM FIRST LOOK INSTITUTE, INC. THE PRACTICE OF THAT ORGANIZATION WAS THAT COMPENSATION WAS DETERMINED THROUGH COMPENSATION ANALYSIS INCLUDING THE USE OF COMPARABLE DATA. COMPENSATION ANALYSIS WAS USED FOR THE HIRING OF NEW EMPLOYEES IN 2023. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AR,CA,CO,CT,FL,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NV,NH,NM,NY,NC,ND,OH,OK OR, PA, RI, SC, TN, UT, VA, WA, WV, WI FORM 990, PART VI, SECTION C, LINE 19: THE INFORMATION IS FURNISHED UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 244,051. FUNDRAISING EXPENSES 237,903. TOTAL EXPENSES 481,954. EDITORIAL/WRITERS/JOURNALISTS: PROGRAM SERVICE EXPENSES 704,287. MANAGEMENT AND GENERAL EXPENSES

Schedule O (Form 990) 2023 Page <b>2</b>							
Name of the organization THE INTERCEPT MEDIA INC	Employer identification number 92-1198452						
FUNDRAISING EXPENSES	0.						
TOTAL EXPENSES	704,287.						
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,186,241.						